

NC-TOPPS

TASC CJM Episode Completion 2025

****Use this form for backup only. Enter data into web-based system. (<https://nctopps.ncdmh.net/tasc.htm>)**

Clinician First Initial & Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Please provide the following information about the consumer:

Consumer ID

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of Birth

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Gender Assigned at Birth

☐ Male ☐ Female

1. Date Consumer Discharged from TASC:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2. Date Consumer Admitted to TASC (this episode):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3. County of TASC Management: _____

4. Did the consumer complete TASC services?

☐ Yes → (skip to 5)

☐ No

b. Reason for not completing TASC services:

☐ Probation non-compliance/revocation → (answer c)

☐ Consumer deceased → (skip to 5)

☐ Consumer moved/relocated → (skip to 5)

☐ TASC non-compliance/no-show → (answer d)

☐ No longer required to attend treatment → (skip to 5)

c. Reason for probation non-compliance/revocation:

☐ Technical

☐ New Crime

☐ Absconder → (skip questions 9-15)

d. Reason for TASC non-compliance/no-show:

☐ Client fails to comply with requirements of jeopardy staffings

☐ Client is arrested or convicted of a charge, which precludes his/her continued participation in TASC

☐ Client acts violently or threatens violence against TASC staff, treatment staff, or another client

☐ Client is in possession of a weapon at TASC or treatment program sites

☐ Client is in possession of drugs or alcohol at TASC or treatment program sites

☐ No contact with TASC in 30 calendar days (requires a minimum of two attempts to contact the client and supervisory review)

☐ Refusal of services

5. Is the consumer or a member of the consumer's immediate family or household currently serving in or has served in the Military, Military Reserve or National Guard?

☐ Yes, active Military, Military Reserve or National Guard

☐ Yes, veteran or prior service member

☐ Yes, family member

☐ No

6. At any time in the past, has the consumer been suspected of having a head or brain injury?

☐ Yes ☐ No

7. NC Docket Number (current, most serious): (Skip to question 8 if state of arrest for this episode was *not* in North Carolina)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

8. Primary Diagnosis: (Select one or enter primary diagnosis below)

☐ F10.10 - Alcohol Use Disorder, Mild

☐ F10.20 - Alcohol Use Disorder, Moderate

☐ F10.20 - Alcohol Use Disorder, Severe

☐ F12.10 - Cannabis Use Disorder, Mild

☐ F12.20 - Cannabis Use Disorder, Moderate

☐ F12.20 - Cannabis Use Disorder, Severe

☐ F14.10 - Cocaine Use Disorder, Mild

☐ F14.20 - Cocaine Use Disorder, Moderate

☐ F14.20 - Cocaine Use Disorder, Severe

☐ F11.10 - Opioid Use Disorder, Mild

☐ F11.20 - Opioid Use Disorder, Moderate

☐ F11.20 - Opioid Use Disorder, Severe

☐ F15.10 - Amphetamine or Other or Unspecified Stimulant Use Disorder, Mild

☐ F15.20 - Amphetamine or Other or Unspecified Stimulant Use Disorder, Moderate

☐ F15.20 - Amphetamine or Other or Unspecified Stimulant Use Disorder, Severe

☐ F18.10 - Inhalant Use Disorder, Mild

☐ F18.20 - Inhalant Use Disorder, Moderate

☐ F18.20 - Inhalant Use Disorder, Severe

☐ F13.10 - Sedative, Hypnotic, or Anxiolytic Use Disorder, Mild

☐ F13.20 - Sedative, Hypnotic, or Anxiolytic Use Disorder, Moderate

☐ F13.20 - Sedative, Hypnotic, or Anxiolytic Use Disorder, Severe

☐ F16.10 - Phencyclidine or Other Hallucinogen Use Disorder, Mild

☐ F16.20 - Phencyclidine or Other Hallucinogen Use Disorder, Moderate

☐ F16.20 - Phencyclidine or Other Hallucinogen Use Disorder, Severe

Primary diagnosis if not listed above:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

☐ No diagnosis

☐ MH Only diagnosis → (skip questions 16-18)

NC-TOPPS

TASC CJM Episode Completion 2025

****Use this form for backup only. Enter data into web-based system. (<https://nctopps.ncdmh.net/tasc.htm>)**

9. Currently, where does the consumer live most of the time?

- ☐ Homeless → (answer b)
- ☐ Temporary housing → (answer c)
- ☐ Private or permanent residence → (answer d if adult, skip to 10 if adolescent)
- ☐ Residential program → (answer e if adult, answer f if adolescent)
- ☐ Facility/institution → (answer g)
- ☐ Other → (skip to 10)

b. If *homeless*, please specify the consumer's living situation currently.

- ☐ Sheltered (homeless shelter)
- ☐ Unsheltered (on the street, in a car, camp)

c. If *temporary housing*, please specify the type of temporary housing the consumer currently lives in.

- ☐ Transitional housing (time-limited stay)
- ☐ Living temporarily with other(s)

d. **For Adult TASC consumer only:** If *private residence*, please specify the type of residence the consumer currently lives in.

- ☐ Self-owned
- ☐ Rent with rental assistance
- ☐ Rent without rental assistance
- ☐ Other

e. **For Adult TASC consumer only:** If *residential program*, please specify the type of residential program the consumer currently lives in.

- ☐ Alternative family living ☐ Licensed supervised apartment
- ☐ Group home ☐ Family care home
- ☐ Residential treatment center ☐ Halfway house

f. **For Adolescent TASC consumer only:** If *residential program*, please specify the type of residential program the consumer currently lives in.

- ☐ Foster home
- ☐ Therapeutic foster home
- ☐ Level III group home
- ☐ Level IV group home
- ☐ State-operated residential treatment center
- ☐ Substance use disorder residential treatment facility
- ☐ Halfway house

g. If *facility/institution*, please specify the type of facility the consumer currently lives in.

- ☐ PRTF (adolescent only)
- ☐ Public institution
- ☐ Private institution
- ☐ Adult care home/assisted living (adult only)
- ☐ Nursing facility (adult only)
- ☐ Correctional facility

10. What is the highest grade the consumer completed or degree s/he received in school?

- ☐ Grade K, 1, 2, 3, 4, or 5 ☐ Some college or technical/vocational school
- ☐ Grade 6, 7, or 8 ☐ 2-year college/assoc. degree
- ☐ Grade 9, 10, 11, or 12 (no diploma) ☐ 4-year college degree
- ☐ GED ☐ Graduate work, no degree
- ☐ High school diploma ☐ Professional degree or more

11. Was a GED or other degree(s) completed during TASC?

- ☐ Yes ☐ No

12. Is the consumer currently enrolled in school or courses that satisfy requirements for a certification, diploma or degree? ☐ Yes ☐ No → (skip to 13)

b. If **yes**, mark all that apply:

- ☐ High School ☐ Technical/Vocational school
- ☐ GED Program, Adult literacy ☐ Other
- ☐ College

13. What best describes the consumer's employment status at Episode Completion? (mark only one)

- ☐ Full-time work (working 35 hours or more a week) → (skip to 14)
- ☐ Part-time work (working less than 35 hours a week) → (skip to 14)
- ☐ Unemployed (seeking work or on layoff from a job) → (skip to 14)
- ☐ Not in labor force (not seeking work)
- b. If *not seeking work*, what best describes the consumer's current status?
- ☐ Homemaker ☐ Chronic medical condition which prevents employment
- ☐ Student ☐ Retired ☐ None of the above

14. In the past 3 months, how often did the consumer participate in ...

- a. positive community/leisure (extracurricular) activities?
- ☐ Never ☐ A few times ☐ More than a few times
- b. recovery-related support or self-help groups?
- ☐ Never → (answer c)
- ☐ A few times
- ☐ More than a few times
- b-1. In the past month, how many times did the consumer attend recovery-related support or self-help 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
- c. organized religious activities?
- ☐ Never ☐ A few times ☐ More than a few times

15. Does the consumer have a sponsor?

- ☐ Yes ☐ No → (skip to 16)
- b. In the past month, how often did the consumer have contact with his/her sponsor?
- ☐ Never ☐ A few times ☐ More than a few times

NC-TOPPS

TASC CJM Episode Completion 2025

****Use this form for backup only. Enter data into web-based system. (<https://nctopps.ncdmh.net/tasc.htm>)**

16. If Primary Diagnosis is not MH Only, please indicate the consumer's Primary (required), Secondary (if applicable), and Tertiary (if applicable) substance problems by entering a "1" for Primary, "2" for Secondary, and "3" for Tertiary.

☐ Alcohol	☐ Marijuana/Hashish	☐ Cocaine/Crack	☐ Methamphetamine	☐ Heroin
☐ Fentanyl	☐ Other Opiates/Opioids	☐ Non-Prescription Methadone	☐ PCP-Phencyclidine	☐ Other Hallucinogen
☐ Other Amphetamine	☐ Other Stimulant	☐ Benzodiazepine	☐ Other Non-Benzodiazepine Tranquilizer	☐ Barbiturate
☐ Other Non-Barbiturate Sedative or Hypnotic	☐ Inhalants	☐ Over-the-Counter	☐ Oxycodone (OxyContin, Percocet, Percodan)	☐ MDMA (Ecstasy)
☐ Prescription Drug	☐ Ketamine	☐ Spice	☐ Dilantin	☐ GHB/GBL
☐ Cannabinoids, Delta THC/Other Synthetic	☐ Other Drug			

17. If Primary Diagnosis is not MH Only, please indicate the consumer's age at first use/intoxication and how each substance was taken (if applicable) for the Primary, Secondary (if applicable), and Tertiary (if applicable) substance(s).

Substance	Age of First Use/ Intoxication	How usually taken (mark only one)	Substance	Age of First Use/ Intoxication	How usually taken (mark only one)
Alcohol		N/A	Barbiturate		☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other
Marijuana/Hashish		N/A	Other Non-Barbiturate Sedative or Hypnotic		☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other
Cocaine/Crack		☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other	Inhalant		☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other
Methamphetamine		☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other	Over-the-Counter		☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other
Heroin		☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other	Oxycodone (OxyContin, Percocet, Percodan)		☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other
Fentanyl		☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other	MDMA (Ecstasy)		☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other
Other Opiates/Opioids		☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other	Prescription Drug		☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other
Non-Prescription Methadone		☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other	Ketamine		☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other
PCP-phencyclidine		☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other	Spice		☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other
Other Hallucinogen		☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other	Dilantin		☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other
Other Amphetamine		☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other	GHB/GBL		☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other
Other Stimulant		☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other	Cannabinoids, Delta THC/Other Synthetic		☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other
Benzodiazepine		☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other	Other Drug		☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other
Other Non-Benzodiazepine Tranquilizer		☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other			

NC-TOPPS

TASC CJM Episode Completion 2025

****Use this form for backup only. Enter data into web-based system. (<https://nctopps.ncdmh.net/tasc.htm>)**

18. If Primary Diagnosis is not MH Only, have any substances been used in the past month?

☐ Yes ☐ No -> (skip to 20) ☐ Unknown -> (skip to 20)

19. If Primary Diagnosis is not MH Only, 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)	☐	☐	☐	☐	☐
Heavy alcohol use (>=5(4) drinks per sitting)	☐	☐	☐	☐	☐
Less than heavy alcohol use	☐	☐	☐	☐	☐
Marijuana or hashish use	☐	☐	☐	☐	☐
Cocaine or crack use	☐	☐	☐	☐	☐
Heroin use	☐	☐	☐	☐	☐
Fentanyl use	☐	☐	☐	☐	☐
Other opiates/opioids	☐	☐	☐	☐	☐
Other Drug Use (enter code from list below)	☐	☐	☐	☐	☐

Other Drug Codes

5=Non-prescription Methadone	13=Other Tranquilizer	46=Ketamine
7=PCP-Phencyclidine	14=Barbiturate	57=Prescription Drug
8=Other Hallucinogen	15=Other Sedative or Hypnotic	58=Spice
9=Methamphetamine	16=Inhalant	59=Dilantin
10=Other Amphetamine	17=Over-the-Counter	61=GHB/GBL
11=Other Stimulant	22=Oxycodone (OxyContin, Percocet, Percodan)	62=Cannabinoids
12=Benzodiazepine	29=MDMA (Ecstasy)	

20. Drug test results from all sources in the past 3 months (or since admission if consumer was not in TASC for 3 months):

a. Number Conducted b. Number Positive enter 0, if none and skip to 20

b-1. Date of last positive screening:

/ /

b-2. How often did each substance appear for all tests conducted?

Alcohol	THC	Opiates	Benzo.
Cocaine	Amphetamines	Barbiturates	Other

21. In the past month, how many times has the consumer been arrested (or had a petition filed for adjudication) for any offense including DWI?

-> (enter 0, if none); answer b if greater than zero)

b. Indicate the type(s) of crime from arrest(s) in the past month:
(mark all that apply)

☐ Violent felony	☐ Violent misdemeanor
☐ Property felony	☐ Property misdemeanor
☐ Drug felony	☐ Drug misdemeanor
☐ Other felony	☐ Other misdemeanor

22. Please indicate the consumer's DAC Supervision Level.

☐ Level 1 ☐ Level 2 ☐ Level 3 ☐ Level 4 ☐ Level 5 ☐ Pending

23. Please indicate the consumer's DAC Need Level.

☐ Extreme (L1) ☐ Low (L4)
☐ High (L2) ☐ Minimal (L5)
☐ Moderate (L3) ☐ Pending

24. Date of Last Face-to-Face Contact with Consumer:

/ /

25. Level of Care Management prior to Episode Completion:

☐ Level I ☐ Level II ☐ Level III

26. Does the consumer have a need for any of the following? (mark all that apply)

☐ Wheelchair/Mobility equipment or services	☐ Equipment or services due to being visually impaired
☐ Equipment or services due to a physical disability	☐ Child care
☐ Equipment or services due to being deaf/hard of hearing	☐ Equipment or services due to being a frail senior
☐ Sign language interpreter	☐ Other
☐ Foreign language interpreter	☐ None of the above/NA

27. Services and Supports Received: (mark all that apply)

☐ Peer support services	☐ Pre-treatment education
☐ Family/Parenting classes	☐ SA outpatient -> (answer b)
☐ Faith-based services	☐ SA Intensive Outpatient (IOP) -> (answer c)
☐ Self-care/Wellness activities (ex. Yoga, Guided Meditation, Exercise)	☐ SA day treatment
☐ Transportation services	☐ Residential
☐ Housing services	☐ Therapeutic community
☐ Financial wellness/Education programs	☐ AA/NA/Self help
☐ Harm reduction services	☐ Specialty courts
☐ Syringe Services Programs (SSPs)	☐ DART Center
☐ Primary care/Medical services	☐ Black Mountain
☐ Drug and other education classes	☐ Crisis Services
☐ CBI -> (answer a)	☐ Medication Management
☐ Mental health services	☐ Other
☐ Detox	☐ None

*****If any of the services are received above, please indicate the status of the service(s) received?**

☐ Completed ☐ Not Completed ☐ Ongoing

a. If CBI, who is funding/paying for CBI services?

☐ TECS ☐ Non-TECS

b. If SA Outpatient, who is funding/paying for SA Outpatient services?

☐ TECS ☐ Non-TECS

c. If SA Intensive Outpatient (IOP), who is funding/paying for SA Intensive Outpatient (IOP) services?

☐ TECS ☐ Non-TECS