### NC-TOPPS Mental Health and Substance Use Disorder Adult (Ages 18 and up) Update 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)				
OF I II St IIII tial & Last Name	I certify that I am the QP who has conducted and completed this			
	P Signature: Date:			
in i	Certify that I am the QP who has conducted and completed this interview.   QP Signature:			
Medicaid County of Residence:  Provider Internal Consumer Record Number (optional)  Local Area Code (Reporting Unit Number) (optional)	☐ 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)			
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	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			
<ol> <li>Please select all services the consumer is currently receiving or has previously received for this episode of care. (See Attachment I)</li> <li>If both Mental Health and Substance Use Disorder, is the treatment at this time mainly provided by a</li> <li>qualified professional in substance use disorders</li> </ol>	□ Southlight - CASAWORKS □ UNC Horizons - Sunrise CASAWORKS  6. For Adult Substance Use Disorder individual: Is this consumer currently receiving Work First cash assistance? □ Yes □ No			
☐ qualified professional in mental health☐ both	7. Is this consumer also a TASC client?  Yes No			
3. Please indicate the DSM-5 diagnostic classification(s) for this individual. (See Attachment II)	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?  (enter zero, if none and skip to 10)			

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#### **Update Interview**

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#### Adult (Ages 18 and up)

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30. In the past 3 months, how many times have you					35. If tobacco/vaping use is selected from Substance, identify	
moved residences?	(ei	nter zero	, if none)	)		up to two of the most often used tobacco/vaping products: ☐ Cigarettes ☐ Hookah
	<u> </u>	•	,			☐ E-cigarettes ☐ Heated Tobacco Products
31. In the past 3 months	, where	did you	live mos	st of the	time?	☐ Cigars/Cigarillos/Little Cigars ☐ "Tobacco free" Nicotine Pouches
Living independently (own/rent home/apartment)						
☐ Stable housing with friends or family at minimal or no cost					Tobacco/Chew/Snus Dissolvable Tobacco as in	
Residential program (halfway house, group home, alternative					Strips/Sticks/Orbs	
family living, family care home)					36. For Adult MH individual:	
☐ Institutional setting (hospital or jail)					In general, since entering treatment your involvement in the criminal/juvenile justice system has	
☐ Homeless -> (answer b)						☐ Increased ☐ Decreased ☐ Stayed the same
$\square$ Temporary housing $->$ (	answer c	)				37. In the past month, how many times have
<ul><li>b. If homeless, please sp in the past 3 months.</li></ul>	pecify you	ır living s	situation	most of t	he time	you been arrested for any offense including DWI? (enter zero, if none)
☐ Sheltered (homeless s	shelter or	domesti	c violence	e shelter)	)	38. Are you under the supervision of the criminal justice
☐ Unsheltered (on the st	treet, in a	a car, car	np)			system?
c. If temporary housing,		pecify you	ur living	situation	most of	
the time in the past 3 mg	ONTNS. Fragueni	moves t	to and fro	om relativ	(a's/	39. For Female Adult Substance Use Disorder individual: Do you have children under the age of 18?
Unstable housing with friend's homes	rrequeri	. IIIOVES (	to and me	Jili Telativ	76 3/	Yes   No -> (skip to 40)
☐ Hotel/motel				b. How many children do you have?		
32. For Adult MH only individual: In the past 3 months, have you used tobacco/vaping products			ping pro	c. Since the last interview, how many children have you		
or alcohol?				c-1. gained legal custody of?		
In the past 3 months, ha	ve you ι	ısed illic				c-2. lost legal custody of?
substances other than to				and alco	ohol?	c 2. lost legal custody of:
Yes □No -> (skip to 36 both aues			a on			c-3. begun seeking legal custody of?
both questions 32 <u>and</u> 33)  34. Please mark the frequency of use for each substance in the past month.			ubstance			
Substance	Past	Month -	- Freque	ency of U	lse	c-4. stopped seeking legal custody of?
	Г	1-3 times		3-6 times		c-5. continued seeking legal custody of?
	Not Used	monthly	weekly	weekly	Dally	,
Tobacco/vaping use (any tobacco/vaping products)						d. Since the last interview, how many newborn baby(ies) have been removed from your legal
Heavy alcohol use (>=5(4) drinks per sitting)						custody? e. Since the last interview, how many children
Less than heavy alcohol use						have your parental rights been terminated from?  f. How many children in your legal custody are
Marijuana or hashish use						receiving preventative and primary health care?  g. How many children in your legal custody have
Cocaine or crack use						been screened for mental health and/or substance use disorder prevention or treatment services?
Heroin use						h. Since the last interview, have you been investigated by DSS for child abuse or neglect?
Other opiates and synthetics						☐ Yes ☐ No -> (skip to 40)  h-1. Was the investigation due to an infant testing positive
Other Drug Use						on a drug screen? ☐ Yes ☐ No ☐ NA
(enter code from list below)						Section III: This next section includes questions which
Other Drug Codes are important in determining consumer outcomes. These						
			questions require that they be asked directly to the individual either in-person or by telephone.			
8=Other Hallucinogen 15=Other Sedative or Hypnotic 59=GHB/GBL			tic 59=0	40. Is the individual present for an in-person or telephone		
9=Methamphetamine/Speed 10=Other Amphetamine	16=Inhal	ant ·the-Count	ter medica		Ketamine	interview or have you directly gathered information from
11=Other Stimulant		ontin (Oxy		10113		the individual within the past two weeks?
12=Benzodiazepine	29=Ecsta	sy (MDMA	.)			☐ 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)	49. What is your level of readiness (Stage of Change) for addressing your recovery/resiliency?  ☐ Not ready for action (Pre-contemplation)			
b. How many weeks have you been pregnant?	Considering action sometime in the next few months (Contemplation) Seriously considering action this week (Preparation)			
c. Have you been referred to prenatal care? Yes No d. Are you receiving prenatal care? Yes No	☐ Already taking action (Action) ☐ Maintaining new behaviors (Maintenance)			
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	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			
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?	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			
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	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			
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?	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			
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	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			
30 days was your physical health not good?  Number of days:	55. In the past 3 months, how often have <u>you</u> hit, kicked, slapped, or otherwise physically hurt someone?  Never More than a few times  A few times Deferred			
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:	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			
Don't know Refused  48. During the past 30 days, for about how many days did poor	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			
physical or mental health keep you from doing your usual activities, such as self-care, work or recreation?  Number of days:	58. Since the last interview, how often have you had thoughts of suicide?  Never A few times More than a few times			
Don't know	59. Since the last interview, have you attempted suicide?  ☐ Yes ☐ No			

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U	puate	TIIIGI	AIGM

(http://www.ncdhhs.gov/providers/provider-info/mental-health/nc-treatment-outcomes-and-program-performance-system) 60. In the past 3 months, how well have you been doing in 62. How helpful have the program services been in... the following areas of your life? a. improving the quality of your life? Excellent Good <u>Fair</u> Poor ■ Not helpful ☐ Somewhat helpful ☐ Very helpful □ NA a. Emotional well-being — П П Ш b. decreasing your symptoms? b. Physical health\_ ■ Not helpful ■ Somewhat helpful ☐ Very helpful ■ NA c. Relationships with family or friends\_ c. increasing your hope about the future? d. Living/Housing situation— ☐ Not helpful ☐ Somewhat helpful ☐ Very helpful ■ NA d. increasing your control over your life? e. Employment/Education\_\_\_ ■ Not helpful ■ Somewhat helpful ☐ Very helpful □ NA f. Getting out into my community\_\_\_ e. improving your educational status? g. Doing things I enjoy\_ ■ Not helpful ☐ Somewhat helpful ☐ Very helpful □ NA h. Feeling connected to others\_ f. improving your housing status? ☐ Not helpful ☐ Somewhat helpful ☐ Very helpful □ NA i. Spending time with people who support my recovery and wellness\_ g. improving your vocational/employment status? ■ Not helpful j. Seeking help or support when I need it lacksquare☐ Somewhat helpful П NA ☐ Very helpful 61. In the past 3 months, have you... For Data Entry User (DEU) only: a. had **contacts** with an emergency crisis provider? This printable interview form must be signed by the QP who completed the interview for this consumer. ☐ Yes ΠNo b. had **visits** to a hospital emergency room? Does this printable interview form have the OP's П No ☐ Yes c. spent **nights** in a medical/surgical hospital? (excluding birth delivery) NOTE: This entire signed printable interview form must be placed in the consumer's record. ☐ Yes ☐ No d. spent **nights** in a psychiatric inpatient hospital? ☐ Yes 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/nc-treatment-outcomesand-program-performance-system Do not mail this form

# **Attachment I: NC-TOPPS Services**

#### **Periodic Services (Substance Use Disorder Consumers)**

☐ Psychotherapy - 9083290838	
☐ 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	
$\square$ Behavioral Health Counseling - Family Therapy with Consumer (non-licensed provider) - YP833	
$\square$ 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	
$\square$ 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:	
	<u> </u>

# Attachment II: DSM-5 Diagnostic Classifications

Neurodevelopmental Disorders			
☐ Learning Disorders (315.00, 315.1, 315.2)	☐ Autism Spectrum Disorder (299.00)		
☐ Communication Disorders (307.9, 315.35, 315.39)	☐ Attention-Deficit/Hyperactivity Disorder (314.00, 314.01)		
☐ Intellectual Disabilities (315.8, 317, 318.0, 318.1, 318.2, 319)	☐ Other Neurodevelopmental Disorders (315.8, 315.9)		
☐ Motor and Tic Disorders (307.20, 307.21, 307.22, 307.23, 307.3, 315.4)			
Substance-Related and Addid	ctive Disorders		
☐ Alcohol-Related Disorders (303.90, 305.00)			
(Other) Drug-Related Disorders (304.00, 304			
□ 304.50, 304.60, 305.20, 305.30, 305.40, 305 □ Gambling Disorder (312.31)	5.50, 305.60, 305.70, 305.90)		
Schizophrenia Spectrum and Other	Psychotic Disordors		
Schizophrenia and Other Psychotic Disorders (293.81, 293.82, 293			
Bipolar and Related D			
☐ Bipolar I Disorder (296.40, 296.41, 296.42, 296.42)	<del></del>		
296.50, 296.51, 296.52, 296.53, 296.54, 296			
☐ Bipolar II Disorder (296.89)			
☐ Cyclothymic Disorder (301.13)			
Depressive Disord			
Major Depressive Disorder (296.20, 296.21, 2 296.26, 296.30, 296.31, 296.32, 296.33, 296	96.22, 296.23, 296.24, 296.25, 34, 296, 35, 296, 36)		
☐ Persistent Depressive Disorder (Dysthymia) (3			
☐ Other Depressive Disorders (296.99, 311, 625	5.4)		
Anxiety Disorders			
☐ Anxiety Disorders (300.00, 300.01, 300.02, 300.09, 30			
Obsessive-Compulsive and Re	elated Disorders		
☐ Obsessive-Compulsive and Other Related Disorde	ers (300.3, 300.7, 312.39, 698.4)		
Trauma- and Stressor-Rela	ted Disorders		
☐ Posttraumatic Stress Disorder (PTSD) (309.81)			
Adjustment Disorders (309.0, 309.24, 309.28,			
☐ Other Trauma- and Stressor-Related Disorders	(308.3, 309.89, 309.9, 313.89)		
Dissociative Disord			
☐ Dissociative disorders (300.12, 300.13, 3			
Disruptive, Impulse-Control, and			
· ·	ulse Control Disorders (312.32, 312.33, 312.34)		
	r 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, 294.11, 331.83, 331.9, 799.59)			
Cluster A Personality Disorders (301.0, 301.20, 301.22)	Cluster C Personality Disorders (301.4, 301.6, 301.82)		
	Other Personality Disorders (301.89, 301.9)		
Feeding and Eating Di	<del>-</del>		
☐ Anorexia Nervosa (307.1)	<del></del>		
☐ Other Feeding and Eating Disorders (307.50, 3	07.51, 307.52, 307.53, 307.59)		
Other Disorders			
Somatic Symptom and Related Disorders (300.11, 300.19, 300.7, 300.82, 3	a Focus of Clinical Attention		
☐ 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	(V-codes, 999.xx)		
Sleep-Wake Disorders (307.45, 307.46, 307.47, 327.21, 327.23, 327.24,			
333.94, 347.00, 347.01, 780.52, 780.54, 780.57, 780.59, 786.04)	above)		
Paraphilic Disorders (302.2, 302.3, 302.4, 302.81, 302.82, 302.83, 302.84,	302.89, 302.9) Version 07/01/2023		