

NC-TOPPS Mental Health and Substance Use Disorder

Adult (Ages 18 and up)

Update Interview

Use this form for backup only. **Do not mail.** Enter data into web-based system:

(<http://www.ncdhhs.gov/providers/provider-info/mental-health/nc-treatment-outcomes-and-program-performance-system>)

QP First Initial & Last Name

| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

I certify that I am the QP who has conducted and completed this interview.

QP Signature: _____ Date: _____

Type of Interview (mark only one)

- 3 month update 12 month update
 6 month update Other bi-annual update (18-month, 24-month, 30-month, etc.)

Please provide the following consumer information:

LME-MCO Assigned Consumer Record Number:

| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Consumer Date of Birth:

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|

Consumer Gender:

- Male Female

First three letters of consumer's last name:
(If female, use consumer's maiden name)

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

First letter of consumer's first name:

| |
|--|
| |
|--|

Consumer County of Residence: _____

CNDS ID Number

| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Medicaid ID Number (optional)

| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Medicaid County of Residence: _____

Provider Internal Consumer Record Number (optional)

| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Local Area Code (Reporting Unit Number) (optional)

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

Please select the appropriate age/disability category(ies) for which the individual will be receiving services and supports. (mark all that apply)

- Adult Mental Health, age 18 and up
 Adult Substance Use Disorder, age 18 and up

Begin Interview

1. Please select all services the consumer is currently receiving or has previously received for this episode of care. (See Attachment I)

2. If both Mental Health and Substance Use Disorder, is the treatment at this time mainly provided by a...

- qualified professional in substance use disorders
 qualified professional in mental health
 both

3. Please indicate the DSM-5 diagnostic classification(s) for this individual. (See Attachment II)

4. For Female Adult Substance Use Disorder individual:

Is this consumer enrolled in a Pregnant/Maternal program?

- Yes No -> (skip to 5)

b. Which Pregnant/Maternal program is this consumer enrolled in?

- Community Choices - CASCADE - Charlotte
 Community Choices - CASCADE - Durham
 Community Choices - Outpatient Program - Charlotte
 Community Choices - Outpatient Program - Durham
 Community Choices - WISH Program
 Daymark Clean Start Program
 Insight Human Services - Perinatal Health Partners
 NC PPW - Columbus County
 NC PPW - Project CARA - Buncombe County
 NC PPW - Project CARA - Wilkes County
 NC PPW - Wilkes County
 PORT Health - Kelly House
 RHA - Mary Benson House
 RHCC - Cambridge Court - Perinatal/Maternal
 RHCC - Crystal Lake - Perinatal/Maternal
 RHCC - Grace Court
 RHCC - Our House
 RHCC - The Village - Perinatal/Maternal
 Southlight - Perinatal Residential
 UNC Horizons - Day Break
 UNC Horizons - Outpatient Program
 UNC Horizons - Sunrise Perinatal/Maternal
 UNC Horizons - Wake

5. For Female Adult Substance Use Disorder individual:

Is this consumer enrolled in a CASAWORKS Residential program?

- Yes No -> (skip to 6)

b. Which CASAWORKS Residential program is this consumer enrolled in?

- Community Choices - CASCADE CASAWORKS - Charlotte
 Community Choices - CASCADE CASAWORKS - Durham
 RHCC - Cambridge Court - CASAWORKS
 RHCC - Crystal Lake - CASAWORKS
 RHCC - The Village - CASAWORKS
 Southlight - CASAWORKS
 UNC Horizons - Sunrise CASAWORKS

6. For Adult Substance Use Disorder individual:

Is this consumer currently receiving Work First cash assistance?

- Yes No

7. Is this consumer also a TASC client?

- Yes No

8. For Adult Substance Use Disorder individual:

Is this consumer receiving or expected to receive methadone treatment?

- Yes No -> (skip to 10)

b. What is the current methadone dosage?

| | | | |
|--|--|--|---|
| | | | mg (enter zero, if none and skip to 10) |
|--|--|--|---|

NC-TOPPS Mental Health and Substance Use Disorder

Adult (Ages 18 and up)

Update Interview

Use this form for backup only. **Do not mail.** Enter data into web-based system:

(<http://www.ncdhhs.gov/providers/provider-info/mental-health/nc-treatment-outcomes-and-program-performance-system>)

9. For dosage level of Methadone greater than zero:

a. Please describe the last methadone dosing:

- Induction -> (skip to c)
 Stabilization -> (skip to c)
 Taper
- b. Is the methadone withdrawal voluntary or administrative?
 Voluntary Administrative
- c. Is methadone being given in a split dosage (e.g., 2 or more doses per day)?
 Yes No
- d. What is the consumer's take home level?
 Level 1 (Sunday only) Level 5
 Level 2 Level 6
 Level 3 Level 7 (30 days)
 Level 4 No take home level

10. For Adult Substance Use Disorder individual: Is this consumer receiving or expected to receive buprenorphine (mono or combo products, such as Subutex, Zubsolv, Suboxone, Probuphine, etc.) treatment?

- Yes No -> (skip to 12)
- b. How will the buprenorphine be administered?
 Oral (tablets or film) Implant
- c. What is the current buprenorphine dosage?
 mg (enter zero, if none and skip to 12)

11. For dosage level of Buprenorphine greater than zero: Please describe the last buprenorphine dosing:

- Induction -> (skip to 12)
 Stabilization -> (skip to 12)
 Taper
- b. Is the buprenorphine withdrawal voluntary or administrative?
 Voluntary Administrative

12. For Adult Substance Use Disorder individual: Is this consumer receiving or expected to receive naltrexone (such as Revia, Vivitrol, etc.) treatment?

- Yes No -> (skip to 14)
- b. How will the naltrexone be administered?
 Oral Injectable
- c. What is the current naltrexone dosage?
 mg (enter zero, if none and skip to 14)

13. For dosage level of Naltrexone greater than zero: Please describe the last naltrexone dosing:

- Induction -> (skip to 14)
 Stabilization -> (skip to 14)
 Taper
- b. Is the naltrexone withdrawal voluntary or administrative?
 Voluntary Administrative

14. For Substance Use Disorder and Methadone or Buprenorphine or Naltrexone individual: Substance use disorder treatment participation and service units in the past 3 months (enter zero, if none):

- a. Group sessions attended:
- b. Individual/Family sessions attended:

15. For Adult Substance Use Disorder individual: Does this consumer take Antabuse?

- Yes No

16. Since the last interview, the consumer has attended scheduled treatment sessions...

- All or most of the time Sometimes Rarely or never

17. For Adult Substance Use Disorder individual: Number of drug tests conducted and number positive in the past 3 months: (Do not count if positive for Methadone only)

- a. Number Conducted (enter zero, if none and skip to 18)
- b. Number Positive (enter zero, if none and skip to 18)
- c. How often did each substance appear for all drug tests conducted?
- | Alcohol | THC | Opiates | Benzo |
|---|---|---|---|
| <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| Cocaine | Amphetamine | Barbiturate | |
| <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | |

18. Since the individual started services for this episode of treatment, which of the following areas has the individual received help? (mark all that apply)

- Educational improvement
 Finding or keeping a job
 Housing (basic shelter or rent subsidy) -> (answer b)
 Transportation
 Food supply -> (answer c)
 Child care
 Medical care
 Dental care
 Screening/Treatment referral for HIV/TB/HEP
 Legal issues
 Volunteer opportunities
 None of the above
- b. If housing, what supports are needed to improve the individual's current situation or would allow the individual to live more successfully in the community? (mark all that apply)
- Rental assistance (due to credit problems, criminal record, or no down payment)
 Communication assistance (with landlord, housing management, or neighbors)
 Behavioral health supports (with crisis management, medication compliance, environmental challenges, or problem solving)
 Daily living skill development (for paying bills, housekeeping, transportation, meal preparation, or self-care)
 Other
- c. If food supply, how helpful have the program services been in supplying food as needed?
 Not helpful Somewhat helpful Very helpful NA

Section II: Complete items 19-38 using information from the individual's interview (preferred) or consumer record

19. How are the next section's items being gathered? (mark all that apply)

- In-person interview (Preferred)
 Telephone interview
 Clinical record/notes

NC-TOPPS Mental Health and Substance Use Disorder

Adult (Ages 18 and up)

Update Interview

Use this form for backup only. **Do not mail.** Enter data into web-based system:

(<http://www.ncdhhs.gov/providers/provider-info/mental-health/nc-treatment-outcomes-and-program-performance-system>)

20. Which of the following best describes your sexual orientation?

- Straight
 Lesbian or Gay
 Bisexual
 Other
 Don't know/Not sure
 Deferred

21. Do you consider yourself to be transgender?

- Yes, Transgender, male-to-female
 Yes, Transgender, female-to-male
 Yes, Transgender, gender non-conforming
 No
 Don't know/Not sure
 Deferred

22. Do you ever have difficulty participating in treatment because of problems with... (mark all that apply)

- No difficulties prevented you from entering treatment
 Active mental health symptoms (anxiety or fear, agoraphobia, paranoia, hallucinations)
 Active substance use disorder symptoms (addiction, relapse)
 Physical health problems (severe illness, hospitalization)
 Family or guardian issues (controlling spouse, family illness, child or elder care, domestic violence, parent/guardian cooperation)
 Treatment offered did not meet needs (availability of appropriate services, type of treatment wanted by consumer not available, favorite therapist quit, etc.)
 Engagement issues (AWOL, doesn't think s/he has a problem, denial, runaway, oversleeps)
 Cost or financial reasons (no money for cab, treatment cost)
 Stigma/Discrimination (race, gender, sexual orientation)
 Treatment/Authorization access issues (insurance problems, waiting list, paperwork problems, red tape, lost Medicaid card, referral issues, citizenship, etc.)
 Being deaf/hard of hearing
 Language or communication issues (foreign language issues, lack of interpreter, etc.)
 Legal reasons (incarceration, arrest)
 Transportation/Distance to provider
 Scheduling issues (work or school conflicts, appointment times not workable, no phone)
 Lack of stable housing
 Personal safety (domestic violence, intimidation or punishment)

23. Since the last interview, have you earned a...

- a. GED?
 Yes No
b. high school diploma?
 Yes No

24. Since the last interview, have you been enrolled in school or taken any classes? (mark all that apply)

- No
 Yes, high school or GED
 Yes, vocational school or certificate program
 Yes, college
 Yes, adult education/leisure/recreational classes

25. In the past 3 months, what best describes your employment status? (mark only one)

- Full-time work (working 35 hours or more a week)
-> (answer b-1, b-2, b-3, and b-4)
 Part-time work (working 11-34 hours a week)
-> (answer b-1, b-2, b-3, and b-4)
 Part-time work (working less than 10 hours a week)
-> (answer b-1, b-2, b-3, and b-4)
 Unemployed (seeking work or on layoff from a job)
-> (skip to 26)
 Not in labor force (not seeking work)
-> (answer c)

b-1. If employed, what best describes your job classification?

- Professional, technical, or managerial
 Clerical or sales
 Service occupation
 Agricultural or related occupation
 Processing occupation
 Machine trades
 Bench work
 Structural work
 Miscellaneous occupation (other)

b-2. If employed, what employee benefits do you receive? (mark all that apply)

- Insurance
 Paid time off
 Meal/Retail discounts
 Other
 None

b-3. If employed, what currently describes your rate of pay?

- Above minimum wage (more than \$7.25 an hour)
 Minimum wage (\$7.25 an hour)
 Lower than minimum wage (due to student status, piece work, working for tips or employer under sub-minimum wage certificate)

b-4. If employed, are you also enrolled in an educational program?

- Yes No

c. If not seeking work, what best describes your current status? (mark only one)

- Homemaker
 Student
 Retired
 Chronic medical condition which prevents employment
 Incarcerated (juvenile or adult facility)
 Institutionalized
 Day program services
 Volunteer
 None of the above

26. In the past 3 months, how often did you participate in ...

a. positive community/leisure activities?

- Never A few times More than a few times

b. recovery support or mutual aid groups?

- Never -> (skip to 27)
 A few times

More than a few times

b-1. In the past month, how many times did you attend recovery support or mutual aid groups?

- Did not attend in past month
 1-3 times (less than once per week)
 4-7 times (about once per week)
 8-15 times (2 or 3 times per week)
 16-30 times (4 or more times per week)
 some attendance, but frequency unknown

27. In the past 3 months, how often have your problems interfered with work, school, or other daily activities?

- Never A few times More than a few times

28. In the past month, how would you describe your mental health symptoms?

- Extremely Severe Mild
 Severe Not present
 Moderate

29. In the past month, if you have a current prescription for psychotropic medications, how often have you taken this medication as prescribed?

- No prescription Sometimes
 All or most of the time Rarely or never

NC-TOPPS Mental Health and Substance Use Disorder

Adult (Ages 18 and up)

Update Interview

Use this form for backup only. **Do not mail.** Enter data into web-based system:

(<http://www.ncdhhs.gov/providers/provider-info/mental-health/nc-treatment-outcomes-and-program-performance-system>)

30. In the past 3 months, how many times have you moved residences?

(enter zero, if none)

31. In the past 3 months, where did you live most of the time?

- Living independently (own/rent home/apartment)
- Stable housing with friends or family at minimal or no cost
- Residential program (halfway house, group home, alternative family living, family care home)
- Institutional setting (hospital or jail)
- Homeless → (answer b)
- Temporary housing → (answer c)
 - b. If *homeless*, please specify your living situation most of the time in the past 3 months.
 - Sheltered (homeless shelter or domestic violence shelter)
 - Unsheltered (on the street, in a car, camp)
 - c. If *temporary housing*, please specify your living situation most of the time in the past 3 months.
 - Unstable housing with frequent moves to and from relative's/ friend's homes
 - Hotel/motel

32. For Adult MH only individual: In the past 3 months, have you used tobacco or alcohol?

- Yes No

33. For Adult MH only individual: In the past 3 months, have you used illicit drugs or other substances other than tobacco and alcohol?

- Yes No → (skip to 35 if 'No' is answered on both questions 32 and 33)

34. Please mark the frequency of use for each substance in the past month.

| Substance | Past Month - Frequency of Use | | | | |
|--|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Not Used | 1-3 times monthly | 1-2 times weekly | 3-6 times weekly | Daily |
| Tobacco use (any tobacco products) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Heavy alcohol use (>=5(4) drinks per sitting) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Less than heavy alcohol use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Marijuana or hashish use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cocaine or crack use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Heroin use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other opiates and synthetics | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other Drug Use <input type="text"/> <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(enter code from list below)

Other Drug Codes

- | | | |
|------------------------------|---------------------------------|-------------|
| 5=Non-prescription Methadone | 13=Other Tranquilizer | 57=Spice |
| 7=PCP-Phencyclidine | 14=Barbiturate | 58=Dilantin |
| 8=Other Hallucinogen | 15=Other Sedative or Hypnotic | 59=GHB/GBL |
| 9=Methamphetamine/Speed | 16=Inhalant | 60=Ketamine |
| 10=Other Amphetamine | 17=Over-the-Counter medications | |
| 11=Other Stimulant | 22=OxyContin (Oxycodone) | |
| 12=Benzodiazepine | 29=Ecstasy (MDMA) | |

35. For Adult MH individual:

In general, since entering treatment your involvement in the criminal/juvenile justice system has...

- Increased
- Decreased
- Stayed the same

36. In the past month, how many times have you been arrested for any offense including DWI? (enter zero, if none)

37. Are you under the supervision of the criminal justice system?

- Yes No

38. For Female Adult Substance Use Disorder individual: Do you have children under the age of 18?

- Yes No → (skip to 39)

b. How many children do you have?

c. Since the last interview, how many children have you...

c-1. gained legal custody of?

c-2. lost legal custody of?

c-3. begun seeking legal custody of?

c-4. stopped seeking legal custody of?

c-5. continued seeking legal custody of?

d. Since the last interview, how many newborn baby(ies) have been removed from your legal custody?

e. Since the last interview, how many children have your parental rights been terminated from?

f. How many children in your legal custody are receiving preventative and primary health care?

g. How many children in your legal custody have been screened for mental health and/or substance use disorder prevention or treatment services?

h. Since the last interview, have you been investigated by DSS for child abuse or neglect?

- Yes No → (skip to 39)

h-1. Was the investigation due to an infant testing positive on a drug screen?

- Yes No NA

Section III: This next section includes questions which are important in determining consumer outcomes. These questions require that they be asked directly to the individual either in-person or by telephone.

39. Is the individual present for an in-person or telephone interview or have you directly gathered information from the individual within the past two weeks?

- Yes - Complete items 40-57
- No - Stop here

NC-TOPPS Mental Health and Substance Use Disorder

Adult (Ages 18 and up)

Update Interview

Use this form for backup only. **Do not mail.** Enter data into web-based system:

(<http://www.ncdhs.gov/providers/provider-info/mental-health/nc-treatment-outcomes-and-program-performance-system>)

40. Females only: Are you currently pregnant?

- Yes No Unsure
 (skip to 41) (skip to 41)

b. How many weeks have you been pregnant?

c. Have you been referred to prenatal care? Yes No

d. Are you receiving prenatal care? Yes No

41. Females only: Have you given birth in the past year?

- Yes No → (skip to 42)

b. For Adult Substance Use Disorder individual:
How long ago did you give birth?

- Less than 3 months ago
 3 to 6 months ago
 7 to 12 months ago

c. Did you receive prenatal care during pregnancy? Yes No

d. For Adult Substance Use Disorder individual:
What was the # of weeks gestation?

e. For Adult Substance Use Disorder individual:
What was the birth weight?
 pounds ounces

f. How would you describe the baby's current health?

- Good
 Fair
 Poor
 Baby is deceased → (skip to 42)
 Baby is not in your custody → (skip to 42)

g. Is the baby receiving regular Well Baby/Health Check services?
 Yes No

42. Since the last interview, have you visited a physical health care provider for a routine check up?

- Yes No

43. Since the last interview, have you visited a dentist for a routine check up?

- Yes No

44. What is your level of readiness (Stage of Change) for addressing your recovery/resiliency?

- Not ready for action (Pre-contemplation)
 Considering action sometime in the next few months (Contemplation)
 Seriously considering action this week (Preparation)
 Already taking action (Action)
 Maintaining new behaviors (Maintenance)

45. For Adult Substance Use Disorder individual: In the past month, if you have a sponsor, how often have you had contact with him or her?

- Don't have a sponsor
 Never
 A few times
 More than a few times

46. How supportive has your family and/or friends been of your treatment and recovery efforts?

- Not supportive
 Somewhat supportive
 Very supportive
 No family/friends

47. For Adult Substance Use Disorder individual:

In the past 3 months, have you used a needle to get any drug injected under your skin, into a muscle, or into a vein for nonmedical reasons?

- Yes No Deferred

48. For Adult Substance Use Disorder individual:

In the past 3 months, have you participated in any of the following activities without using a condom?

had sex with someone who was not your spouse or primary partner [or] knowingly had sex with someone who injected drugs [or] traded, gave, or received sex for drugs, money, or gifts?

- Yes No Deferred

49. In the past 3 months, how often have you been hit, kicked, slapped, or otherwise physically hurt?

- Never → (skip to 50) More than a few times
 A few times Deferred → (skip to 50)

b. In the past 3 months, have you had a restraining order in place against someone who is associated with these recent threats or acts of violence?

- Yes No

50. In the past 3 months, how often have you hit, kicked, slapped, or otherwise physically hurt someone?

- Never More than a few times
 A few times Deferred

51. For Adult Substance Use Disorder individual:

In the past 3 months, have you been forced or pressured to do sexual acts?

- Yes No Deferred

52. Since the last interview, how often have you tried to hurt yourself or cause yourself pain on purpose (such as cut, burned, or bruised self)?

- Never A few times More than a few times

53. Since the last interview, how often have you had thoughts of suicide?

- Never A few times More than a few times

54. Since the last interview, have you attempted suicide?

- Yes No

55. In the past 3 months, how well have you been doing in the following areas of your life?

| | Excellent | Good | Fair | Poor |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Emotional well-being _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Physical health _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Relationships with family or friends _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Living/Housing situation _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Employment/Education _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Getting out into my community _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Doing things I enjoy _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Feeling connected to others _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Spending time with people who support my recovery and wellness _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Seeking help or support when I need it _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

NC-TOPPS Mental Health and Substance Use Disorder

Adult (Ages 18 and up)

Update Interview

Use this form for backup only. ***Do not mail.*** Enter data into web-based system:

(<http://www.ncdhhs.gov/providers/provider-info/mental-health/nc-treatment-outcomes-and-program-performance-system>)

56. In the past 3 months, have you...

- a. had **contacts** with an emergency crisis provider?
 Yes No
- b. had **visits** to a hospital emergency room?
 Yes No
- c. spent **nights** in a medical/surgical hospital?
(excluding birth delivery)
 Yes No
- d. spent **nights** in a psychiatric inpatient hospital?
 Yes No
- e. spent **nights** homeless? (sheltered or unsheltered)
 Yes No
- f. spent **nights** in detention, jail, or prison?
(adult or juvenile system)
 Yes No

57. How helpful have the program services been in...

- a. improving the quality of your life?
 Not helpful Somewhat helpful Very helpful NA
- b. decreasing your symptoms?
 Not helpful Somewhat helpful Very helpful NA
- c. increasing your hope about the future?
 Not helpful Somewhat helpful Very helpful NA
- d. increasing your control over your life?
 Not helpful Somewhat helpful Very helpful NA
- e. improving your educational status?
 Not helpful Somewhat helpful Very helpful NA
- f. improving your housing status?
 Not helpful Somewhat helpful Very helpful NA
- g. improving your vocational/employment status?
 Not helpful Somewhat helpful Very helpful NA

For Data Entry User (DEU) only:

This printable interview form must be signed by the QP who completed the interview for this consumer.

Does this printable interview form have the QP's signature (see page 1)? Yes No

NOTE: This entire signed printable interview form must be placed in the consumer's record.

End of interview

Enter data into web-based system:

<http://www.ncdhhs.gov/providers/provider-info/mental-health/nc-treatment-outcomes-and-program-performance-system>

Do not mail this form

Attachment I: NC-TOPPS Services

Periodic Services (Substance Use Disorder Consumers)

- Psychotherapy - 90832--90838
- Family Therapy without Patient - 90846
- Family Therapy with Patient - 90847
- Group Therapy (multiple family group) - 90849
- Group Therapy (non-multiple family group) - 90853
- Behavioral Health Counseling - Individual Therapy - H0004
- Behavioral Health Counseling - Group Therapy - H0004 HQ
- Behavioral Health Counseling - Family Therapy with Consumer - H0004 HR
- Behavioral Health Counseling (non-licensed provider) - YP831
- Behavioral Health Counseling - Group Therapy (non-licensed provider) - YP832
- Behavioral Health Counseling - Family Therapy with Consumer (non-licensed provider) - YP833
- Behavioral Health Counseling - Family Therapy without Consumer (non-licensed provider) - YP834
- Alcohol and/or Drug Group Counseling - H0005
- Alcohol and/or Drug Group Counseling (non-licensed provider) - YP835

Community Based Services

- Substance Abuse Intensive Outpatient Program (SAIOP) - H0015
- Assertive Community Treatment Team (ACTT) - H0040
- Community Support Team (CST) - H2015, H2015 HT
- Substance Abuse Comprehensive Outpatient Treatment (SACOT) - H2035
- Individual Placement and Support (IPS) Supported Employment - YP630
- Supported Employment - H2023 U4
- Transition Management Services (TMS) - YM120

Facility Based Day Services

- Mental Health - Partial Hospitalization - H0035
- Child and Adolescent Day Treatment - H2012 HA

Opioid Services

- Opioid Treatment - H0020

Residential Services

- SA Non-Medical Community Residential Treatment - Adult - H0012 HB
- SA Medically Monitored Community Residential Treatment - H0013
- Behavioral Health - Long Term Residential - H0019
- Residential Treatment - Level II - Program Type (Therapeutic Behavioral Services) - H2020
- Psychiatric Residential Treatment Facility - YA230
- Group Living - High - YP780

Therapeutic Foster Care Services

- Residential Treatment - Level II - Family Type (Foster Care Therapeutic Child) - S5145

ADATC Services

- Alcohol and Drug Abuse Treatment Center

Other Services

Service Code: _____ **Service Description:** _____

Attachment II: DSM-5 Diagnostic Classifications

Neurodevelopmental Disorders

- Learning Disorders (315.00, 315.1, 315.2)
- Communication Disorders (307.9, 315.35, 315.39)
- Intellectual Disabilities (315.8, 317, 318.0, 318.1, 318.2, 319)
- Motor and Tic Disorders (307.20, 307.21, 307.22, 307.23, 307.3, 315.4)
- Autism Spectrum Disorder (299.00)
- Attention-Deficit/Hyperactivity Disorder (314.00, 314.01)
- Other Neurodevelopmental Disorders (315.8, 315.9)

Substance-Related and Addictive Disorders

- Alcohol-Related Disorders (303.90, 305.00)
- (Other) Drug-Related Disorders (304.00, 304.10, 304.20, 304.30, 304.40, 304.50, 304.60, 305.20, 305.30, 305.40, 305.50, 305.60, 305.70, 305.90)
- Gambling Disorder (312.31)

Schizophrenia Spectrum and Other Psychotic Disorders

- Schizophrenia and Other Psychotic Disorders (293.81, 293.82, 293.89, 295.40, 295.70, 295.90, 297.1, 298.8, 298.9)

Bipolar and Related Disorders

- Bipolar I Disorder (296.40, 296.41, 296.42, 296.43, 296.44, 296.45, 296.46, 296.50, 296.51, 296.52, 296.53, 296.54, 296.55, 296.56, 296.7)
- Bipolar II Disorder (296.89)
- Cyclothymic Disorder (301.13)

Depressive Disorders

- Major Depressive Disorder (296.20, 296.21, 296.22, 296.23, 296.24, 296.25, 296.26, 296.30, 296.31, 296.32, 296.33, 296.34, 296.35, 296.36)
- Persistent Depressive Disorder (Dysthymia) (300.4)
- Other Depressive Disorders (296.99, 311, 625.4)

Anxiety Disorders

- Anxiety Disorders (300.00, 300.01, 300.02, 300.09, 300.22, 300.23, 300.29, 309.21, 312.23)

Obsessive-Compulsive and Related Disorders

- Obsessive-Compulsive and Other Related Disorders (300.3, 300.7, 312.39, 698.4)

Trauma- and Stressor-Related Disorders

- Posttraumatic Stress Disorder (PTSD) (309.81)
- Adjustment Disorders (309.0, 309.24, 309.28, 309.3, 309.4)
- Other Trauma- and Stressor-Related Disorders (308.3, 309.89, 309.9, 313.89)

Dissociative Disorders

- Dissociative disorders (300.12, 300.13, 300.14, 300.15, 300.6)

Disruptive, Impulse-Control, and Conduct Disorders

- Conduct Disorder (312.81, 312.82, 312.89)
- Impulse Control Disorders (312.32, 312.33, 312.34)
- Oppositional Defiant Disorder (313.81)
- Other Disruptive Behavior Disorders (312.89, 312.9)

Gender Dysphoria Disorders

- Gender Dysphoria Disorders (302.6, 302.85)

Neurocognitive Disorders

- Delirium Disorders (292.81, 293.0, 780.09)
- Major and Mild Neurocognitive Disorders (290.40, 294.10, 294.11, 331.83, 331.9, 799.59)

Personality Disorders

- Cluster A Personality Disorders (301.0, 301.20, 301.22)
- Cluster C Personality Disorders (301.4, 301.6, 301.82)
- Cluster B Personality Disorders (301.50, 301.7, 301.81, 301.83)
- Other Personality Disorders (301.89, 301.9)

Feeding and Eating Disorders

- Anorexia Nervosa (307.1)
- Other Feeding and Eating Disorders (307.50, 307.51, 307.52, 307.53, 307.59)

Other Disorders

- Somatic Symptom and Related Disorders (300.11, 300.19, 300.7, 300.82, 300.89, 316)
- Elimination Disorders (307.6, 307.7, 787.60, 788.30, 788.39)
- Sexual Dysfunction Disorders (302.70, 302.71, 302.72, 302.73, 302.74, 302.75, 302.76, 302.79)
- Sleep-Wake Disorders (307.45, 307.46, 307.47, 327.21, 327.23, 327.24, 327.25, 327.26, 327.42, 333.94, 347.00, 347.01, 780.52, 780.54, 780.57, 780.59, 786.04)
- Paraphilic Disorders (302.2, 302.3, 302.4, 302.81, 302.82, 302.83, 302.84, 302.89, 302.9)
- Other Conditions That May Be a Focus of Clinical Attention (V-codes, 999.xx)
- Other Mental Disorders and Conditions (any codes not listed above)