NC-TOPPS Mental Health and Substance Use Disorder

Adult (Ages 18 and up)

Recovery Follow-Up Interview

Use this form for backup only. <u>Do not mail.</u> 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					
	erview. Signature: Date:					
LME-MCO Assigned Consumer Record Number: Consumer Date of Birth:	4. Since leaving treatment, how often have you participated in a. positive community/leisure activities? ☐ Never ☐ A few times ☐ More than a few times b. recovery support or mutual aid groups?					
Consumer Gender Assigned at Birth: Male	Never					
First three letters of consumer's last name: (If female, use consumer's maiden name) First letter of consumer's first name:	6. Since leaving treatment, how would you describe your mental health symptoms? Extremely severe Mild Severe Not present Moderate					
Consumer County of Residence: CNDS ID Number	7. 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 Rarely or never					
Medicaid ID Number (optional) Medicaid County of Residence: Provider Internal Consumer Record Number (optional)	8. For Adult Substance Use Disorder individual: Did this consumer receive or was expected to receive methadone treatment? Yes No -> (skip to 10) b. What was the last methadone dosage in the 60 days prior to this recovery follow-up? (enter zero, if none and skip to 10) mg					
Were you able to contact the individual by telephone or in-person to complete this interview? Yes No -> (answer only questions 1 and 2) 1. Date(s) contact attempted:	9. For dosage level of Methadone greater than zero: Please describe the last methadone dosing: Induction -> (skip to 10) Stabilization -> (skip to 10) Taper b. Is the methadone withdrawal voluntary or administrative? Voluntary					
2. If individual was not able to be contacted by telephone or in-person, Comments - reason not contacted:	10. For Adult Substance Use Disorder individual: Did this consumer receive or was expected to receive buprenorphine (mono or combo products, such as Subutex, Zubsolv, Suboxone, Probuphine, etc.) treatment? Yes No -> (skip to 12) b. How was the buprenorphine administered? Oral (tablets or film) Implant c. What was the last buprenorphine dosage in the 60 days prior to episode completion?					
3. Since leaving treatment, what best describes your employment status? (mark only one) ☐ Full-time work (working 35 hours or more a week) -> (answer b) ☐ Part-time work (working 11-34 hours a week) -> (answer b) ☐ Part-time work (working less than 10 hours a week) -> (answer b) ☐ Unemployed (seeking work or on layoff from a job) ☐ Not in labor force (not seeking work) b. If employed, are you also enrolled in an educational program? ☐ Yes ☐ No	(enter zero, if none and skip to 12) 11. For dosage level of Buprenorphine greater than zero:					

NC-TOPPS Mental Health and Substance Use Disorder

Adult (Ages 18 and up)

Recovery Follow-Up Interview

Use this form for backup only. <u>Do not mail.</u> Enter data into web-based system: (http://www.ncdhhs.gov/providers/provider-info/mental-health/nc-treatment-outcomes-and-program-performance-system							
12. For Adult Substance Did this consumer receive naltrexone (such as Rev	Use Disor ve or was	rder ind expect	lividua ed to r	l: eceive		17. Since leaving treatment, have you been under the supervision of the criminal justice system? ☐ Yes ☐ No	
☐ Yes ☐ No → (skip to	14)					18. Since leaving treatment, how well have you been doing i	
b. How was the naltrexon	e administe	ered?				the following areas of your life? <u>Excellent</u> <u>Good</u> <u>Fair</u> <u>Po</u>	
☐ Oral ☐ Injectable						a. Emotional well-being	
c. What was the last naltr	exone dosa	age in tr	ne 60 da	ays prior	to	b. Physical health	
episode completion?							
(enter zero, if none and skip to 14)				o 14)	c. Relationships with family or friends		
13. For dosage level of Naltrexone greater than zero:					d. Living/Housing situation		
Please describe the last naltrexone dosing:					e. Employment/Education		
☐ Induction → (skip to 14)					f. Getting out into my community		
☐ Stabilization → (skip to 14) ☐ Taper					g. Doing things I enjoy		
b. Is the naltrexone withdrawal voluntary or administrative?				nistrative	h. Feeling connected to others		
☐ Voluntary ☐ Administrative 14. Since leaving treatment, where have you lived most of					i. Spending time with people who support my recovery and wellness		
the time?	ent, <u>wner</u>	<u>e</u> nave	you iiv	rea mos	t or	j. Seeking help or support when I need it	
Living independently (own/rent home/apartment)			r no cost		3 3 1 11 — — —		
Stable housing with friends or family at minimal or no cost Residential program (halfway house, group home, alternative			alternati	ive	19. Since leaving treatment, have you a. had contacts with an emergency crisis provider?		
ramily living, family care	nome)		·			Yes No	
Institutional setting (hos	spital or jail	l)				b. had <u>visits</u> to a hospital emergency room?	
☐ Homeless☐ Temporary housing						Yes No	
15. Since leaving treatm	ent, which	h of the	follow	ving sub	stances	c. spent <u>nights</u> in a medical/surgical hospital? (excluding birth delivery)	
have you used?	l =		_			Yes No	
Substance			-	ency of	Use	d. spent <u>nights</u> in a psychiatric inpatient hospital?	
		-3 times 1 nonthly	2 times weekly	3-6 times weekly	Daily	│ │ │ │	
Tobacco use						Yes No	
(any tobacco products)			_			f. spent <u>nights</u> in detention, jail, or prison?	
Heavy alcohol use (>=5(4) drinks per sitting)						(adult or juvenile system)	
Less than heavy						Yes No	
alcohol use						20. What help in any of the following areas is now important to you? (mark all that apply)	
Marijuana or hashish use						☐ Educational improvement ☐ Medical care	
Cocaine or				_		☐ Finding or keeping a job ☐ Dental care	
crack use						☐ Housing (basic shelter or rent subsidy) ☐ Legal issues	
Heroin use						☐ Transportation ☐ Volunteer opportunitie	
Other opiates and synthetics						☐ Food supply ☐ None of the above	
Other opiates and synthetics						☐ Child care	
Other Drug Use						21. Comments/Notes:	
(enter code from list below)							
Other Drug Codes	. 12 02 =	F					
5=Non-prescription Methadone 7=PCP-Phencyclidine	13=Other I 14=Barbitu		er		Spice		
8=Other Hallucinogen	15=Other S	Sedative	or Hypno		=Dilantin =GHB/GBL	End of interview	
9=Methamphetamine/Speed	16=Inhalan			60=	-Ketamine		
10=Other Amphetamine 11=Other Stimulant	17=Over-th 22=OxyCor			ations		Enter data into web-based system:	
12=Benzodiazepine	29=Ecstasy					」, ,,	
16. Since leaving treatm	ent, how i	many ti	imes			http://www.ncdhhs.gov/providers/provider-info/	
have you been arrested	for any off			ıg		mental-health/nc-treatment-outcomes-and-	
DWI? (enter zero, if none	e)					program-performance-system	
						Do not mail this form	

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.