NC-TOPPS Mental Health and Substance Use Disorder

Adult (Ages 18 and up) Episode Completion 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:
☐ 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 has received services and supports.
(mark all that apply)
☐ Adult Mental Health, age 18 and up Adult
☐ Substance Use Disorder, age 18 and up

Discharge Date (date of last paid service for this episode of care): ☐☐ / ☐☐ / ☐☐

Begin Interview

1. Please select all services the consumer has received for this episode of care.

2. *If both Mental Health and Substance Use Disorder*, is the treatment at this time mainly provided by a... *(See Attachment I)*
☐ qualified professional in substance use disorders
☐ qualified professional in mental health
☐ qualified professional in both substance use disorders and mental health

3. Please indicate reason for Episode Completion: *(mark only one)*
☐ Completed treatment
☐ Discharged at program initiative
☐ Refused treatment
☐ Did not return as scheduled within 60 days ➡ *(skip to end of interview)*
☐ Changed to service not required for NC-TOPPS
☐ Moved out of area or changed to different Tailored Plan or Children and Families Specialty Plan
☐ Incarcerated
☐ Institutionalized
☐ Died ➡ *(skip to end of interview)*
☐ Other

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

5. <u>For Female Adult Substance Use Disorder individual:</u>
Is this consumer enrolled in a Pregnant/Maternal program?
☐ Yes ☐ No ➡ *(skip to 6)*

b. Which Pregnant/Maternal program is this consumer enrolled in?
☐ Coastal Horizons - Flourishing Families
☐ Community Choices - CASCADE - Charlotte
☐ Community Choices - Outpatient Program - Charlotte
☐ Insight Human Services - Perinatal Health Partners
☐ Insight Human Services - WISH Program
☐ RHA - Mary Benson House
☐ RHCC - Cambridge Place - Perinatal
☐ RHCC - Grace Court - Perinatal
☐ RHCC - Our House
☐ RHCC - The Village - Perinatal/Maternal
☐ Southlight - Perinatal Residential
☐ UNC Horizons - Outpatient Program - Orange
☐ UNC Horizons - Outpatient Program - Wake
☐ UNC Horizons - Sunrise Perinatal

6. <u>For Female Adult Substance Use Disorder individual:</u>
Is this consumer enrolled in a CASAWORKS Residential program?
☐ Yes ☐ No ➡ *(skip to 7)*

b. Which CASAWORKS Residential program is this consumer enrolled in?
☐ Community Choices - CASCADE CASAWORKS - Charlotte
☐ RHCC - Cambridge Place - CASAWORKS
☐ RHCC - Grace Court - CASAWORKS
☐ RHCC - The Village - CASAWORKS
☐ Southlight - CASAWORKS
☐ UNC Horizons - Sunrise CASAWORKS

7. <u>For Adult Substance Use Disorder individual:</u>
Is this consumer currently receiving Work First cash assistance?
☐ Yes ☐ No

8. Is this consumer in Transitions to Community Living (TCL)?
☐ Yes ☐ No

9. Is this consumer also a TASC client?
☐ Yes ☐ No

10. <u>For Adult Substance Use Disorder individual:</u>
Did this consumer receive or was expected to receive methadone treatment?
☐ Yes ☐ No ➡ *(skip to 12)*

b. What was the last methadone dosage in the 60 days prior to episode completion?
☐☐☐ mg *(enter zero, if none and skip to 12)*

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11. For dosage level of Methadone greater than zero:
Please describe the last methadone dosing:
☐ Induction ➔ *(skip to 12)*
☐ Stabilization ➔ *(skip to 12)*
☐ Taper
b. Is the methadone withdrawal voluntary or administrative?
☐ Voluntary ☐ Administrative

12. For Adult Substance Use Disorder individual:
Did this consumer receive or was expected to receive buprenorphine (mono or combo products, such as Zubsolv, Suboxone, etc.) treatment?
☐ Yes ☐ No ➔ *(skip to 14)*
b. How was the buprenorphine administered?
☐ Oral (tablets or film) ☐ Injection
c. What was the last buprenorphine dosage in the 60 days prior to episode completion?
☐☐☐ mg *(enter zero, if none and skip to 14)*

13. For dosage level of Buprenorphine greater than zero:
Please describe the last buprenorphine dosing:
☐ Induction ➔ *(skip to 14)*
☐ Stabilization ➔ *(skip to 14)*
☐ Taper
b. Is the buprenorphine withdrawal voluntary or administrative?
☐ Voluntary ☐ Administrative

14. For Adult Substance Use Disorder individual:
Did this consumer receive or was expected to receive naltrexone (such as Revia, Vivitrol, etc.) treatment?
☐ Yes ☐ No ➔ *(skip to 16)*
b. How was the naltrexone administered?
☐ Oral ☐ Injectable
c. What was the last naltrexone dosage in the 60 days prior to episode completion?
☐☐☐ mg *(enter zero, if none and skip to 16)*

15. For dosage level of Naltrexone greater than zero:
Please describe the last naltrexone dosing:
☐ Induction ➔ *(skip to 16)*
☐ Stabilization ➔ *(skip to 16)*
☐ Taper
b. Is the naltrexone withdrawal voluntary or administrative?
☐ Voluntary ☐ Administrative

16. For Adult Substance Use Disorder and Methadone or Buprenorphine or Naltrexone individual:
Substance use disorder treatment participation and service units in the past 3 months *(enter zero, if none)*:
a. Group sessions attended: ☐☐☐
b. Individual/Family sessions attended: ☐☐☐

17. For Adult Substance Use Disorder individual:
Does this consumer take Antabuse?
☐ Yes ☐ No

18. Since the last interview, the consumer has attended scheduled treatment sessions...
☐ All or most of the time
☐ Sometimes
☐ Rarely or never

19. For Adult Substance Use Disorder individual:
Number of drug tests conducted and number positive in the past 3 months: *(Do not count if positive for Medications for Opioid Use Disorder (MOUD) only)*
a. Number Conducted ☐☐ *(enter zero, if none and skip to 20)*
b. Number Positive ☐☐ *(enter zero, if none and skip to 20)*
c. How often did each substance appear for all drug tests conducted?

Alcohol	THC	Opiates	Benzodiazepine
☐☐	☐☐	☐☐	☐☐

Cocaine	Amphetamines	Barbiturates	Xylazine
☐☐	☐☐	☐☐	☐☐

20. Since the individual started services for this episode of treatment, which of the following areas has the individual received help? *(mark all that apply)*
☐ Educational improvement
☐ Finding or keeping a job
☐ Housing (basic shelter or rent subsidy) ➔ *(answer b)*
☐ Transportation
☐ Food supply ➔ *(answer c)*
☐ Childcare
☐ Medical care
☐ Dental care
☐ Screening/treatment referral for HIV/TB/HEP
☐ Legal issues
☐ Volunteer opportunities
☐ None of the above
b. If *housing*, what supports are needed to improve the individual's current situation or would allow the individual 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
c. If *food supply*, how helpful have the program services been in supplying food as needed?
☐ Not helpful ☐ Somewhat helpful ☐ Very helpful ☐ NA

Section II: Complete items 21-41 using information from the individual's interview (preferred) or consumer record.

21. How are the next section's items being gathered?
(mark all that apply)
☐ In-person interview (preferred)
☐ Telephone interview
☐ Clinical record/notes

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22. Which of the following best describes your sexual orientation?
- ☐ Straight
- ☐ Lesbian or Gay
- ☐ Bisexual
- ☐ Other
- ☐ Don't know/Not sure
- ☐ Deferred

23. 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

24. Do you ever have difficulty participating in 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)

25. Since the last interview, have you earned a...

a. GED?
- ☐ Yes ☐ No

b. high school diploma?
- ☐ Yes ☐ No

26. Since the last interview, 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

27. Currently, 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 28)*
- ☐ Not in labor force (not seeking work) ➔ *(answer c)*

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)*
- ☐ Insurance
- ☐ Paid time off
- ☐ Meal/Retail discounts
- ☐ Other
- ☐ None

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

28. 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 29)* ☐ 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

29. 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

30. In the past month, how would you describe your mental health symptoms?
- ☐ Extremely severe
- ☐ Severe
- ☐ Moderate
- ☐ Mild
- ☐ Not present

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31. 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

32. In the past 3 months, how many times have you moved residences? ☐☐ *(enter zero, if none)*

33. Currently, where do you live?
☐ 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 currently.
☐ Sheltered (homeless shelter or domestic violence shelter)
☐ Unsheltered (on the street, in a car, camp)

c. If *temporary housing*, please specify your living situation currently.
☐ Unstable housing with frequent moves to and from relative's/ friend's homes
☐ Hotel/motel

34. For Adult MH only individual:
In the past 3 months, have you used tobacco/vaping products or alcohol? ☐ Yes ☐ No

35. For Adult MH only individual:
In the past 3 months, have you used illicit drugs or other substances other than tobacco/vaping products and alcohol?
☐ Yes ☐ No ➔ *(skip to 38 if 'No' is answered on both questions 34 and 35)*

36. 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 *(any tobacco/vaping products)*	☐	☐	☐	☐	☐
Heavy alcohol *(>=5(4) drinks per sitting)*	☐	☐	☐	☐	☐
Less than heavy alcohol	☐	☐	☐	☐	☐
Marijuana or hashish	☐	☐	☐	☐	☐
Cocaine or crack	☐	☐	☐	☐	☐
Heroin	☐	☐	☐	☐	☐
Fentanyl	☐	☐	☐	☐	☐
Other opiates and synthetics	☐	☐	☐	☐	☐
Other Drug Use ☐☐ (enter code from list below)	☐	☐	☐	☐	☐

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 Tranquilizer
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
63=Xylazine

37. If *tobacco/vaping use is selected from Substance*, identify up to two of the most often used tobacco/vaping products:
☐ Cigarettes
☐ E-cigarettes
☐ Cigars/Cigarillos/Little Cigars
☐ SmokelessTobacco/Chewing Tobacco/Chew/Snuff/Snus
☐ Dissolvable Tobacco as in Strips/Sticks/Orbs
☐ Hookah
☐ Heated Tobacco Products
☐ "Tobacco free" Nicotine Pouches (ex. Zyn)
☐ Blunts
☐ Other Tobacco Product

38. For Adult MH individual:
In general, since entering treatment your involvement in the criminal/juvenile justice system has...
☐ Increased ☐ Decreased ☐ Stayed the same

39. In the past month, how many times have you been arrested for any offense including DWI? ☐☐ *(enter zero, if none)*

40. Are you under the supervision of the criminal justice system?
☐ Yes ☐ No

41. For Female Adult Substance Use Disorder individual:
Do you have children under the age of 18?
☐ Yes ☐ No ➔ *(skip to 42)*

b. How many children do you have? ☐☐

c. Since the last interview, how many children have you...
c-1. gained legal custody of? ☐☐
c-2. lost legal custody of? ☐☐
c-3. begun seeking legal custody of? ☐☐
c-4. stopped seeking legal custody of? ☐☐
c-5. continued seeking legal custody of? ☐☐

d. Since the last interview, how many newborn baby(ies) have been removed from your legal custody? ☐☐

e. Since the last interview, how many children have your parental rights been terminated from? ☐☐

f. How many children in your legal custody are receiving preventative 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. Since the last interview, have you been investigated by DSS for child abuse or neglect?
☐ Yes ☐ No ➔ *(answer 42)*

h-1. Was the investigation due to an infant having a positive urine, meconium or cord segment drug screen?
☐ Yes ☐ No ☐ NA

Section III: This next section includes questions which are important in determining consumer outcomes. These questions require that they be asked directly to the individual either in-person or by telephone.

42. Is the individual present for an in-person or telephone interview or have you directly gathered information from the individual within the past two weeks?
☐ Yes - Complete items 43-64 ☐ No - Stop here

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43. Females only : Are you currently pregnant?

☐ Yes
☐ Unsure ➔ *(skip to 44)*
☐ No ➔ *(skip to 44)*

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

44. Females only: Have you given birth in the past year?

☐ Yes ☐ No ➔ *(skip to 45)*

b. For Adult Substance Use Disorder individual:
How long ago did you give birth?
☐ Less than 3 months ago
☐ 3 to 6 months ago
☐ 7 to 12 months ago

c. Did you receive prenatal care during pregnancy?
☐ Yes ☐ No

d. For Adult Substance Use Disorder individual:
What was the number of weeks gestation? ☐☐

e. For Adult Substance Use Disorder individual:
What was the birth weight? ☐☐ pounds ☐☐ ounces

f. How would you describe the baby's current health?
☐ Good
☐ Fair
☐ Poor
☐ Baby is deceased ➔ *(skip to 45)*
☐ Baby is not in your custody ➔ *(skip to 45)*

g. Is the baby receiving regular Well Baby/Health Check services?
☐ Yes ☐ No

45. Since the last interview, have you visited a physical health care provider for a routine check up?
☐ Yes ☐ No

46. Since the last interview, have you visited a dentist for a routine check up?
☐ Yes ☐ No

47. Would you say that in general your health is:
☐ Excellent ☐ Poor
☐ Very good ☐ Don't know/Not sure
☐ Good ☐ Refuse
☐ Fair

48. 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

49. 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

50. 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

51. 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)

52. For Adult Substance Use Disorder individual:
In the past month, if you have a sponsor, how often have you had contact with him or her?
☐ Don't have a sponsor ☐ A few times
☐ Never ☐ More than a few times

53. How supportive has your family and/or friends been of your treatment and recovery efforts?
☐ Not supportive ☐ Very supportive
☐ Somewhat supportive ☐ No family/friends

54. For Adult Substance Use Disorder individual:
In the past 3 months, have you used a needle to get any drug injected under your skin, into a muscle, or into a vein for nonmedical reasons?
☐ Yes ☐ No ☐ Deferred

55. For Adult Substance Use Disorder individual:
In the past 3 months, 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?
☐ Yes ☐ No ☐ Deferred

56. In the past 3 months, how often have you been hit, kicked, slapped, or otherwise physically hurt?
☐ Never ➔ *(skip to 57)* ☐ More than a few times
☐ A few times ☐ Deferred ➔ *(skip to 57)*

b. In the past 3 months, have you had a restraining order in place against someone who is associated with these recent threats or acts of violence?
☐ Yes ☐ No

57. In the past 3 months, how often have you hit, kicked, slapped, or otherwise physically hurt someone?
☐ Never ☐ A few times ☐ More than a few times ☐ Deferred

58. For Adult Substance Use Disorder individual:
In the past 3 months, have you been forced or pressured to do sexual acts?
☐ Yes ☐ No ☐ Deferred

59. Since the last interview, 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

60. Since the last interview, how often have you had thoughts of suicide?
☐ Never ☐ A few times ☐ More than a few times

61. Since the last interview, have you attempted suicide?
☐ Yes ☐ No

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62. In the past 3 months, how well have you been doing in the following areas of your life?

	Excellent	Good	Fair	Poor
a. Emotional well-being	☐	☐	☐	☐
b. Physical health	☐	☐	☐	☐
c. Relationships with family or friends	☐	☐	☐	☐
d. Living/Housing situation	☐	☐	☐	☐
e. Employment/Education	☐	☐	☐	☐
f. Getting out into my community	☐	☐	☐	☐
g. Doing things I enjoy	☐	☐	☐	☐
h. Feeling connected to others	☐	☐	☐	☐
i. Spending time with people who support my recovery and wellness	☐	☐	☐	☐
j. Seeking help or support when I need it	☐	☐	☐	☐

63. 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

64. How helpful have the program services been in...

a. improving the quality of your life?
☐ Not helpful ☐ Somewhat helpful ☐ Very helpful ☐ NA

b. decreasing your symptoms?
☐ Not helpful ☐ Somewhat helpful ☐ Very helpful ☐ NA

c. increasing your hope about the future?
☐ Not helpful ☐ Somewhat helpful ☐ Very helpful ☐ NA

d. increasing your control over your life?
☐ Not helpful ☐ Somewhat helpful ☐ Very helpful ☐ NA

e. improving your educational status?
☐ Not helpful ☐ Somewhat helpful ☐ Very helpful ☐ NA

f. improving your housing status?
☐ Not helpful ☐ Somewhat helpful ☐ Very helpful ☐ NA

g. improving your vocational/employment status?
☐ Not helpful ☐ Somewhat helpful ☐ Very helpful ☐ NA

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 page1)? ☐ 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
- ☐ Forensic Assertive Community Treatment Team (FACTT) - H0040 HK
- ☐ 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
- ☐ High Fidelity Wraparound - H0032 UF

Facility Based Day Services

- ☐ Mental Health - Partial Hospitalization - H0035
- ☐ Child and Adolescent Day Treatment - H2012 HA
- ☐ Psychosocial Rehabilitation (PSR) - Clubhouse Model - H2017

Opioid Services

- ☐ Opioid Treatment - H0020

Residential Services

- ☐ Clinically Managed Low-Intensity Residential Treatment Services - H2034
- ☐ Clinically Managed Population Specific High-Intensity Residential Program - H0047
- ☐ Clinically Managed Residential Services - H0012 HB
- ☐ Clinically Managed Residential Services - Pregnant and Parenting - H0012 HD
- ☐ Medically Monitored Intensive Inpatient Services - 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)
- ☐ 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)
- ☐ Oppositional Defiant Disorder (F91.3)
- ☐ Impulse Control Disorders (F63.1, F63.2, F63.81)
- ☐ 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 B Personality Disorders (F60.2, F60.3, F60.4, F60.81)
- ☐ Cluster C Personality Disorders (F60.5, F60.6, F60.7)
- ☐ 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)