

NC-TOPPS Mental Health and Substance Use Disorder

Adult (Ages 18 and up)

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)

☐ Adult Mental Health, age 18 and up

☐ Adult Substance Use Disorder, age 18 and up

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 Adult Substance Use Disorder individual:

Is this consumer being admitted to a Pregnant/Maternal program?

☐ Yes ☐ No → (skip to 5)

b. Which Pregnant/Maternal program 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. For Female Adult Substance Use Disorder individual:

Is this consumer being admitted to a CASAWORKS Residential program?

☐ Yes ☐ No → (skip to 6)

b. Which CASAWORKS Residential program is this consumer being admitted to?

☐ Community Choices - CASCADE CASAWORKS - Charlotte

☐ Community Choices - CASCADE CASAWORKS - Durham

☐ RHCC - Cambridge Court - CASAWORKS

☐ RHCC - Crystal Lake - CASAWORKS

☐ RHCC - The Village - CASAWORKS

☐ Southlight - CASAWORKS

☐ UNC Horizons - Sunrise CASAWORKS

6. For Adult Substance Use Disorder individual:

Is this consumer currently receiving Work First cash assistance?

☐ Yes ☐ No

7. Is this consumer also a TASC client?

☐ Yes ☐ No

8. For Adult Substance Use Disorder individual:

Is this consumer receiving or expected to receive methadone treatment?

☐ Yes ☐ No → (skip to 9)

b. What is the current methadone dosage?

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

(enter zero, if none and skip to 9)

c. For dosage level of Methadone greater than zero:

Please describe the current methadone dosing:

☐ Induction ☐ Stabilization ☐ Taper

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9. For Adult Substance Use Disorder individual:

Is this consumer receiving or expected to receive buprenorphine (mono or combo products, such as Zubsolv, Suboxone, etc.) treatment?

☐ Yes ☐ No → (skip to 10)

b. How will the buprenorphine be administered?

☐ Oral (tablets or film) ☐ Injection

c. What is the current buprenorphine dosage?

mg (enter zero, if none and skip to 10)

d. For dosage level of Buprenorphine greater than zero:

Please describe the current buprenorphine dosing/phase of care:

☐ Induction ☐ Stabilization ☐ Taper

10. For Adult Substance Use Disorder individual:

Is this consumer receiving or expected to receive naltrexone (such as Revia, Vivitrol, etc.) treatment?

☐ Yes ☐ No → (skip to 11)

b. How will the naltrexone be administered?

☐ Oral ☐ Injectable

c. What is the current naltrexone dosage?

mg (enter zero, if none and skip to 11)

d. For dosage level of Naltrexone greater than zero:

Please describe the current naltrexone dosing/phase of care:

☐ Induction ☐ Stabilization ☐ Taper

11. Are you of Hispanic, Latino, or Spanish origin?

☐ Yes ☐ No

12. Which of these groups best describes you?

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

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

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

14. Do you consider yourself to be transgender?

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

15. Are you or a member of your 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

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

☐ Yes ☐ No ☐ Not sure

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

(mark all that apply)

☐ None ☐ Health Choice
☐ SSI ☐ Medicaid
☐ SSDI ☐ Medicare
☐ Private insurance/health plan ☐ Other
☐ TRICARE/Military Coverage ☐ Unknown

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

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

19. In the past year, have you been enrolled in school or taken any classes? (mark all that apply)

☐ No
☐ Yes, high school or GED
☐ Yes, vocational school or certificate program
☐ Yes, college
☐ Yes, adult education/leisure/recreational classes

20. 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 21)
☐ Not in labor force (not seeking work)
→ (answer c)
b-1. If employed, what best describes your job classification?
☐ Professional, technical, or managerial ☐ Machine trades
☐ Clerical or sales ☐ Bench work
☐ Service occupation ☐ Structural work
☐ Agricultural or related occupation ☐ Miscellaneous occupation (other)
☐ Processing occupation

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

(mark all that apply)

☐ Insurance ☐ Other
☐ Paid time off ☐ None
☐ 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

c. If not seeking work, what best describes your current status? (mark only one)

☐ Homemaker
☐ Student
☐ Retired
☐ Chronic medical condition which prevents employment
☐ Incarcerated (juvenile or adult facility)
☐ Institutionalized
☐ Day program services
☐ Volunteer
☐ None of the above

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21. 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

22. In the past year, how many times have you moved residences? (enter zero, if none)

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

- ☐ Living independently (own/rent home/apartment)
☐ Stable housing with friends or family at minimal or no cost
☐ Residential program (halfway house, group home, alternative family living, family care home)
☐ Institutional setting (hospital or jail)
☐ Homeless → (answer b)
☐ Temporary housing → (answer c)

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

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

c. 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

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

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

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

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

26. Would you say that in general your health is:

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

27. 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

28. 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

29. 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

30. Females only: Are you currently pregnant?

- ☐ Yes ☐ No → (skip to 31) ☐ Unsure → (skip to 31)

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

31. For Female Adult Substance Use Disorder individual: Do you have children under the age of 18?

- ☐ Yes ☐ No → (skip to 32)

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 32)

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

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

a. positive community/leisure activities?

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

b. recovery support or mutual aid groups?

- ☐ Never → (skip to 33) ☐ 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

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33. For Adult MH only individual:

In the past year, have you used tobacco/vaping products or alcohol?

☐ Yes ☐ No

34. For Adult MH only individual:

In the past year, have you used illicit drugs or other substances other than tobacco/vaping products and alcohol?

☐ Yes ☐ No → (skip to 37 if 'No' is answered on both questions 33 and 34)

35. 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)	<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
7=PCP-Phencyclidine
8=Other Hallucinogen
9=Methamphetamine/Speed
10=Other Amphetamine
11=Other Stimulant
12=Benzodiazepine
13=Other Tranquillizer
14=Barbiturate
15=Other Sedative or Hypnotic
16=Inhalant
17=Over-the-Counter medications
22=OxyContin (Oxycodone)
29=Ecstasy (MDMA)
57=Spice
58=Dilantin
59=GHB/GBL
60=Ketamine
62=Cannabinoids

36. 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
☐ Smokeless Tobacco/Chewing ☐ (ex. Zyn)
☐ Tobacco/Chew/Snuff/Snus ☐ Blunts
☐ Dissolvable Tobacco as in Strips/Sticks/Orbs ☐ Other Tobacco Product

37. For Adult 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

38. For Adult Substance Use Disorder individual:

If ever, when 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?

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

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

- ☐ Never → (skip to 40) ☐ More than a few times
☐ A few times ☐ Deferred → (skip to 40)
 b. In the past 7 days, have been hit, kicked, slapped, or otherwise physically hurt? ☐ Yes ☐ No
 c. Do you currently have a restraining order in place against someone who is associated with these recent threats or acts of violence? ☐ Yes ☐ No

40. 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

41. For Adult Substance Use Disorder individual:

If ever, when have you been forced or pressured to do sexual acts?

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

42. 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

43. In your lifetime, have you ever attempted suicide?

- ☐ Yes ☐ No

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

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

45. How many times have you been arrested for any offense including DWI.... (enter zero, if none)

a. in the past month

b. in the past year

c. in your lifetime

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46. Are you under the supervision of the criminal justice system?

☐ Yes ☐ No

47. For Adult 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)

48. 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

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

☐ Not supportive

☐ Very supportive

☐ Somewhat supportive

☐ No family/friends

50. 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)

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

	Excellent	Good	Fair	Poor
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"/>
e. Employment/Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Getting out into my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Doing things I enjoy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Feeling connected to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Spending time with people who support my recovery and wellness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Seeking help or support when I need it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

52. 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

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

☐ Yes ☐ No

54. 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

☐ Equipment or services due to being a frail senior

☐ Other

☐ None of the above/NA

55. 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)

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

- ☐ Educational improvement
- ☐ Finding or keeping a job
- ☐ Housing (basic shelter or rent subsidy) → (answer b)
- ☐ Transportation
- ☐ Food supply
- ☐ Child care
- ☐ Medical care
- ☐ Dental care
- ☐ Legal issues
- ☐ Volunteer opportunities
- ☐ None of the above

b. If *housing*, what supports are needed to improve your current situation or would allow you to live more successfully in the community? (mark all that apply)

- ☐ Rental assistance (due to credit problems, criminal record, or no down payment)
- ☐ Communication assistance (with landlord, housing management, or neighbors)
- ☐ Behavioral health supports (with crisis management, medication compliance, environmental challenges, or problem solving)
- ☐ Daily living skill development (for paying bills, housekeeping, transportation, meal preparation, or self-care)
- ☐ Other

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

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

58. 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:

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

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
- ☐ Assertive Community Treatment Team (ACTT) - H0040
- ☐ Community Support Team (CST) - H2015, H2015 HT
- ☐ 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: _____

Attachment II:

ICD-10-CM Diagnosis Codes

Neurodevelopmental Disorders

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

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) ☐ Other Conditions That May Be a Focus of Clinical Attention
- ☐ 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) ☐ Other Mental Disorders and Conditions (any codes not listed above)
- ☐ Paraphilic Disorders (F65.0, F65.1, F65.2, F65.3, F65.4, F65.51, F65.52, F65.81, F65.89, F65.9, F66)