

# NC-TOPPS Mental Health and Substance Use Disorder

## Adolescent (Ages 12-17)

## Initial Interview

Use this form for backup only. **Do not mail.** Enter data into web-based system:

(<http://www.ncdhhs.gov/providers/provider-info/mental-health/nc-treatment-outcomes-and-program-performance-system>)

QP First Initial & Last Name

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

I certify that I am the QP who has conducted and completed this interview.

QP Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please provide the following consumer information:

Tailored Plan Assigned Consumer Record Number:

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

Consumer Date of Birth:

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

Consumer Gender Assigned at Birth:

☐ Male ☐ Female

First three letters of consumer's last name:  
(If female, use consumer's maiden name)

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

First letter of consumer's first name:

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

Consumer County of Residence: \_\_\_\_\_

CNDS ID Number

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

Medicaid ID Number (optional)

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

Medicaid County of Residence: \_\_\_\_\_

Provider Internal Consumer Record Number (optional)

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

Local Area Code (Reporting Unit Number) (optional)

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

Please select the appropriate age/disability category(ies) for which the individual will be receiving services and supports. (mark all that apply)

- ☐ Adolescent Mental Health, age 12-17  
☐ Adolescent Substance Use Disorder, age 12-17

Admission Date (date of first paid service for this episode of care):

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

### Begin Interview

1. Please select all services the consumer is currently receiving. (See Attachment I)

2. If both Mental Health and Substance Use Disorder, is the treatment at this time mainly provided by a...

- ☐ qualified professional in substance use disorders  
☐ qualified professional in mental health  
☐ both

3. Please indicate the ICD-10-CM diagnosis code(s) for this individual. (See Attachment II)

4. For Female Adolescent Substance Use Disorder individual:

Is this consumer being admitted to a specialty program for maternal, pregnant, perinatal, or post-partum?

☐ Yes ☐ No -> (skip to 5)

b. Which specialty program for maternal, pregnant, perinatal, or post-partum is this consumer being admitted to?

- ☐ Community Choices - CASCADE - Charlotte  
☐ Community Choices - CASCADE - Durham  
☐ Community Choices - Outpatient Program - Charlotte  
☐ Community Choices - Outpatient Program - Durham  
☐ Community Choices - WISH Program  
☐ Daymark Clean Start Program  
☐ Insight Human Services - Perinatal Health Partners  
☐ NC PPW - Columbus County  
☐ NC PPW - Project CARA - Buncombe County  
☐ NC PPW - Project CARA - Wilkes County  
☐ PORT Health - Kelly House  
☐ RHA - Mary Benson House  
☐ RHCC - Cambridge Court - Perinatal/Maternal  
☐ RHCC - Crystal Lake - Perinatal/Maternal  
☐ RHCC - Grace Court  
☐ RHCC - Our House  
☐ 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. Are you of Hispanic, Latino, or Spanish origin?

☐ Yes ☐ No

6. Which of these groups best describes you?

- ☐ African American/Black ☐ Alaska Native  
☐ White/Anglo/Caucasian ☐ Asian  
☐ Multiracial ☐ Pacific Islander  
☐ American Indian/Native American ☐ Other

7. Which of the following best describes your sexual orientation?

- ☐ Straight ☐ Other  
☐ Lesbian or Gay ☐ Don't know/Not sure  
☐ Bisexual ☐ Deferred

8. Do you consider yourself to be transgender?

- ☐ Yes, Transgender, male-to-female ☐ No  
☐ Yes, Transgender, female-to-male ☐ Don't know/Not sure  
☐ Yes, Transgender, gender non-conforming ☐ Deferred

9. Is a member of your immediate family or household currently serving in or has served in the Military, Military Reserve, or National Guard?

☐ Yes, family member ☐ No

10. At any time in the past, have you been suspected of having a head or brain injury?

☐ Yes ☐ No ☐ Not sure

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### 11. What kind of benefits and/or insurance do you have?

(mark all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> None                          | <input type="checkbox"/> Health Choice |
| <input type="checkbox"/> SSI                           | <input type="checkbox"/> Medicaid      |
| <input type="checkbox"/> SSDI                          | <input type="checkbox"/> Medicare      |
| <input type="checkbox"/> Private insurance/health plan | <input type="checkbox"/> Other         |
| <input type="checkbox"/> TRICARE/Military Coverage     | <input type="checkbox"/> Unknown       |

### 12. What is the highest grade you completed or degree you received in school?

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

### 13. Are you currently enrolled in school or courses that satisfy requirements for a certification, diploma or degree?

(Enrolled includes school breaks, suspensions, and expulsions)

- ☐ Yes ☐ No → (skip to 18)

b. What program(s) are you currently enrolled in for credit?  
(mark all that apply)

- ☐ Alternative Learning Program (ALP)/School  
☐ Academic schools (K-12)  
☐ Private Home School by parents/guardians  
☐ Homebound Instruction by public/private school  
☐ Incarceration/Detention/Youth Development Centers  
☐ Technical/Vocational school → (skip to 18)  
☐ Early college high school → (skip to 18)  
☐ College → (skip to 18)  
☐ GED Program, Adult literacy → (skip to 18)  
☐ Other → (skip to 18)

### 14. Do you have an Individualized Education Program (IEP) (program or plan for special education and related services)?

- ☐ Yes ☐ No

### 15. What grade are you currently in?

### 16. For your most recent reporting period, what grades did you get most of the time? (mark only one)

- ☐ A's ☐ B's ☐ C's ☐ D's ☐ F's ☐ School does not use traditional grading system

b. If school does not use traditional grading system, for your most recent reporting period, did you pass or fail most of the time?

- ☐ Pass ☐ Fail

### 17. In the past 3 months, have you been...

a. suspended from school?

- ☐ Yes ☐ No

b. expelled from school?

- ☐ Yes ☐ No

### 18. In the past 3 months, what best describes your employment status? (mark only one)

- ☐ Full-time work (working 35 hours or more a week)  
→ (answer b-1, b-2, b-3, and b-4)  
☐ Part-time work (working 11-34 hours a week)  
→ (answer b-1, b-2, b-3, and b-4)  
☐ Part-time work (working less than 10 hours a week)  
→ (answer b-1, b-2, b-3, and b-4)  
☐ Unemployed (seeking work or on layoff from a job) → (skip to 19)  
☐ Not in labor force (not seeking work) → (skip to 19)

b-1. If employed, what best describes your job classification?

- ☐ Professional, technical, or managerial  
☐ Clerical or sales  
☐ Service occupation  
☐ Agricultural or related occupation  
☐ Processing occupation  
☐ Machine trades  
☐ Bench work  
☐ Structural work  
☐ Miscellaneous occupation (other)

b-2. If employed, what employee benefits do you receive?

(mark all that apply)

- |  |                                |
|--|--------------------------------|
| <input type="checkbox"/> Insurance             | <input type="checkbox"/> Other |
| <input type="checkbox"/> Paid time off         | <input type="checkbox"/> None  |
| <input type="checkbox"/> Meal/Retail discounts |                                |

b-3. If employed, what currently describes your rate of pay?

- ☐ Above minimum wage (more than \$7.25 an hour)  
☐ Minimum wage (\$7.25 an hour)  
☐ Lower than minimum wage (due to student status, piece work, working for tips or employer under sub-minimum wage certificate)

b-4. If employed, are you also enrolled in an educational program?

- ☐ Yes ☐ No

### 19. In the past 3 months, how often have your problems interfered with work, school, or other daily activities?

- ☐ Never ☐ A few times ☐ More than a few times

### 20. In the past year, how many times have you moved residences?

(enter zero, if none)

### 21. In the past 3 months, where did you live most of the time?

- ☐ In a family setting (private or foster home) → (skip to 22)  
☐ Residential program (group home, PRTF) → (answer b)  
☐ Institutional setting (hospital or detention center/jail) → (skip to 22)  
☐ Homeless → (answer c)  
☐ Temporary housing → (answer d)

b. If residential program, please specify the type of residential program you lived in most of the time in the past 3 months.

- ☐ Therapeutic foster home  
☐ Level III group home  
☐ Level IV group home  
☐ State-operated residential treatment center  
☐ Psychiatric Residential Treatment Facility (PRTF)  
☐ Substance use disorder residential treatment facility  
☐ Halfway house (for Adolescent SUD only individual)  
☐ Other

c. If homeless, please specify your living situation most of the time in the past 3 months.

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

d. If temporary housing, please specify your living situation most of the time in the past 3 months.

- ☐ Unstable housing with frequent moves to and from relative's/friend's homes  
☐ Hotel/motel

### 22. Was this living arrangement in your home community?

- ☐ Yes ☐ No

### 23. How long has it been since you last visited a physical health care provider for a routine check up?

- |  |  |
|--|--|
| <input type="checkbox"/> Never                   | <input type="checkbox"/> Within the past 5 years |
| <input type="checkbox"/> Within the past year    | <input type="checkbox"/> More than 5 years ago   |
| <input type="checkbox"/> Within the past 2 years |  |

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**24. How long has it been since you last visited a dentist for a routine check up?**

- ☐ Never  
☐ Within the past year  
☐ Within the past 2 years  
☐ Within the past 5 years  
☐ More than 5 years ago

**25. Would you say that in general your health is:**

- ☐ Excellent  
☐ Very good  
☐ Good  
☐ Fair  
☐ Poor  
☐ Don't know/Not sure  
☐ Refuse

**26. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?**

- Number of days:   ☐ None  
☐ Don't know  
☐ Refused

**27. 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:   ☐ None  
☐ Don't know  
☐ Refused

**28. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work or recreation?**

- Number of days:   ☐ None  
☐ Don't know  
☐ Refused

**29. Females only: Are you currently pregnant?**

- ☐ Yes ☐ No ☐ Unsure  
(skip to 30) (skip to 30)

b. How many weeks have you been pregnant?

c. Have you been referred to prenatal care? ☐ Yes ☐ No

d. Are you receiving prenatal care? ☐ Yes ☐ No

**30. For Female Adolescent Substance Use Disorder individual: Do you have children?**

- ☐ Yes ☐ No → (skip to 31)

b. How many children do you have?

c. How many children are in your legal custody?

(skip to f if equal to number of children)

d. How many children are in the legal custody of DSS?

e. How many children are you currently seeking legal custody of?

f. How many children in your legal custody are receiving preventive and primary health care?

g. How many children in your legal custody have been screened for mental health and/or substance use disorder prevention or treatment services?

h. In the past year, have you been investigated by DSS for child abuse or neglect?

- ☐ Yes ☐ No → (skip to 31)

h-2. Was the investigation due to an infant testing positive on a drug screen?

- ☐ Yes ☐ No ☐ NA

h-3. Was your admission to treatment required by Child Welfare Services of DSS?

- ☐ Yes ☐ No

**31. In the past 3 months, how often did you participate in...**

a. extracurricular activities?

- ☐ Never ☐ A few times ☐ More than a few times

b. recovery support or mutual aid groups?

- ☐ Never → (skip to 32)

☐ A few times

☐ More than a few times

c. In the past month, how many times did you attend recovery support or mutual aid 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

**32. For Adolescent MH only individual: Have you ever used tobacco/vaping products or alcohol?**

- ☐ Yes ☐ No

**33. For Adolescent MH only individual:**

**Have you ever used illicit drugs or other substances other than tobacco/vaping products and alcohol?**

- ☐ Yes ☐ No → (skip to 36 if 'No' is answered on both questions 32 and 33)

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### 34. Please mark the frequency of use for each substance 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/vaping use (any tobacco/vaping 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"/>
Fentanyl 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 and synthetics	<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 type="text"/> <input 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=OxyContin (Oxycodone)    59=GHB/GBL  
 7=PCP-Phencyclidine    11=Other Stimulant    15=Other Sedative or Hypnotic    29=Ecstasy (MDMA)    60=Ketamine  
 8=Other Hallucinogen    12=Benzodiazepine    16=Inhalant    57=Spice    62=Cannabinoids  
 9=Methamphetamine/Speed    13=Other Tranquilizer    17=Over-the-Counter medications    58=Dilantin

### 35. If tobacco/vaping use is selected from Substance, identify up to two of the most often used tobacco/vaping products:

- ☐ Cigarettes    ☐ Hookah  
☐ E-cigarettes    ☐ Heated Tobacco Products  
☐ Cigars/Cigarillos/Little Cigars    ☐ "Tobacco free" Nicotine Pouches (ex. Zyn)  
☐ Smokeless Tobacco/Chewing    ☐ Blunts  
☐ Tobacco/Chew/Snuff/Snus    ☐ Other Tobacco Product  
☐ Dissolvable Tobacco as in Strips/Sticks/Orbs

### 36. For Adolescent Substance Use Disorder individual: If ever, when is the last time you used a needle to get any drug injected under your skin, into a muscle, or into a vein for nonmedical reasons?

- ☐ Never    ☐ More than a year ago  
☐ Within the past 3 months    ☐ Deferred  
☐ Within the past year

### 37. In the past 3 months, how often have you been hit, kicked, slapped, or otherwise physically hurt?

- ☐ Never → (skip to 38)    ☐ More than a few times  
☐ A few times    ☐ Deferred → (skip to 38)  
 b. In the past 7 days, have you been hit, kicked, slapped, or otherwise physically hurt?  
☐ Yes    ☐ No

### 38. In the past 3 months, how often have you hit, kicked, slapped, or otherwise physically hurt someone?

- ☐ Never    ☐ More than a few times  
☐ A few times    ☐ Deferred

### 39. In the past 3 months, 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

### 40. In your lifetime, have you ever attempted suicide?

- ☐ Yes    ☐ No

### 41. In the past 3 months, how often have you had thoughts of suicide?

- ☐ Never    ☐ A few times    ☐ More than a few times

### 42. How many times have you been arrested or had a petition filed for any offense including DWI.... (enter zero, if none)

- a. in the past month    
 b. in the past year    
 c. in your lifetime

### 43. Do you have a Court Counselor or are you under the supervision of the justice system (adult or juvenile)?

- ☐ Yes    ☐ No

### 44. For Adolescent Substance Use Disorder individual: In the 3 months prior to your current admission, how many weeks were you enrolled in substance use disorder treatment (not including detox)? (enter zero, if none)

### 45. In the past 3 months, have you...

- a. had **contacts** with an emergency crisis provider?  
☐ Yes    ☐ No  
 b. had **visits** to a hospital emergency room?  
☐ Yes    ☐ No  
 c. spent **nights** in a medical/surgical hospital? (excluding birth delivery)  
☐ Yes    ☐ No  
 d. spent **nights** in a psychiatric inpatient hospital?  
☐ Yes    ☐ No  
 e. spent **nights** homeless? (sheltered or unsheltered)  
☐ Yes    ☐ No  
 f. spent **nights** in detention, jail, or prison? (adult or juvenile system)  
☐ Yes    ☐ No

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**46. How many active, stable relationship(s) with adult(s) who serve as positive role models do you have?** (i.e., member of clergy, neighbor, family member, coach)

☐ None ☐ 1 or 2 ☐ 3 or more

**47. How supportive do you think your family and/or friends will be of your treatment and recovery efforts?**

☐ Not supportive  
☐ Somewhat supportive  
☐ Very supportive  
☐ No family/friends

**48. What is your level of readiness (Stage of Change) for addressing your recovery/resiliency?**

☐ Not ready for action (Pre-contemplation)  
☐ Considering action sometime in the next few months (Contemplation)  
☐ Seriously considering action this week (Preparation)  
☐ Already taking action (Action)  
☐ Maintaining new behaviors (Maintenance)

**49. How well have you been doing in the following areas of your life in the past year?**

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
a. Emotional well-being _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Physical health _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Relationships with family or friends _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Living/Housing situation _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**50. Did you receive a list or options, verbal or written, of places to receive services?**

☐ Yes, I received a list or options  
☐ No, I came here on my own  
☐ No, nobody gave me a list or options

**51. Was your first service in a time frame that met your needs?**

☐ Yes ☐ No

**52. Do you 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  
☐ Child care  
☐ Other  
☐ None of the above/NA

**53. Did you have difficulty entering treatment because of problems with...** (mark all that apply)

☐ No difficulties prevented you from entering treatment  
☐ Active mental health symptoms (anxiety or fear, agoraphobia, paranoia, hallucinations)  
☐ Active substance use disorder symptoms (addiction, relapse)  
☐ Physical health problems (severe illness, hospitalization)  
☐ Family or guardian issues (controlling spouse, family illness, child or elder care, domestic violence, parent/guardian cooperation)  
☐ Treatment offered did not meet needs (availability of appropriate services, type of treatment wanted by consumer not available, favorite therapist quit, etc.)  
☐ Engagement issues (AWOL, doesn't think s/he has a problem, denial, runaway, oversleeps)  
☐ Cost or financial reasons (no money for cab, treatment cost)  
☐ Stigma/Discrimination (race, gender, sexual orientation)  
☐ Treatment/Authorization access issues (insurance problems, waiting list, paperwork problems, red tape, lost Medicaid card, referral issues, citizenship, etc.)  
☐ Being deaf/hard of hearing  
☐ Language or communication issues (foreign language issues, lack of interpreter, etc.)  
☐ Legal reasons (incarceration, arrest)  
☐ Transportation/Distance to provider  
☐ Scheduling issues (work or school conflicts, appointment times not workable, no phone)  
☐ Lack of stable housing  
☐ Personal safety (domestic violence, intimidation or punishment)

**54. What help in any of the following areas is important to you?** (mark all that apply)

<input type="checkbox"/> Educational improvement	<input type="checkbox"/> Medical care
<input type="checkbox"/> Finding or keeping a job	<input type="checkbox"/> Dental care
<input type="checkbox"/> Housing (basic shelter or rent subsidy)	<input type="checkbox"/> Legal issues
<input type="checkbox"/> Transportation	<input type="checkbox"/> Volunteer opportunities
<input type="checkbox"/> Food supply	<input type="checkbox"/> None of the above
<input type="checkbox"/> Child care	

**55. In the past month, how would you describe your mental health symptoms?**

☐ Extremely Severe ☐ Mild  
☐ Severe ☐ Not present  
☐ Moderate

**56. In the past month, if you have a current prescription for psychotropic medications, how often have you taken this medication as prescribed?**

☐ No prescription ☐ Sometimes  
☐ All or most of the time ☐ Rarely or never

**For Data Entry User (DEU) only:**

**This printable interview form must be signed by the QP who completed the interview for this consumer.**

**Does this printable interview form have the QP's signature (see page 1)?** ☐ Yes ☐ No

**NOTE: This entire signed printable interview form must be placed in the consumer's record.**

**End of interview**

**Enter data into web-based system:**

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**Do not mail this form**



# Attachment I: NC-TOPPS Services

## Periodic Services (Substance Use Disorder Consumers)

- ☐ Psychotherapy - 90832--90838
- ☐ 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
- ☐ Behavioral Health Counseling - Family Therapy with Consumer (non-licensed provider) - YP833
- ☐ 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
- ☐ Child Assertive Community Treatment Team (ACTT) - H0040 HA
- ☐ Intensive In-Home Services (IIH) - H2022
- ☐ Multisystemic Therapy Services (MST) - H2033
- ☐ Substance Abuse Comprehensive Outpatient Treatment (SACOT) - H2035
- ☐ Individual Placement and Support (IPS) Supported Employment - YP630
- ☐ Supported Employment - H2023 U4

## Facility Based Day Services

- ☐ Mental Health - Partial Hospitalization - H0035
- ☐ Child and Adolescent Day Treatment - H2012 HA

## Opioid Services

- ☐ Opioid Treatment - H0020

## Residential Services

- ☐ 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

## Other Services

Service Code: \_\_\_\_\_

Service Description: \_\_\_\_\_

# Attachment II:

## ICD-10-CM Diagnosis Codes

### Neurodevelopmental Disorders

- ☐ Learning Disorders (F81.0, F81.2, F81.81, F81.89)
- ☐ Communication Disorders (F80.81, F80.89, F80.9)
- ☐ Intellectual Disabilities (F70, F71, F72, F73, F79, F88)
- ☐ Motor and Tic Disorders (F82, F95.0, F95.1, F95.2, F95.9, F98.4)
- ☐ Autism Spectrum Disorder (F84.0)
- ☐ Attention-Deficit/Hyperactivity Disorder (F90.0, F90.1, F90.2, F90.9)
- ☐ Other Neurodevelopmental Disorders (F81.9, F88, F89)

### Substance-Related and Addictive Disorders

- ☐ Alcohol-Related Disorders (F10.10, F10.20)
- ☐ (Other) Drug-Related Disorders (F11.10, F11.20, F12.10, F12.20, F13.10, F13.20, F14.10, F14.20, F15.10, F15.20, F16.10, F16.20, F18.10, F19.20)
- ☐ Gambling Disorder (F63.0)

### Schizophrenia Spectrum and Other Psychotic Disorders

- ☐ Schizophrenia and Other Psychotic Disorders (F06.0, F06.1, F06.2, F20.81, F20.9, F22, F23, F25.9, F29)

### Bipolar and Related Disorders

- ☐ Bipolar I Disorder (F31.10, F31.11, F31.12, F31.13, F31.30, F31.31, F31.32, F31.4, F31.5, F31.73, F31.74, F31.75, F31.76, F31.9)
- ☐ Bipolar II Disorder (F31.81)
- ☐ Cyclothymic Disorder (F34.0)

### Depressive Disorders

- ☐ Major Depressive Disorder (F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33.0, F33.1, F33.2, F33.3, F33.41, F33.42, F33.9)
- ☐ Persistent Depressive Disorder (Dysthymia) (F34.1)
- ☐ Other Depressive Disorders (F32.9, F34.8, N94.3)

### Anxiety Disorders

- ☐ Anxiety Disorders (F40.02, F40.10, F40.218, F40.240, F40.241, F40.8, F41.0, F41.1, F41.8, F41.9, F91.2, F93.0)

### Obsessive-Compulsive and Related Disorders

- ☐ Obsessive-Compulsive and Other Related Disorders (F42, F45.21, F45.22, F63.3, F63.89, L98.1)

### Trauma- and Stressor-Related Disorders

- ☐ Posttraumatic Stress Disorder (PTSD) (F43.10, F43.12)
- ☐ Adjustment Disorders (F43.21, F43.22, F43.23, F43.24, F43.25)
- ☐ Other Trauma- and Stressor-Related Disorders (F43.0, F43.20, F43.8, F93.8, F94.1, F98.8)

### Dissociative Disorders

- ☐ Dissociative disorders (F44.0, F44.1, F44.81, F44.9, F48.1)

### Disruptive, Impulse-Control, and Conduct Disorders

- ☐ Conduct Disorder (F91.1, F91.2, F91.8)
- ☐ Impulse Control Disorders (F63.1, F63.2, F63.81)
- ☐ Oppositional Defiant Disorder (F91.3)
- ☐ Other Disruptive Behavior Disorders (F91.8, F91.9)

### Gender Dysphoria Disorders

- ☐ Gender Dysphoria Disorders (F64.1, F64.2)

### Neurocognitive Disorders

- ☐ Delirium Disorders (F05, F19.921, R40.0, R40.1)
- ☐ Major and Mild Neurocognitive Disorders (F01.50, F02.80, F02.81, G31.84, G31.9, R41.89)

### Personality Disorders

- ☐ Cluster A Personality Disorders (F21, F60.0, F60.1)
- ☐ Cluster C Personality Disorders (F60.5, F60.6, F60.7)
- ☐ Cluster B Personality Disorders (F60.2, F60.3, F60.4, F60.81)
- ☐ Other Personality Disorders (F60.89, F60.9)

### Feeding and Eating Disorders

- ☐ Anorexia Nervosa (F50.00)
- ☐ Other Feeding and Eating Disorders (F50.2, F50.8, F50.9, F98.21, F98.29, F98.3)

### Other Disorders

- ☐ Somatic Symptom and Related Disorders (F44.4, F45.1, F45.21, F45.22, F45.8, F45.9, F48.8, F54, F68.8)
- ☐ Elimination Disorders (F98.0, F98.1, N39.498, R15.9, R32)
- ☐ Sexual Dysfunction Disorders (F52.0, F52.1, F52.21, F52.31, F52.32, F52.4, F52.6, F52.8, R37)
- ☐ Sleep-Wake Disorders (F51.3, F51.8, G25.81, G47.00, G47.10, G47.30, G47.31, G47.33, G47.34, G47.35, G47.36, G47.411, G47.419, G47.52, G47.8, R06.3)
- ☐ Paraphilic Disorders (F65.0, F65.1, F65.2, F65.3, F65.4, F65.51, F65.52, F65.81, F65.89, F65.9, F66)
- ☐ Other Conditions That May Be a Focus of Clinical Attention
- ☐ Other Mental Disorders and Conditions (any codes not listed above)