

# NC-TOPPS

## TASC CJM Intake 2023

**\*\*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**

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

**County of TASC Management:**

**Gender Assigned at Birth:**

Male  Female

**1. Date Consumer Referred to TASC**

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

**2. TASC Referrals**

- Eligible to receive TASC services
- Not Eligible - no involvement in CJS → (Stop here)
- Not Eligible - refused to participate → (Stop here)
- Not Eligible - no SA/MH issue → (Stop here)
- No Show → (Stop here)

**3. State of Arrest:** → Skip to question 4 if *not* North Carolina

\_\_\_\_\_

b. NC County of Arrest:

\_\_\_\_\_

c. NC Docket Number (current, most serious):

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**4. OPUS Number:**

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

**5. TASC Assessment Date**

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

**6. Is the consumer of Hispanic, Latino, or Spanish origin?**

- Yes  No → (skip to 7)
- b. If **yes**, please specify origin:
- Hispanic, Mexican American
- Hispanic, Puerto Rican
- Hispanic, Cuban
- Hispanic, Other

**7. Which of these groups best describes the consumer?**

- |  |   |
|--|---|
| <input type="checkbox"/> African American/Black          | <input type="checkbox"/> Alaska Native    |
| <input type="checkbox"/> White/Anglo/Caucasian           | <input type="checkbox"/> Asian            |
| <input type="checkbox"/> Multiracial                     | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> American Indian/Native American | <input type="checkbox"/> Other            |

**8. What is the consumer's current marital status? (include same sex partnerships as living as married)**

- |  |   |
|--|---|
| <input type="checkbox"/> Married           | <input type="checkbox"/> Separated          |
| <input type="checkbox"/> Living as married | <input type="checkbox"/> Widowed            |
| <input type="checkbox"/> Divorced          | <input type="checkbox"/> Never been married |

**9. 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

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

- Yes  No

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

- 305.00 - Alcohol Use Disorder, Mild
- 303.90 - Alcohol Use Disorder, Moderate
- 303.90 - Alcohol Use Disorder, Severe
- 305.20 - Cannabis Use Disorder, Mild
- 304.30 - Cannabis Use Disorder, Moderate
- 304.30 - Cannabis Use Disorder, Severe
- 305.60 - Cocaine Use Disorder, Mild
- 304.20 - Cocaine Use Disorder, Moderate
- 304.20 - Cocaine Use Disorder, Severe
- 305.50 - Opioid Use Disorder, Mild
- 304.00 - Opioid Use Disorder, Moderate
- 304.00 - Opioid Use Disorder, Severe
- 305.70 - Amphetamine Use Disorder, Mild
- 304.40 - Amphetamine Use Disorder, Moderate
- 304.40 - Amphetamine Use Disorder, Severe
- 305.90 - Inhalant Use Disorder, Mild
- 304.60 - Inhalant Use Disorder, Moderate
- 304.60 - Inhalant Use Disorder, Severe
- 305.40 - Sedative, Hypnotic, or Anxiolytic Use Disorder, Mild
- 304.10 - Sedative, Hypnotic, or Anxiolytic Use Disorder, Moderate
- 304.10 - Sedative, Hypnotic, or Anxiolytic Use Disorder, Severe
- 305.90 - Phencyclidine Use Disorder, Mild
- 304.60 - Phencyclidine Use Disorder, Moderate
- 304.60 - Phencyclidine Use Disorder, Severe

Primary diagnosis if not listed above:

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- No diagnosis

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**12. In the past 3 months, where did the consumer live most of the time?**

Homeless → (answer b)

Temporary housing → (answer c)

Private or permanent residence → (answer d if adult, skip to 13 if adolescent)

Residential program → (answer e if adult, answer f if adolescent)

Facility/institution → (answer g)

Other → (skip to 13)

b. If homeless, please specify the consumer's living situation most of the time in the past 3 months.

Sheltered (homeless shelter)

Unsheltered (on the street, in a car, camp)

c. If temporary housing, please specify the type of temporary housing the consumer lived in most of the time in the past 3 months.

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 lived in most of the time in the past 3 months.

Self-owned                       Rent without rental assistance

Rent with rental assistance     Other

e. **For Adult TASC consumer only:** If residential program, please specify the type of residential program the consumer lived in most of the time in the past 3 months.

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 lived in most of the time in the past 3 months.

Foster home

Therapeutic foster home

Level III group home

Level IV group home

State-operated residential treatment center

Substance abuse residential treatment facility

Halfway house

g. If facility/institution, please specify the type of facility the consumer lived in most of the time in the past 3 months.

PRTF (adolescent only)

Public institution

Private institution

Adult care home/assisted living (adult only)

Nursing facility (adult only)

Correctional facility

**13. 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

**14. Is the consumer currently enrolled in school or courses that satisfy requirements for a certification, diploma or degree?**

Yes     No → (skip to 15)

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

High School                       Technical/Vocational school

GED Program, Adult literacy     Other

College

**15. In the past 3 months, what best describes the consumer's employment status? (mark only one)**

Full-time work (working 35 hours or more a week) → (skip to 16)

Part-time work (working less than 35 hours a week) → (skip to 16)

Unemployed (seeking work or on layoff from a job) → (skip to 16)

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

**16. 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

**17. Does the consumer have a sponsor?**

Yes     No → (skip to 18)

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

**18. Referral Source: (mark primary referral)**

Judge/Court                       Attorney/Self-Referral

DAC (probation, CJP post-release)     Other

LME-MCO

**19. Females only : Is the consumer currently pregnant?**

Yes     No     Unsure

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**20. 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.**

<input type="checkbox"/> Alcohol	<input type="checkbox"/> Marijuana/Hashish	<input type="checkbox"/> Cocaine/Crack	<input type="checkbox"/> Methamphetamine	<input type="checkbox"/> Heroin
<input type="checkbox"/> Other Opiates/Opioids	<input type="checkbox"/> Non-Prescription Methadone	<input type="checkbox"/> PCP-Phencyclidine	<input type="checkbox"/> Other Hallucinogens	<input type="checkbox"/> Other Amphetamines
<input type="checkbox"/> Other Stimulants	<input type="checkbox"/> Benzodiazepine	<input type="checkbox"/> Other Non-Benzodiazepine Tranquilizers	<input type="checkbox"/> Barbiturates	<input type="checkbox"/> Other Non-Barbiturate Sedatives or Hypnotics
<input type="checkbox"/> Inhalants	<input type="checkbox"/> Over-the-Counter	<input type="checkbox"/> Prescription Drug	<input type="checkbox"/> Other Drug	<input type="checkbox"/> <b>Mental Health only, no co-occurring substance use -&gt; (skip to 23)</b>

**21. 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	<input type="text"/> <input type="text"/>	N/A
Marijuana/Hashish	<input type="text"/> <input type="text"/>	N/A
Cocaine/Crack	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other
Methamphetamine	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other
Heroin	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other
Other Opiates/Opioids	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other
Non-Prescription Methadone	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other
PCP-phencyclidine	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other
Other Hallucinogens	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other
Other Amphetamines	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other
Other Stimulants	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other
Benzodiazepine	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other
Other Non-Benzodiazepine Tranquilizers	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other
Barbiturates	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other
Other Non-Barbiturate Sedatives or Hypnotics	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other
Inhalants	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other
Over-the-Counter	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other
Prescription Drug	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other
Other Drug	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Inhale <input type="checkbox"/> Other

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**22. Please mark the frequency of use for each substance the consumer used in the past 12 months and past month.**

Substance	Past 12 Months - Frequency of Use					Past Month - Frequency of Use				
	Not Used	1-3 times monthly	1-2 times weekly	3-6 times weekly	Daily	Not Used	1-3 times monthly	1-2 times weekly	3-6 times weekly	Daily
Tobacco use (any tobacco products)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other opiates/opioids use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other drug use <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> (enter code from list below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Other Drug Codes**

- |                              |                        |                               |   |
|------------------------------|------------------------|-------------------------------|---|
| 5=Non-prescription Methadone | 10=Other Amphetamine   | 14=Barbiturate                | 22=Oxycodone(OxyContin, Percocet, Percodan) |
| 7=PCP                        | 11=Other Stimulant     | 15=Other Sedative or Hypnotic | 29=MDMA (Ecstasy)                           |
| 8=Other Hallucinogen         | 12=Benzodiazepine      | 16=Inhalant                   | 30=Prescription Drug                        |
| 9=Methamphetamine            | 13=Other Tranquillizer | 17=Over-the-Counter           |   |

**23. Substance(s) related to arrest: (mark all that apply)**

- |                                    |                                       |  |
|------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> None      | <input type="checkbox"/> Heroin       | <input type="checkbox"/> Tranquillizer     |
| <input type="checkbox"/> Alcohol   | <input type="checkbox"/> Other opiate | <input type="checkbox"/> Inhalant          |
| <input type="checkbox"/> Marijuana | <input type="checkbox"/> Hallucinogen | <input type="checkbox"/> Over-the-counter  |
| <input type="checkbox"/> Cocaine   | <input type="checkbox"/> Amphetamine  | <input type="checkbox"/> Prescription Drug |

**24. 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)

**25. Please indicate the consumer's DAC Supervision Level.**

- |                                  |                                  |                                  |
|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Level 1 | <input type="checkbox"/> Level 3 | <input type="checkbox"/> Level 5 |
| <input type="checkbox"/> Level 2 | <input type="checkbox"/> Level 4 |                                  |

**26. Please indicate the consumer's DAC Need Level.**

- |                                       |  |                                       |
|---------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Extreme (L1) | <input type="checkbox"/> Moderate (L3) | <input type="checkbox"/> Minimal (L5) |
| <input type="checkbox"/> High (L2)    | <input type="checkbox"/> Low (L4)      |                                       |

**27. TASC Priority Population:**

- Intermediate punishment offender
- Offender who completed a DAC program
- Community punishment violator
- Other DAC referral
- Other CJS/Judicial referral

**28. Crime type: (most serious crime related to TASC referral)**

- |  |   |
|--|---|
| <input type="checkbox"/> Violent felony  | <input type="checkbox"/> Violent misdemeanor  |
| <input type="checkbox"/> Property felony | <input type="checkbox"/> Property misdemeanor |
| <input type="checkbox"/> Drug felony     | <input type="checkbox"/> Drug misdemeanor     |
| <input type="checkbox"/> Other felony    | <input type="checkbox"/> Other misdemeanor    |

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

- |   |   |
|---|---|
| <input type="checkbox"/> Wheelchair/Mobility needs    | <input type="checkbox"/> Visually impaired    |
| <input type="checkbox"/> Physical disability          | <input type="checkbox"/> Child care           |
| <input type="checkbox"/> Deaf/Hard of hearing         | <input type="checkbox"/> Frail senior         |
| <input type="checkbox"/> Sign language interpreter    | <input type="checkbox"/> Other                |
| <input type="checkbox"/> Foreign language interpreter | <input type="checkbox"/> None of the above/NA |

**30. Services and Supports Recommended: (mark all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Drug and other education classes   | <input type="checkbox"/> Therapeutic community |
| <input type="checkbox"/> CBI -> (answer a)  | <input type="checkbox"/> AA/NA/Self help       |
| <input type="checkbox"/> Mental health services   | <input type="checkbox"/> Drug treatment court  |
| <input type="checkbox"/> Detox  | <input type="checkbox"/> DART Cherry           |
| <input type="checkbox"/> Pre-treatment education  | <input type="checkbox"/> Black Mountain        |
| <input type="checkbox"/> SA Outpatient -> (answer b)  | <input type="checkbox"/> Crisis Services       |
| <input type="checkbox"/> SA Intensive Outpatient (IOP) -> (answer c)  | <input type="checkbox"/> Medication Management |
| <input type="checkbox"/> SA Day Treatment   | <input type="checkbox"/> Other                 |
| <input type="checkbox"/> Residential  |  |
| <b>a. If CBI, who is funding/paying for CBI services?</b>   |  |
| <input type="checkbox"/> TECS   | <input type="checkbox"/> Non-TECS              |
| <b>b. If SA Outpatient, who is funding/paying for SA Outpatient services?</b>                                 |  |
| <input type="checkbox"/> TECS   | <input type="checkbox"/> Non-TECS              |
| <b>c. If SA Intensive Outpatient (IOP), who is funding/paying for SA Intensive Outpatient (IOP) services?</b> |  |
| <input type="checkbox"/> TECS   | <input type="checkbox"/> Non-TECS              |

**31. Is this a TASC Assessment ONLY case?**

- Yes -> (end of assessment)  No
- b. Level of Care Management:**
- Level I  Level II  Level III