

# 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  
 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)

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### 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 19-39 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

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### 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  
 All or most of the time  
 Sometimes  
 Rarely or never

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**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/vaping products 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/vaping products and alcohol?**  
 Yes  No → (skip to 36 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/vaping use (any tobacco/vaping 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"/> (enter code from list below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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. If tobacco/vaping use is selected from Substance, identify up to two of the most often used tobacco/vaping products:**

- |   |  |
|---|--|
| <input type="checkbox"/> Cigarettes                                   | <input type="checkbox"/> Hookah                                    |
| <input type="checkbox"/> E-cigarettes                                 | <input type="checkbox"/> Heated Tobacco Products                   |
| <input type="checkbox"/> Cigars/Cigarillos/Little Cigars              | <input type="checkbox"/> "Tobacco free" Nicotine Pouches (ex. Zyn) |
| <input type="checkbox"/> Smokeless Tobacco/Chewing                    | <input type="checkbox"/> Blunts                                    |
| <input type="checkbox"/> Tobacco/Chew/Snuff/Snus                      | <input type="checkbox"/> Other Tobacco Product                     |
| <input type="checkbox"/> Dissolvable Tobacco as in Strips/Sticks/Orbs |  |

**36. For Adult MH individual:**

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

- Increased  Decreased  Stayed the same

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

**38. Are you under the supervision of the criminal justice system?**

- Yes  No

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

- Yes  No → (skip to 40)

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 40)

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.**

**40. 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 41-62  No - Stop here

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### 41. Females only: Are you currently pregnant?

- Yes  No  Unsure  
(skip to 42) (skip to 42)

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

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

- Yes  No → (skip to 43)

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

- Less than 3 months ago  7 to 12 months ago  
 3 to 6 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  Baby is deceased → (skip to 43)  
 Fair  Baby is not in your custody → (skip to 43)  
 Poor

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

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

- Yes  No

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

- Yes  No

### 45. Would you say that in general your health is:

- Excellent  Poor  
 Very good  Don't know/Not sure  
 Good  Refuse  
 Fair

### 46. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

Number of days:    None  
 Don't know  
 Refused

### 47. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

Number of days:    None  
 Don't know  
 Refused

### 48. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work or recreation?

Number of days:    None  
 Don't know  
 Refused

### 49. 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)

### 50. 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

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

- Not supportive  Very supportive  
 Somewhat supportive  No family/friends

### 52. 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

### 53. 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

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

- Never → (skip to 55)  More than a few times  
 A few times  Deferred → (skip to 55)

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

### 55. 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

### 56. For Adult Substance Use Disorder individual:

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

- Yes  No  Deferred

### 57. 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

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

- Never  A few times  More than a few times

### 59. Since the last interview, have you attempted suicide?

- Yes  No

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### 60. 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"/>

### 61. 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

### 62. 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)