NC-TOPPS Mental Health and Substance Use Disorder

Adolescent (Ages 12-17) Initial 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)

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

QP Signature: __________________________ Date: ____________

Begin Interview

1. Please select all services the consumer is currently receiving. (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 Adolescent Substance Use Disorder individual:
   Is this consumer being admitted to a specialty program for maternal, pregnant, perinatal, or post-partum?
   - Yes
   - No

5. Are you of Hispanic, Latino, or Spanish origin?
   - Yes
   - No

6. Which of these groups best describes you?
   - African American/Black
   - White/Anglo/Caucasian
   - Multiracial
   - American Indian/Native American
   - Alaska Native
   - Asian
   - Pacific Islander
   - Other

7. Which of the following best describes your sexual orientation?
   - Straight
   - Lesbian, Gay
   - Bisexual
   - Don't know/Not sure
   - Deferred

8. Do you consider yourself to be transgender?
   - Yes, Transgender, male-to-female
   - Yes, Transgender, female-to-male
   - Yes, Transgender, gender non-conforming
   - No
   - Deferred

9. Is a member of your immediate family or household currently serving in or has served in the Military, Military Reserve, or National Guard?
   - Yes, family member
   - No

10. At any time in the past, have you been suspected of having a head or brain injury?
    - Yes
    - No
    - Not sure

Confidentiality of SA and MH consumer-identifying information is protected under Federal regulations 42 CFR Part 2 and the Health Insurance Portability and Accountability Act of 1996, P.L. 104-91 (HIPAA) or implementing regulations, 45 CFR Parts 160 and 164. Consumer-identifying information may be disclosed without the individual's consent to the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) and to its authorized evaluation contractors under the audit or evaluation exception. Redisclosure of consumer-identifying information without the individual's consent is explicitly prohibited. Your questions may be directed to (919) 515-1310. Sponsored by the NC MH/DD/SAS.
Initial Interview

Adolescent (Ages 12-17)

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11. What kind of benefits and/or insurance do you have? (mark all that apply)
- None
- SSI
- SSDI
- Private insurance/health plan
- TRICARE/Military Coverage
- Health Choice
- Medicaid
- Medicare
- Other
- Unknown

12. What is the highest grade you completed or degree you received in school?
- Grade K, 1, 2, 3, 4, or 5
- Grade 6, 7, or 8
- Grade 9, 10, 11, or 12 (no diploma)
- HS diploma/GED
- Some college or technical/vocational school
- 2-year college/assoc. degree

13. Are you currently enrolled in school or courses that satisfy requirements for a certification, diploma or degree? (Enrolled includes school breaks, suspensions, and expulsions)
- Yes
- No

14. Do you have an Individualized Education Program (IEP) (program or plan for special education and related services)?
- Yes
- No

15. What grade are you currently in?

16. For your most recent reporting period, what grades did you get most of the time? (mark only one)
- A's
- B's
- C's
- D's
- F's
- School does not use traditional grading system

b. If school does not use traditional grading system, for your most recent reporting period, did you pass or fail most of the time?
- Pass
- Fail

17. In the past 3 months, have you been...
- suspended from school?
- expelled from school?

18. In the past 3 months, what best describes your employment status? (mark only one)
- Full-time work (working 35 hours or more a week)
- Part-time work (working 11-34 hours a week)
- Part-time work (working less than 10 hours a week)
- Unemployed (seeking work or on layoff from a job)
- Not in labor force (not seeking work)

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

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

19. 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

20. In the past year, how many times have you moved residences? (enter zero, if none)

21. In the past 3 months, where did you live most of the time?
- In a family setting (private or foster home)
- Residential program (group home, PRTF)
- Institution setting (hospital or detention center/jail)
- Homeless
- Temporary housing

22. Was this living arrangement in your home community?
- Yes
- No

23. How long has it been since you last visited a physical health care provider for a routine check up?
- More than 5 years ago
- Within the past 5 years
- More than 2 years ago
- Within the past 2 years

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24. How long has it been since you last visited a dentist for a routine check up?  
☐ Never  ☐ Within the past 5 years  ☐ Within the past year  ☐ More than 5 years ago  ☐ Within the past 2 years

25. Females only: Are you currently pregnant?  
☐ Yes  ☐ No  ☐ Unsure

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

26. For Female Adolescent Substance Use Disorder individual: Do you have children?  
 ☐ Yes  ☐ No -> (skip to 27)

b. How many children do you have?  


c. How many children are in your legal custody?  
  (skip to f if equal to number of children)

d. How many children are in the legal custody of DSS?  


e. How many children are you currently seeking legal custody of?  


f. How many children in your legal custody are receiving preventive 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. In the past year, have you been investigated by DSS for child abuse or neglect?  
☐ Yes  ☐ No  ☐ NA

h-2. Was the investigation due to an infant testing positive on a drug screen?  
☐ Yes  ☐ No  ☐ NA

h-3. Was your admission to treatment required by Child Welfare Services of DSS?  
 ☐ Yes  ☐ No

27. In the past 3 months, how often did you participate in...  
a. extracurricular activities?  
☐ Never  ☐ A few times  ☐ More than a few times  
b. recovery support or mutual aid groups?  
☐ Never -> (skip to 28)  
☐ A few times  ☐ More than a few times

c. 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

28. For Adolescent MH only individual: Have you ever used tobacco or alcohol?  
☐ Yes  ☐ No  ☐ NA

29. For Adolescent MH only individual: Have you ever used illicit drugs or other substances other than tobacco and alcohol?  
 ☐ Yes  ☐ No -> (skip to 31 if 'No' is answered on both questions 28 and 29)

30. Please mark the frequency of use for each substance in the past 12 months and past month.

<table>
<thead>
<tr>
<th>Substance</th>
<th>Past 12 Months - Frequency of Use</th>
<th>Past Month - Frequency of Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco use (any tobacco products)</td>
<td>Not Used</td>
<td>1-3 times monthly</td>
</tr>
<tr>
<td>Heavy alcohol use (&gt;5(4) drinks per sitting)</td>
<td>Not Used</td>
<td>1-3 times monthly</td>
</tr>
<tr>
<td>Less than heavy alcohol use</td>
<td>Not Used</td>
<td>1-3 times monthly</td>
</tr>
<tr>
<td>Marijuana or hashish use</td>
<td>Not Used</td>
<td>1-3 times monthly</td>
</tr>
<tr>
<td>Cocaine or crack use</td>
<td>Not Used</td>
<td>1-3 times monthly</td>
</tr>
<tr>
<td>Heroin use</td>
<td>Not Used</td>
<td>1-3 times monthly</td>
</tr>
<tr>
<td>Other opiates and synthetics</td>
<td>Not Used</td>
<td>1-3 times monthly</td>
</tr>
<tr>
<td>Other drug use</td>
<td>(enter code from list below)</td>
<td>Not Used</td>
</tr>
</tbody>
</table>

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

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31. For Adolescent Substance Use Disorder individual:
If ever, when is the last time you used a needle to get any drug injected under your skin, into a muscle, or into a vein for nonmedical reasons?
☐ Never
☐ Within the past 3 months
☐ Within the past year
☐ More than a year ago
☐ Deferred

32. In the past 3 months, how often have you been hit, kicked, slapped, or otherwise physically hurt?
☐ Never --> (skip to 33)
☐ A few times
☐ More than a few times
☐ Deferred --> (skip to 33)
   b. In the past 7 days, have you been hit, kicked, slapped, or otherwise physically hurt?
     ☐ Yes  ☐ No

33. In the past 3 months, how often have you hit, kicked, slapped, or otherwise physically hurt someone?
☐ Never
☐ A few times
☐ More than a few times
☐ Deferred

34. In the past 3 months, 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

35. In your lifetime, have you ever attempted suicide?
☐ Yes  ☐ No

36. In the past 3 months, how often have you had thoughts of suicide?
☐ Never  ☐ A few times  ☐ More than a few times

37. How many times have you been arrested or had a petition filed for any offense including DWI.... (enter zero, if none)
   a. in the past month
   b. in the past year
   c. in your lifetime

38. Do you have a Court Counselor or are you under the supervision of the justice system (adult or juvenile)?
☐ Yes  ☐ No

39. For Adolescent Substance Use Disorder individual:
In the 3 months prior to your current admission, how many weeks were you enrolled in substance use disorder treatment (not including detox)?
☐ ☐ (enter zero, if none)

40. 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

41. How many active, stable relationship(s) with adult(s) who serve as positive role models do you have? (i.e., member of clergy, neighbor, family member, coach)
☐ None  ☐ 1 or 2  ☐ 3 or more

42. How supportive do you think your family and/or friends will be of your treatment and recovery efforts?
☐ Not supportive
☐ Somewhat supportive
☐ Very supportive
☐ No family/friends

43. 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)

44. How well have you been doing in the following areas of your life in the past year?
   a. Emotional well-being
   b. Physical health
   c. Relationships with family or significant others
   d. Living/Housing situation

45. Did you receive a list or options, verbal or written, of places to receive services?
☐ Yes  ☐ No

46. Was your first service in a time frame that met your needs?
☐ No, nobody gave me a list or options
☐ No, I came here on my own
☐ Yes, I received a list or options

47. Do you have a need for any of the following? (mark all that apply)
☐ Wheelchair/Mobility equipment or services
☐ Equipment or services due to a physical disability
☐ Equipment or services due to being deaf/hard of hearing
☐ Sign language interpreter
☐ Foreign language interpreter
☐ Equipment or services due to being visually impaired
☐ Child care
☐ Other
☐ None of the above/NA
48. Did you have difficulty entering 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)

49. What help in any of the following areas is important to you? (mark all that apply)
- Educational improvement
- Finding or keeping a job
- Housing (basic shelter or rent subsidy)
- Transportation
- Food supply
- Child care
- Medical care
- Dental care
- Legal issues
- Volunteer opportunities
- None of the above

50. In the past month, how would you describe your mental health symptoms?
- Extremely Severe
- Severe
- Not present
- Moderate

51. 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

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:


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 - Family Therapy without Consumer - H0004 HS
- 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
- Intensive In-Home Services (IIH) - H2022
- Multisystemic Therapy Services (MST) - H2033
- Substance Abuse Comprehensive Outpatient Treatment (SACOT) - H2035
- Individual Placement and Support (IPS) Supported Employment - YP630
- Supported Employment - H2023 U4
- Ongoing Supported Employment - H2026 U4

#### Facility Based Day Services
- Mental Health - Partial Hospitalization - H0035
- Child and Adolescent Day Treatment - H2012 HA

#### Opioid Services
- Opioid Treatment - H0020

#### Residential Services
- 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

#### Other Services

<table>
<thead>
<tr>
<th>Service Code</th>
<th>Service Description</th>
</tr>
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