NC-TOPPS
TASC CJM Episode Completion 2026

****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:

☐ 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)

☐ Not interested in 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)

☐☐ ☐ CR ☐ CRS ☐☐☐☐☐☐

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 15-18)*

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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
- ☐ Grade 6, 7, or 8
- ☐ Grade 9, 10, 11, or 12 (no diploma)
- ☐ GED
- ☐ High School diploma
- ☐ Some college or technical/ vocational school
- ☐ 2-year college/assoc. degree
- ☐ 4-year college degree
- ☐ Graduate work, no degree
- ☐ 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**, the consumer is currently enrolled in what programs for credit? *(mark all that apply)*

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

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
- ☐ Student
- ☐ Retired
- ☐ Chronic medical condition which prevents employment
- ☐ 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 ➔ *(answer b-1)*
- ☐ More than a few times ➔ *(answer b-1)*

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

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

16. *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)
Alcohol	☐☐	N/A
Marijuana/Hashish	☐☐	N/A
Cocaine/Crack	☐☐	☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other
Methamphetamine	☐☐	☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other
Heroin	☐☐	☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other
Fentanyl	☐☐	☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other
Other Opiates/Opioids	☐☐	☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other
Non-Prescription Methadone	☐☐	☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other
PCP-phencyclidine	☐☐	☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other
Other Hallucinogen	☐☐	☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other
Other Amphetamine	☐☐	☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other
Other Stimulant	☐☐	☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other
Benzodiazepine	☐☐	☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other
Other Non-Benzodiazepine Tranquilizer	☐☐	☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other
Barbiturate	☐☐	☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other

Substance	Age of First Use/ Intoxication	How usually taken (mark only one)
Other Non-Barbiturate Sedative or Hypnotic	☐☐	☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other
Inhalant	☐☐	☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other
Over-the-Counter	☐☐	☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other
Oxycodone (Oxycontin, Percocet, Percodan)	☐☐	☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other
MDMA (Ecstasy)	☐☐	☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other
Prescription Drug	☐☐	☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other
Ketamine	☐☐	☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other
Spice	☐☐	☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other
Dilantin	☐☐	☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other
GHB/GBL	☐☐	☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other
Cannabinoids, Delta THC/Other Synthetic	☐☐	☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other
Xylazine	☐☐	☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other
Other Drug	☐☐	☐ Oral ☐ Smoke ☐ Inject ☐ Inhale ☐ Other

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17. *If Primary Diagnosis is not MH Only:* Have any substances been used in the past month?
☐Yes ☐No ➡ *(skip to 19)* ☐Unknown ➡ *(skip to 19)*

18. *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	☐	☐	☐	☐	☐
Other opiates/opioids	☐	☐	☐	☐	☐
Other Drug Use ☐☐ (enter code from list below)	☐	☐	☐	☐	☐

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

19. 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 ☐☐ Benzodiazepine ☐☐
Cocaine ☐☐ Amphetamines ☐☐ Barbiturates ☐☐ Xylazine ☐☐ Other ☐☐

20. 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. Indicated 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

21. Please indicate the consumer's DAC Supervision Level.
☐Level 1 ☐Level 2 ☐Level 3 ☐Level 4 ☐Level 5 ☐Pending

22. Please indicate the consumer's DAC Need Level.
☐ Extreme (L1) ☐ Low (L4)
☐ High (L2) ☐ Minimal (L5)
☐ Moderate (L3) ☐ Pending

23. Date of Last Face-to-Face Contact with Consumer:
☐☐ / ☐☐ / ☐☐

24. Level of Care Management prior to Episode Completion:
☐ Level I ☐ Level II ☐ Level III

25. 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 a physical disability
☐ Equipment or services due to being deaf/hard of hearing
☐ Sign language interpreter
☐ Foreign language interpreter
☐ Equipment or services due to being visually impaired
☐ Childcare
☐ Equipment or services due to being a frail senior
☐ Other
☐ None of the above/NA

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

****If any of the services above are received:* **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

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