Adult (Ages 18 and up)

Episode	Comp	letion	Inte	rview
-6.0000				

Use this form for backup only. <u>Do not mail</u> (http://www.ncdhhs.gov/providers/provider-info/mental-health)	
	fy that I am the QP who has conducted and completed this
interv	iew.
QP Sig	gnature: Date:
Please provide the following consumer information: LME-MCO Assigned Consumer Record Number:	4. Please indicate the DSM-5 diagnostic classification(s) for
LME-MCO Assigned Consumer Record Number:	this individual. (See Attachment II)
	5. For Female Adult Substance Use Disorder individual: Is this consumer enrolled in a Pregnant/Maternal program?
Consumer Date of Birth:	☐ Yes ☐ No → (skip to 6)
	b. Which Pregnant/Maternal program is this consumer enrolled in?
Consumer Gender:	☐ Community Choices - CASCADE - Charlotte
☐ Male ☐ Female	☐ Community Choices - CASCADE - Durham
First three letters of consumer's last name:	☐ Community Choices - Outpatient Program - Charlotte
(If female, use consumer's maiden name)	☐ Community Choices - Outpatient Program - Durham
First letter of consumer's first name:	☐ Community Choices - WISH Program
	☐ Daymark Clean Start Program
Consumer County of Residence:	☐ Insight Human Services - Perinatal Health Partners
CNDS ID Number	□ NC PPW - Columbus County
	☐ NC PPW - Project CARA - Buncombe County
	□ NC PPW - Project CARA - Wilkes County
	PORT Health - Kelly House
	RHA - Mary Benson House
Medicaid County of Residence:	RHCC - Cambridge Court - Perinatal/Maternal
Provider Internal Consumer Record Number (optional)	RHCC - Crystal Lake - Perinatal/Maternal
	RHCC - Grace Court
	RHCC - Our House
Local Area Code (Reporting Unit Number) (optional)	RHCC - The Village - Perinatal/Maternal
	Southlight - Perinatal Residential
	UNC Horizons - Day Break
Please select the appropriate age/disability category(ies) for	☐ UNC Horizons - Outpatient Program ☐ UNC Horizons - Sunrise Perinatal/Maternal
which the individual has received services and supports. (mark all that apply)	UNC Horizons - Wake
☐ Adult Mental Health, age 18 and up	6. For Female Adult Substance Use Disorder individual:
☐ Adult Substance Use Disorder, age 18 and up	Is this consumer enrolled in a CASAWORKS Residential
Discharge Date (date of last paid service for this episode of care):	program?
	☐ Yes ☐ No -> (skip to 7)
	b. Which CASAWORKS Residential program is this consumer enrolled in?
Begin Interview	Community Choices - CASCADE CASAWORKS - Charlotte
1. Please select all services the consumer has received for this	Community Choices - CASCADE CASAWORKS - Durham
episode of care. (See Attachment I)	RHCC - Cambridge Court - CASAWORKS
2. If both Mental Health and Substance Use Disorder, is the treatment at this time mainly provided by a	☐ RHCC - Crystal Lake - CASAWORKS
qualified professional in substance use disorders	☐ RHCC - The Village - CASAWORKS
qualified professional in mental health	☐ Southlight - CASAWORKS
□ both	☐ UNC Horizons - Sunrise CASAWORKS
3. Please indicate reason for Episode Completion:	7. For Adult Substance Use Disorder individual:
<i>(mark only one)</i> □ Completed treatment	Is this consumer currently receiving Work First cash
☐ Discharged at program initiative	assistance? ☐ Yes ☐ No
Refused treatment	8. Is this consumer also a TASC client?
☐ Did not return as scheduled within 60 days → (skip to end of ☐ Changed to service not required for NC-TOPPS interview)	S. 15 this consumer also a TASC client?
☐ Moved out of area or changed to different LME-MCO	
☐ Incarcerated	
☐ Institutionalized	
☐ Died -> (skip to end of interview) ☐ Other	

Adult (Ages 18 and up)

Episode Completion 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 Adult Substance Use Disorder individual: 16. For Adult Substance Use Disorder individual: Did this consumer receive or was expected to receive Does this consumer take Antabuse? methadone treatment? ☐ Yes \square No \rightarrow (skip to 11) 17. Since the last interview, the consumer has attended b. What was the last methadone dosage in the 60 days prior to scheduled treatment sessions... episode completion? ☐ All or most of the time (enter zero, if none and skip to 11) ☐ Sometimes ma □ Rarely or never 10. For dosage level of Methadone greater than zero: 18. For Adult Substance Use Disorder individual: Please describe the last methadone dosing: Number of drug tests conducted and number positive in Induction → (skip to 11) the past 3 months: (Do not count if positive for Methadone only) \square Stabilization -> (skip to 11) a. Number (enter zero, if none □ Taper Conducted and skip to 19) b. Is the methadone withdrawal voluntary or administrative? b. Number (enter zero, if none ☐ Administrative ☐ Voluntary and skip to 19) Positive 11. For Adult Substance Use Disorder individual: c. How often did each substance appear for all drug tests Did this consumer receive or was expected to receive conducted? buprenorphine (mono or combo products, such as Alcohol **Opiates** THC Benzo Subutex, Zubsolv, Suboxone, Probuphine, etc.) treatment? \square No \rightarrow (skip to 13) b. How was the buprenorphine administered? **Amphetamine Barbiturate** Cocaine ☐ Oral (tablets or film) ☐ Implant c. What was the last buprenorphine dosage in the 60 days prior to episode completion? 19. Since the individual started services for this episode of (enter zero, if none and skip to 13) treatment, which of the following areas has the individual received help? (mark all that apply) 12. For dosage level of Buprenorphine greater than zero: Educational improvement Please describe the last buprenorphine dosing: Finding or keeping a job \square Induction \rightarrow (skip to 13) ☐ Housing (basic shelter or rent subsidy) → (answer b) \square Stabilization \rightarrow (skip to 13) ☐ Transportation □ Taper \square Food supply \rightarrow (answer c) b. Is the buprenorphine withdrawal voluntary or administrative? ☐ Child care ☐ Voluntary ☐ Administrative ☐ Medical care 13. For Adult Substance Use Disorder individual: □ Dental care Did this consumer receive or was expected to receive ☐ Screening/treatment referral for HIV/TB/HEP naltrexone (such as Revia, Vivitrol, etc.) treatment? Legal issues \square Yes \square No -> (skip to 15) ■ Volunteer opportunities b. How was the naltrexone administered? None of the above □ Oral ☐ Injectable c. What was the last naltrexone dosage in the 60 days prior to b. If housing, what supports are needed to improve the individual's current situation or would allow the individual to live more successfully episode completion? in the community? (mark all that apply) Rental assistance (due to credit problems, criminal record, or (enter zero, if none and skip to 15) lma no down payment) 14. For dosage level of Naltrexone greater than zero: Communication assistance (with landlord, housing management, or neighbors) Please describe the last naltrexone dosing: \square Induction -> (skip to 15) Behavioral health supports (with crisis management, \square Stabilization -> (skip to 15) medication compliance, environmental challenges, or problem solvina) □ Taper Daily living skill development (for paying bills, housekeeping, b. Is the naltrexone withdrawal voluntary or administrative? transportation, meal preparation, or self-care) ☐ Voluntary ☐ Administrative 15. For Adult Substance Use Disorder and Methadone or **Buprenorphine or Naltrexone individual: Substance use** c. If food supply, how helpful have the program services been in disorder treatment participation and service units in the supplying food as needed? past 3 months (enter zero, if none): ☐ Not helpful ☐ Somewhat helpful ☐ Very helpful □ NA a. Group sessions attended: b. Individual/Family sessions attended:

Adult (Ages 18 and up)

Episode Completion Interview

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-> (answer b-1, b-2, b-3, and b-4) 20. How are the next section's items being gathered? (mark all that apply) ☐ Part-time work (working 11-34 hours a week) ☐ In-person interview (preferred) ☐ Clinical record/notes -> (answer b-1, b-2, b-3, and b-4) ☐ Part-time work (working less than 10 hours a week) Telephone interview -> (answer b-1, b-2, b-3, and b-4) 21. Which of the following best describes your sexual orientation? ☐ Unemployed (seeking work or on layoff from a job) ☐ Other ☐ Straight -> (skip to 27) ☐ Lesbian or Gay ☐ Don't know/Not sure ■ Not in labor force (not seeking work) > (answer c) ☐ Bisexual ☐ Deferred b-1. If *employed*, what best describes your job classification? 22. Do you consider yourself to be transgender? ☐ Professional, technical, or managerial ☐ Machine trades ☐ Yes, Transgender, male-to-female ☐ Clerical or sales ■ Bench work ☐ Yes, Transgender, female-to-male ☐ Don't know/Not sure ■ Service occupation ☐ Structural work Miscellaneous ☐ Yes, Transgender, gender non-conforming ☐ Deferred ☐ Agricultural or related occupation occupation (other) 23. Do you ever have difficulty participating in treatment ☐ Processing occupation because of problems with... (mark all that apply) b-2. If employed, what employee benefits do you receive? ☐ No difficulties prevented you from entering treatment (mark all that apply) Active mental health symptoms (anxiety or fear, agoraphobia, ☐ Other ☐ Insurance paranoia, hallucinations) □ Paid time off □ None ☐ Active substance use disorder symptoms (addiction, relapse) ☐ Meal/Retail discounts ☐ Physical health problems (severe illness, hospitalization) Family or guardian issues (controlling spouse, family illness, child or b-3. If employed, what currently describes your rate of pay? ☐ Above minimum wage (more than \$7.25 an hour) elder care, domestic violence, parent/guardian cooperation) ☐ Minimum wage (\$7.25 an hour) Treatment offered did not meet needs (availability of appropriate Lower than minimum wage (due to student status, piece services, type of treatment wanted by consumer not available, ☐ work, working for tips or employer under sub-minimum wage favorite therapist quit, etc.) certificate) Engagement issues (AWOL, doesn't think s/he has a problem, b-4. If employed, are you also enrolled in an educational denial, runaway, oversleeps) program? ☐ Cost or financial reasons (no money for cab, treatment cost) □ Yes □ No ☐ Stigma/Discrimination (race, gender, sexual orientation) c. If not seeking work, what best describes your current Treatment/Authorization access issues (insurance problems, waiting status? (mark only one) ☐ list, paperwork problems, red tape, lost Medicaid card, referral ☐ Homemaker ☐ Institutionalized issues, citizenship, etc.) ☐ Student ■ Day program services ■ Being deaf/hard of hearing Language or communication issues (foreign language issues, lack of ☐ Retired □ Volunteer Chronic medical condition which interpreter, etc.) ☐ None of the above ☐ Legal reasons (incarceration, arrest) prevents employment ☐ Incarcerated (juvenile or adult facility) ☐ Transportation/Distance to provider Scheduling issues (work or school conflicts, appointment times not workable, no phone) 27. In the past 3 months, how often did you participate in... a. positive community/leisure activities? ■ Lack of stable housing □ Never □ A few times □ More than a few times ☐ Personal safety (domestic violence, intimidation or punishment) b. recovery support or mutual aid groups? 24. Since the last interview, have you earned a... \square Never \rightarrow (skip to 28) \square A few times \square More than a few times a. GED? c. In the past month, how many times did you attend recovery ☐ Yes ☐ No support or mutual aid groups? b. high school diploma? □ Did not attend in past month ☐ Yes ☐ No ☐ 1-3 times (less than once per week) 25. Since the last interview, have you been enrolled in school 4-7 times (about once per week) or taken any classes? (mark all that apply) ■ 8-15 times (2 or 3 times per week) □ No ☐ 16-30 times (4 or more times per week) ☐ Yes, high school or GED some attendance, but frequency unknown Yes, vocational school or certificate program 28. In the past 3 months, how often have your problems Yes, college interfered with work, school, or other daily activities? ☐ Yes, adult education/leisure/recreational classes ☐ A few times ☐ More than a few times 29. In the past month, how would you describe your mental health symptoms? ☐ Extremely severe ☐ Mild ☐ Severe ■ Not present ■ Moderate

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NC-TOPPS Mental Health and Substance Use Disorder Adult (Ages 18 and up) Episode Completion Interview

Adult (Ages 18 and up)

Episode Completion Interview

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

psychotropic medications, how often have you taken this modication as prescribed? No prescription Sometimes S	(http://www.ncdhhs.go	v/provid	ers/pro	vider-i	nfo/men	tal-heal	th/nc-treatment-outcomes-and-program-performance-system)
Gigarettes Gig	30. In the past month, if you have a current prescription for						
Sometimes	psychotropic medications, how often have you taken this			aken thi			
All or most of the time Rarely or never					—		
31. In the past 3 months, how many times have you moved center zero, if none) 32. Currently, whate, do you live? Diving independently (ww/ret home/apartment) Stable hidding-red find (word) red find find find find find find find fin		_		er			
Tobacco/Chew/Snuff/Snus District Place District Pla					vou mo	ved	
Stable housing with frequest of family at minimal or no cost	residences?	-	-		, ,		L Tobasso /Chow/Snuff/Snus
32. Currently, where do you live?		(enter zer	o, if non	e)			Dissolvable Tobacco as in
Living independently (own/rent home/apartment)	32 Currently where do	vou live?	1				- Strips/Sticks/0163 —
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) Homeless -> (answer b) Homeless -> (answer b) Homeless -> (answer c) Temporary housing -> (answer c) Jemporary housing -> (answer c) Jemporar		-		rtment)			
Residential program (halfway house, group home, alternative family living, family care home) Institutional setting (hospital or Jall) Homeless - (answer b) Temporary housing -> (answer c) Sheltered (homeless shelter or domestic violence shelter) Unsheltered (no the street, in a car, camp) Unsheltered (no thid buse or the street, in a car, camp) Unsheltered (no the street, in a car, cam	, ,	•		,	r no cost		
Salign S							
Institutional setting (hospital or jail) Homeless –> (answer b) Temporary housing –> (answer c) Temporary housing –> (answer c) Temporary housing –> (answer c) Temporary housing , please specify your living situation currently. The setting of the criminal justice system? Temporary housing , please specify your living situation currently. Unstable housing with frequent moves to and from relative's / Friend's homes Temporary housing , please specify your living situation currently. Unstable housing with frequent moves to and from relative's / Friend's homes Temporary housing , please specify your living situation currently. The set of the	family living, family care	home)	, 5				
Temporary housing → (answer c) Sheltered (homeless shelter or domestic violence shelter) Unsheltered (on the street, in a car, camp) Unsheltered (on th			il)				
Sheltered (nomeless shelter or domestic violence shelter) Sheltered (homeless shelter or domestic violence shelter)							(enter zero, if none)
Sheltered (homeless shelter or domestic violence shelter) Unsheltered (on the street, in a car, camp) Unsheltered (on the street, in a car, camp) C. If temporary housing, please specify your living situation currently. Unstable housing with frequent moves to and from relative's/ friend's homes Hotel/motel Hotel/motel Hotel/motel All For Adult MH only individual: In the past 3 months, have you used tobacco/vaping products or alcohol? Wes							
Unstable housing with frequent moves to and from relative's/ intend's homes Hote/mote			_		,		
C. If <i>temporary housing</i> , please specify your living situation currently. ☐ Unstable housing with frequent moves to and from relative's/ friend's homes ☐ Hotel/motel 3. For Adult HH only individual: In the past 3 months, have you used tobacco/vaping products or alcohol? Yes ☐ No 3. For Adult HH only individual: In the past 3 months, have you used illicit drugs or other substances other than tobacco/vaping products and alcohol? ☐ Yes ☐ No → (Skip to 37 if No's answered on both questions 33 3md 34) 35. Please mark the frequency of use for each substance in the past month. ☐ Substance ☐ Past Month - Frequency of Use ☐ Not Used ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	•				e shelter)		
Ves No -> (skip to 41)	_ `	•	,	' '			
Hotel/motel	c. If temporary nousing, p	lease spe	city you	r living s	situation o	currently.	1 — ' — ·
Since the last interview, how many children have you C-1. gained legal custody of?	friend's homes	requent r	noves to	and iro	ını relative	e S/	
Cocaine or crack use							b. How many children do you nave?
As For Adult MH only individual: In the past 3 months, have you used illicit drugs or other substances other than tobacco/vaping products and alcohol? Yes No -> (skip to 37 if 'No' is answered on both questions 33 and 34)						_	c. Since the last interview, how many children have you
33. For Adult MH only individual: In the past 3 months, have you used illicit drugs or other substances other than tobacco/vaping products and alcohol? Yes		-	sed tob	acco/va	aping pro	oducts	c-1. gained legal custody of?
The past 3 months, have you used illicit drugs or other substances other than tobacco/vaping products and alcohol? Yes No -> (skip to 37 if 'No' is answered on both questions 33 and 34) 335. Please mark the frequency of use for each substance in the past month. Substance Past Month - Frequency of Use Not Used 1-3 times 1-2 times 3-6 times Daily weekly We							
substances other than tobacco/vaping products and alcohol? Yes			eed illi	rit drug	s or othe	r	c-2. lost legal custody of?
No -> (skip to 37 if 'No' is answered on both questions 33 and 34)							
35. Please mark the frequency of use for each substance in the past month. Substance	\square Yes \square No \rightarrow (skip to	37 if 'No'	is answe	ered on			2 harmanalina land mataka 63
Substance Past Month - Frequency of Use Not Used In-3 times I-2 times 3-6 times monthly weekly	<u>'</u>			<u> </u>			c-3. begun seeking legal custody of?
Substance Past Month - Frequency of Use Not Used 1-3 times 1-2 times 3-6 times monthly weekly		uency of	use fo	r each s	ubstance	e in	
Not Used 1-3 times 1-2 times 3-6 times Daily weekly We	•			-			c-4. stopped seeking legal custody of?
Tobacco/vaping use (any tobacco/vaping products) Heavy alcohol use (>=5(4) drinks per sitting) Less than heavy alcohol use (>=6(5) drinks per sitting) Less than heavy alcohol use (>=6(5) drinks per sitting) Less than heavy alcohol use (>=6(5) drinks per sitting) Cocaine or crack use Heroin use Cocaine or crack use Heroin use Other Drug Use (enter code from list below) Other Drug Use (enter code from list below) Other Drug Use (enter code from list below) Tiangle of the factor of 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, how many newborn 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 are receiving preventative and primary health care? g. How many children in your legal custody are receiving preventative and primary health care? g. How many children in your legal custody are receiving preventative and primary health care? g. How many children in your legal custody are receiving preventative and primary health care? g. How many children in your legal custody? 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 are receiving preventative and primary health care? g. How many children in your legal custody are receiving preventative and primary health care? g. How many children in your legal custody are receiving preventative and primary health care? g. How many children in your legal custody are receiving preventative and prima	Substance				· · · · · ·		
Tobacco/vaping use (any tobacco/vaping products) Heavy alcohol use (>=5(4) drinks per sitting) Less than heavy alcohol use Marijuana or hashish use Cocaine or crack use Heroin use Other Drug Use (enter code from list below) Other Drug Use (enter code from list below) Other Drug Godes 5=Non-prescription Methadone 7=PCP-Phencyclidine 8=Other Hallucinogen 9=Methamphetamine 11=Other Amphetamine 11=Other Stimulant 12=Over-the-Counter medications 12=Other Stimulant 12=Over-the-Counter medications 12=Other Stimulant 12=Over-the-Counter medications 12=Other Stimulant 13=Other Tranquilizer 12=Over-the-Counter medications 12=Other Stimulant 12=Over-the-Counter medications 13=Other Tranquilizer 12=Over-the-Counter medications 13=Other Indiant 17=Over-the-Counter medications 13=Other Tranquilizer 17=Over-the-Counter medications 14-Since the last interview, how many children in your legal custody are receiving preventative and primary health care? 9. How many children in your legal custody have been screened for mental health and/or substance use disorder prevention or treatment services? 15- Horn many children in your legal custody have been screened for mental health and/or substance use disorder prevention or treatment services? 15- Horn many children in your legal custody have been screened for mental health and/or substance use disorder prevention or treatment services? 15- Horn mental rights been terminated from? 16- How many children in your legal custody have been screened for mental health and/or substance use disorder prevention or treatment services? 16- How many children in your legal custody have been screened for mental replacement and primary health care? 9. How many children in your legal custody have been screened for mental replacement and primary health care? 18- How many children in your legal custody have been screened for mental replacement and primary health care? 19- How many children in your legal custody have been screened for mental replacement and primary health care? 19- How ma		Mot Head				Daily	c-5. continued seeking legal custody of?
All products All	Tobacca (vaning use	_					
Heavy alcohol use (>=5(4) drinks per sitting)							
C>=5(4) drinks per sitting Less than heavy alcohol use							
Less than heavy alcohol use			Ш	Ш	ΙШΙ		
Marijuana or hashish use	Less than heavy						
Marijuana or hashish use			ш			ш	
Deen screened for mental health and/or substance use disorder prevention or treatment services?			П				
Use disorder prevention or treatment services? Lister interview, have you been investigated by DSS Lister interview interview Lister i							
Heroin use							
Other opiates and synthetics Other Drug Use Other Drug Codes 5=Non-prescription Methadone 7=PCP-Phencyclidine 8=Other Hallucinogen 9=Methamphetamine 10=Other Amphetamine 11=Other Stimulant Other Drug Use Other Drug Codes 13=Other Tranquilizer 15=Other Sedative or Hypnotic 12=OxyContin (Oxycodone) Yes		_	_		_		
Other Drug Use	Heroin use		Ш	Ш	📙		3
Other Drug Use	Other spints and somethering						
Other Drug Use (enter code from list below) Other Drug Codes 5=Non-prescription Methadone 7=PCP-Phencyclidine 8=Other Hallucinogen 9=Methamphetamine/Speed 10=Other Amphetamine 11=Other Stimulant Other Drug Codes 57=Spice important in determining consumer outcomes. These questions require that they be asked directly to the individual either in-person or by telephone. 41. 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?	Other opiates and synthetics					Ш	
(enter code from list below) Other Drug Codes 5=Non-prescription Methadone 7=PCP-Phencyclidine 8=Other Hallucinogen 9=Methamphetamine/Speed 10=Other Amphetamine 11=Other Stimulant 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. 41. 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?	Other Drug Use						
Other Drug Codes 5=Non-prescription Methadone 13=Other Tranquilizer 5=Non-prescription Methadone 14=Barbiturate 58=Dilantin 5=Other Hallucinogen 15=Other Sedative or Hypnotic 9=Methamphetamine/Speed 10=Other Amphetamine 11=Other Stimulant 17=Over-the-Counter medications 11=Other Stimulant 17=Over-the-Counter (Oxycodone) important in determining consumer outcomes. These questions require that they be asked directly to the individual either in-person or by telephone. 41. 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?			Ш				
5=Non-prescription Methadone 13=Other Tranquilizer 57=Spice 5=Non-prescription Methadone 14=Barbiturate 58=Dilantin 59=GHB/GBL 60=Ketamine 10=Other Amphetamine 11=Other Stimulant 17=Over-the-Counter medications 11=Other Stimulant 12=OxyContin (Oxycodone) 57=Spice 58=Dilantin 59=GHB/GBL 60=Ketamine 14=Barbiturate 58=Dilantin 59=GHB/GBL 60=Ketamine 15=OxyContin (Oxycodone) 59=GHB/GBL 60=Ketamine 17=OxyContin (Oxy	(enter code from list below)						
7=PCP-Phencyclidine 8=Other Hallucinogen 9=Methamphetamine/Speed 10=Other Amphetamine 11=Other Stimulant 12=OxyContin (Oxycodone) 14=Barbiturate 58=Dilantin 59=GHB/GBL 60=Ketamine interview or have you directly gathered information from the individual within the past two weeks?	Other Drug Codes	. 13-0ther	Tranquili	izor	57-	Snice	
8=Other Hallucinogen 9=Methamphetamine/Speed 10=Other Amphetamine 11=Other Stimulant 15=Other Sedative or Hypnotic 16=Inhalant 17=Over-the-Counter medications 11=Other Stimulant 15=Other Sedative or Hypnotic 16=Inhalant 17=Over-the-Counter medications 15=Other Sedative or Hypnotic 16=Inhalant 17=Over-the-Counter medications 17=Over-the-Counter medi		14=Barbit	turate	1201			
9=Methamphetamine/Speed 10=Inhalant 17=Over-the-Counter medications 11=Other Stimulant 12=OxyContin (Oxycodone) interview or have you directly gathered information from the individual within the past two weeks?	8=Other Hallucinogen 15=Other Sedative or Hypnotic 59=GHB/GBL			otic 59=	41. Is the individual present for an in-person or telephone		
11=Other Stimulant 22=OxyContin (Oxycodone) the individual within the past two weeks?	- Technam price animie, opeca				interview or have you directly gathered information from		
	20 Other / wilphotamine				-		
	12=Benzodiazepine						Yes - Complete items 42-63 No - Stop here

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Adult (Ages 18 and up)

Episode Completion Interview

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42. Females only: Are you currently pregnant?	49. During the past 30 days, for about how many days did			
Yes	poor physical or mental health keep you from doing your			
□ No -> (skip to 43)	usual activities, such as self-care, work or recreation?			
☐ Unsure -> (skip to 43)	Number of days:			
b. How many weeks have you been pregnant?	Don't know			
	Refused			
c. Have you been referred to prenatal care?	50. What is your level of readiness (Stage of Change) for addressing your recovery/resiliency?			
Yes No	Not ready for action (Pre-contemplation)			
d. Are you receiving prenatal care? ☐ Yes ☐ No	Considering action sometime in the next few months			
	(Contemplation)			
43. Females only: Have you given birth in the past year?	Seriously considering action this week (Preparation)			
☐ Yes ☐ No → (skip to 44)	Already taking action (Action)			
b. For Adult Substance Use Disorder individual: How long ago did you give birth?	☐ Maintaining new behaviors (Maintenance)			
Less than 3 months ago	51. For Adult Substance Use Disorder individual:			
3 to 6 months ago	In the past month, if you have a sponsor, how often have you had contact with him or her?			
7 to 12 months ago	Don't have a sponsor A few times			
c. Did you receive prenatal care during pregnancy?	□ Never □ More than a few times			
☐ Yes ☐ No	52. How supportive has your family and/or friends been of			
d. For Adult Substance Use Disorder individual:	your treatment and recovery efforts?			
What was the # of weeks gestation?	☐ Not supportive ☐ Very supportive			
e. For Adult Substance Use Disorder individual:	☐ Somewhat supportive ☐ No family/friends			
What was the birth weight?	53. For Adult Substance Use Disorder individual:			
pounds ounces	In the past 3 months, have you used a needle to get any			
f. How would you describe the baby's current health?	drug injected under your skin, into a muscle, or into a vein			
Good	for nonmedical reasons? ☐ Yes ☐ No ☐ Deferred			
☐ Fair	54. For Adult Substance Use Disorder individual:			
Poor	In the past 3 months, have you participated in any of the			
Baby is deceased -> (skip to 44)	following activities without using a condom?			
☐ Baby is not in your custody —> (skip to 44)	had sex with someone who was <u>not your spouse or primary partner</u>			
g. Is the baby receiving regular Well Baby/Health Check services? ☐ Yes ☐ No	[or] knowingly had sex with someone who injected drugs [or]			
44. Since the last interview, have you visited a physical health	traded, gave, or received sex for drugs, money, or gifts?			
care provider for a routine check up?				
☐ Yes ☐ No	55. In the past 3 months, how often have you been hit, kicked, slapped, or otherwise physically hurt?			
45. Since the last interview, have you visited a dentist for a	Never -> (skip to 56) More than a few times			
routine check up?				
☐ Yes ☐ No	b. In the past 3 months, have you had a restraining order in			
46. Would you say that in general your health is:	place against someone who is associated with these recent			
Excellent Poor	threats or acts of violence?			
☐ Very good ☐ Don't know/Not sure	☐ Yes ☐ No			
☐ Good ☐ Refuse	56. In the past 3 months, how often have you hit, kicked,			
☐ Fair	slapped, or otherwise physically hurt someone? ☐ Never ☐ A few times ☐ More than a few times ☐ Deferred			
47. Now thinking about your physical health, which includes	57. For Adult Substance Use Disorder individual:			
physical illness and injury, for how many days during the past 30 days was your physical health not good?	In the past 3 months, have you been forced or pressured to			
None	do sexual acts?			
Number of days:	☐ Yes ☐ No ☐ Deferred			
Refused	58. Since the last interview, how often have you tried to hurt			
	yourself or cause yourself pain on purpose (such as cut,			
48. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how	burned, or bruised self)? ☐ Never ☐ A few times ☐ More than a few times			
many days during the past 30 days was your mental health	59. Since the last interview, how often have you had			
not good?	thoughts of suicide?			
None None	☐ Never ☐ A few times ☐ More than a few times			
Number of days: Don't know	60. Since the last interview, have you attempted suicide?			
Refused	☐ Yes ☐ No			

Adult (Ages 18 and up)

Episode Completion 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) 61. In the past 3 months, how well have you been doing in 63. How helpful have the program services been in... the following areas of your life? a. improving the quality of your life? Excellent Good ■ Not helpful ☐ Somewhat helpful ☐ Very helpful □ NA a. Emotional well-being_ b. decreasing your symptoms? b. Physical health_ □ NA ■ Not helpful
■ Somewhat helpful ■ Very helpful c. Relationships with family or friends_ c. increasing your hope about the future? d. Living/Housing situation_ ☐ Not helpful ☐ Somewhat helpful ☐ Very helpful □ NA e. Employment/Education_ d. increasing your control over your life? f. Getting out into my community-■ Not helpful ☐ Somewhat helpful □ NA ☐ Very helpful g. Doing things I enjoye. improving your educational status? h. Feeling connected to others_ ■ Not helpful
■ Somewhat helpful ☐ Very helpful □ NA i. Spending time with people who support my recovery and wellnessf. improving your housing status? j. Seeking help or support when I need it \Box ☐ Not helpful ☐ Somewhat helpful ■ Very helpful □ NA 62. In the past 3 months, have you... g. improving your vocational/employment status? a. had **contacts** with an emergency crisis provider? ☐ Not helpful ☐ Somewhat helpful ☐ Very helpful П NA ☐ Yes For Data Entry User (DEU) only: b. had **visits** to a hospital emergency room? This printable interview form must be signed by the QP who ☐ Yes П Мо completed the interview for this consumer. c. spent **nights** in a medical/surgical hospital? (excluding birth delivery) Does this printable interview form have the QP's Yes □ No d. spent **nights** in a psychiatric inpatient hospital? NOTE: This entire signed printable interview form must be ☐ Yes placed in the consumer's record. e. spent **nights** homeless? (sheltered or unsheltered) ☐ Yes □ No f. spent **nights** in detention, jail, or prison? (adult or juvenile system) ☐ Yes ☐ No End of interview **Enter data into web-based system:** http://www.ncdhhs.gov/providers/provider-info/mental-health/nctreatment-outcomes-and-program-performance-system Do not mail this form

Attachment I: NC-TOPPS Services

Periodic Services (Substance Use Disorder Consumers)

☐ Psyc	chotherapy - 9083290838
☐ Fam	nily Therapy without Patient - 90846
☐ Fam	nily Therapy with Patient - 90847
☐ Gro	up Therapy (multiple family group) - 90849
☐ Gro	up Therapy (non-multiple family group) - 90853
☐ Beh	avioral Health Counseling - Individual Therapy - H0004
☐ Beh	avioral Health Counseling - Group Therapy - H0004 HQ
☐ Beh	avioral Health Counseling - Family Therapy with Consumer - H0004 HR
☐ Beh	avioral Health Counseling (non-licensed provider) - YP831
☐ Beh	avioral Health Counseling - Group Therapy (non-licensed provider) - YP832
☐ Beh	avioral Health Counseling - Family Therapy with Consumer (non-licensed provider) - YP833
☐ Beh	avioral Health Counseling - Family Therapy without Consumer (non-licensed provider) - YP834
☐ Alco	ohol and/or Drug Group Counseling - H0005
☐ Alco	phol 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
L	Residential Treatment - Level II - Family Type (Foster Care Therapeutic Child) - S5145
	ADATC Services
	☐ Alcohol and Drug Abuse Treatment Center
Samular S	Other Services
Service Co	ode: Service Description:

Attachment II: DSM-5 Diagnostic Classifications

<u>Neurodevelopmental l</u>	<u>Disoraers</u>	
☐ Learning Disorders (315.00, 315.1, 315.2)	☐ Autism Spectrum D	oisorder (299.00)
☐ Communication Disorders (307.9, 315.35, 315.39)	Attention-Deficit/H	yperactivity Disorder (314.00, 314.01)
☐ Intellectual Disabilities (315.8, 317, 318.0, 318.1, 318.2, 319)		pmental Disorders (315.8, 315.9)
☐ Motor and Tic Disorders (307.20, 307.21, 307.22, 307.23, 307.3, 315.4)		, , , , , , , , , , , , , , , , , , , ,
Substance-Related and Addi	ictive Disorders	
☐ Alcohol-Related Disorders (303.90, 305.00)		
Other) Drug-Related Disorders (304.00, 304.00, 304.00, 305.30, 305.30, 305.40,		
304.50, 304.60, 305.20, 305.30, 305.40, 30	5.50, 305.60, 305.70, 3	05.90)
☐ Gambling Disorder (312.31)		
Schizophrenia Spectrum and Othe		
☐ Schizophrenia and Other Psychotic Disorders (293.81, 293.82, 29	3.89, 295.40, 295.70, 2	95.90, 297.1, 298.8, 298.9)
Bipolar and Related D	<u> Disorders</u>	
☐ Bipolar I Disorder (296.40, 296.41, 296.42, 2 296.50, 296.51, 296.52, 296.53, 296.54, 296		296.46,
☐ Bipolar II Disorder (296.89)		
☐ Cyclothymic Disorder (301.13)		
Depressive Disord	ders	
Major Depressive Disorder (296.20, 296.21, 2 296.26, 296.31, 296.32, 296.33, 296		296.25,
☐ Persistent Depressive Disorder (Dysthymia) (
☐ Other Depressive Disorders (296.99, 311, 62		
Anxiety Disorde		
☐ Anxiety Disorders (300.00, 300.01, 300.02, 300.09, 3		309.21, 312.23)
Obsessive Compulsive and Other Polated Disord	_	20 609 4)
Obsessive-Compulsive and Other Related Disord		59, 696.4)
Trauma- and Stressor-Rela		
☐ Posttraumatic Stress Disorder (PTSD) (309.81)		
\square Adjustment Disorders (309.0, 309.24, 309.28,	, 309.3, 309.4)	
☐ Other Trauma- and Stressor-Related Disorders	s (308.3, 309.89, 309.9,	313.89)
<u>Dissociative Disord</u>	<u>lers</u>	
\square Dissociative disorders (300.12, 300.13,	300.14, 300.15, 300.6)	
Disruptive, Impulse-Control, and	Conduct Disorders	
<u> </u>	ulse Control Disorders (3	312 32 312 33 312 34)
, , , , , , , , , , , , , , , , , , , ,	er Disruptive Behavior Di	
	•	3014013 (312.03), 312.3)
Gender Dysphoria Dis ☐ Gender Dysphoria Disorders (
Gender bysphona bisorders ((302.0, 302.03)	
Neurocognitive Disc	<u>orders</u>	
☐ Delirium Disorders (292.81, 293.0, 780.09)		
lacktriangle Major and Mild Neurocognitive Disorders (290.40, 29	94.10, 294.11, 331.83, 3	331.9, 799.59)
Personality Disor	ders	
<u> </u>		Disorders (301.4, 301.6, 301.82)
	Other Personality Disc	
Feeding and Eating D	<u> </u>	
Anorexia Nervosa (307.1)	isorucis_	
Other Feeding and Eating Disorders (307.50, 3	307 51 307 52 307 53	307 59)
		307.33)
Other Disorder Somatic Symptom and Related Disorders (300.11, 300.19, 300.7, 300.82,		Other Conditions That May Be
☐ Elimination Disorders (307.6, 307.7, 787.60, 788.30, 788.39)		a Focus of Clinical Attention
Sexual Dysfunction Disorders (302.70, 302.71, 302.72, 302.73, 302.74, 30	12 75 302 76 302 791	(V-codes, 999.xx)
Sleep-Wake Disorders (307.45, 307.46, 307.47, 327.21, 327.23, 327.24, 3		Other Mental Disorders and Conditions (any codes not listed
333.94, 347.00, 347.01, 780.52, 780.54, 780.57, 780.59, 786.04)	, 52,120, 52,172,	above)
☐ Paraphilic Disorders (302.2, 302.3, 302.4, 302.81, 302.82, 302.83, 302.84,	, 302.89, 302.9)	Version 07/01/2021