Begin Interview

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

2. Please indicate the DSM-5 diagnostic classification(s) for this individual. (See Attachment II)

3. For Female Adult SA individual: Is this consumer enrolled in a Maternal/Pregnant program? □ Yes □ No

4. For Female Adult SA individual: Is this consumer enrolled in a CASAWORKS Residential program? □ Yes □ No

5. For Adult SA individual: Is this consumer currently receiving Work First cash assistance? □ Yes □ No

6. Is this consumer also a TASC client? □ Yes □ No

7. For Adult SA individual: Is this consumer receiving or expected to receive methadone treatment? □ Yes □ No

8. For dosage level of Methadone greater than zero:
   a. Please describe the last methadone dosing:
      □ Induction (skip to c)
      □ Stabilization (skip to c)
      □ Taper
   b. Is the methadone withdrawal voluntary or administrative?
      □ Voluntary □ Administrative
   c. Is methadone being given in a split dosage (e.g., 2 or more doses per day?) □ Yes □ No
   d. What is the consumer's take home level?
      □ Level 1 (Sunday only) □ Level 5
      □ Level 2 □ Level 6
      □ Level 3 □ Level 7 (30 days)
      □ Level 4 □ No take home level

9. For SA and Methadone individual:
   SA treatment participation and service units in the past 3 months (enter zero, if none):
   a. Group sessions attended:
   b. Individual/Family sessions attended:

10. For Adult SA individual: Which, if any, of the following medications does this consumer take? (mark all that apply)
    □ Naltrexone □ Antabuse
    □ Buprenorphine □ None of these

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

12. For Adult SA individual:
    Number of drug tests conducted and number positive in the past 3 months: (Do not count if Positive for Methadone Only)
    a. Number Conducted (enter zero, if none and skip to 13)
    b. Number Positive (enter zero, if none and skip to 13)
    c. How often did each substance appear for all drug tests conducted?
       Alcohol □ Yes □ No
       THC □ Yes □ No
       Opiates □ Yes □ No
       Benzo □ Yes □ No
       Cocaine □ Yes □ No
       Amphetamine □ Yes □ No
       Barbiturate □ Yes □ No
13. 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
- Child care
- Medical care
- Dental care
- Screening/Treatment referral for HIV/TB/HEP
- Legal issues
- Volunteer opportunities
- None of the above
  a. 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

Section II: Complete items 14-29 using information from the individual's interview (preferred) or consumer record

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

15. 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 abuse 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, IPRS target populations, Value Options, referral issues, citizenship, etc.)
- 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)

16. In the past 3 months, what best describes your employment status? (mark only one)
- Full-time work (working 35 hours or more a week)
- Part-time work (working 11-34 hours a week)
- Part-time work (working less than 10 hours a week)
- Unemployed (seeking work or on layoff from a job)
- Not in labor force (not seeking work)

17. 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-related support or self-help groups?
- Never
  - (skip to 18)
  - A few times
  - More than a few times
  
  b-1. In the past month, how many times did you 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

18. 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
21. In the past 3 months, how many times have you moved residences? [ ] (enter zero, if none)

22. In the past 3 months, where did you live most of the time?
☐ Living independently (own/rent home/apartment)
☐ Residential program (supportive housing, group home, alternative family living, family care home)
☐ Institutional setting (hospital or jail)
☐ Homeless --> (answer b)
☐ Temporary housing
b. 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)

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

24. For Adult MH only individual:
In the past 3 months, have you used illicit drugs or other substances?
☐ Yes ☐ No --> (skip to 26 if 'No' is answered on both questions 23 and 24)

25. Please mark the frequency of use for each substance in the past month.

<table>
<thead>
<tr>
<th>Substance</th>
<th>Past Month - Frequency of Use</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not Used</td>
</tr>
<tr>
<td></td>
<td>1-3 times monthly</td>
</tr>
<tr>
<td></td>
<td>1-2 times weekly</td>
</tr>
<tr>
<td></td>
<td>3-6 times weekly</td>
</tr>
<tr>
<td></td>
<td>Daily</td>
</tr>
<tr>
<td>Tobacco use (any tobacco products)</td>
<td></td>
</tr>
<tr>
<td>Heavy alcohol use (&gt;=5(4) drinks per sitting)</td>
<td></td>
</tr>
<tr>
<td>Less than heavy alcohol use</td>
<td></td>
</tr>
<tr>
<td>Marijuana or hashish use</td>
<td></td>
</tr>
<tr>
<td>Cocaine or crack use</td>
<td></td>
</tr>
<tr>
<td>Heroin use</td>
<td></td>
</tr>
<tr>
<td>Other opiates/opioids</td>
<td></td>
</tr>
<tr>
<td>Other Drug Use</td>
<td></td>
</tr>
<tr>
<td>(enter code from list below)</td>
<td></td>
</tr>
</tbody>
</table>

Other Drug Codes
5=Non-prescription Methadone
7=PCP
8=Other Hallucinogen
9=Methamphetamine
10=Other Amphetamine
11=Other Stimulant
12=Benzodiazepine
13=Other Tranquilizer
14=Barbiturate
15=Other Sedative or Hypnotic
16=Inhalant
17=Over-the-Counter
22=OxyContin (Oxycodeone)
29=Ectasy (MDMA)

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

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

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

29. For Female Adult SA individual:
Do you have children under the age of 18?
☐ Yes ☐ No

30. 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 31-47
☐ No - Stop here

31. Females only: Are you currently pregnant?
☐ Yes ☐ No ☐ Unsure
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
32. **Females only**: Have you given birth in the past year?
   - Yes
   - No

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

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

35. **For Adult SA individual**: In the past month, if you have a sponsor, how often have you had contact with him or her?
   - Never
   - A few times
   - More than a few times

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

37. **For Adult SA 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

38. **For Adult SA individual**: In the past 3 months, have you participated in any of the following activities without using a condom?
   - Yes
   - No
   - Deferred

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

40. 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

41. **For Adult SA individual**: In the past 3 months, have you been forced or pressured to do sexual acts?
   - Yes
   - No
   - Deferred

42. 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

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

44. Since the last interview, have you attempted suicide?
   - Yes
   - No

45. In the past 3 months, how well have you been doing in the following areas of your life?
   - Emotional well-being
   - Physical health
   - Relationships with family or significant others
   - Living/Housing situation

46. In the past 3 months, have you...
   - had contacts with an emergency crisis provider?
   - had visits to a hospital emergency room?
   - spent nights in a medical/surgical hospital? (excluding birth delivery)
   - spent nights in a psychiatric inpatient hospital?
   - spent nights homeless? (sheltered or unsheltered)
   - spent nights in detention, jail, or prison? (adult or juvenile system)
<table>
<thead>
<tr>
<th>47. How helpful have the program services been in...</th>
<th>a. improving the quality of your life?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Not helpful □ Somewhat helpful □ Very helpful □ NA</td>
<td></td>
</tr>
<tr>
<td>b. decreasing your symptoms?</td>
<td></td>
</tr>
<tr>
<td>□ Not helpful □ Somewhat helpful □ Very helpful □ NA</td>
<td></td>
</tr>
<tr>
<td>c. increasing your hope about the future?</td>
<td></td>
</tr>
<tr>
<td>□ Not helpful □ Somewhat helpful □ Very helpful □ NA</td>
<td></td>
</tr>
<tr>
<td>d. increasing your control over your life?</td>
<td></td>
</tr>
<tr>
<td>□ Not helpful □ Somewhat helpful □ Very helpful □ NA</td>
<td></td>
</tr>
<tr>
<td>e. improving your educational status?</td>
<td></td>
</tr>
<tr>
<td>□ Not helpful □ Somewhat helpful □ Very helpful □ NA</td>
<td></td>
</tr>
<tr>
<td>f. improving your housing status?</td>
<td></td>
</tr>
<tr>
<td>□ Not helpful □ Somewhat helpful □ Very helpful □ NA</td>
<td></td>
</tr>
<tr>
<td>g. improving your vocational/employment status?</td>
<td></td>
</tr>
<tr>
<td>□ Not helpful □ Somewhat helpful □ Very helpful □ NA</td>
<td></td>
</tr>
</tbody>
</table>

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/mhddsas/nc-topps

Do not mail this form
## Attachment I: NC-TOPPS Services

### Periodic Services (SA 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 - Family Therapy without Consumer - H0004 HS
- 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 - YP835
- Alcohol and/or Drug Group Counseling (non-licensed provider) - YP836

### Community Based Services
- Substance Abuse Intensive Outpatient Program (SAIOP) - H0015
- Assertive Community Treatment Team (ACTT) - H0040
- Community Support Team (CST) - H2015 HT
- Substance Abuse Comprehensive Outpatient Treatment (SACOT) - H2035
- Supported Employment - Individual - YP630
- Long-term Vocational Support - Individual - YM645
- Supported Employment - H2023 U4
- Ongoing Supported Employment - H2026 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 Non-Medical Community Residential Treatment - Adult - H0012 HB
- SA Medically Monitored Community Residential Treatment - H0013
- Behavioral Health - Level III - 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

<table>
<thead>
<tr>
<th>Service Code</th>
<th>Service Description</th>
</tr>
</thead>
</table>

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Attachment II: DSM-5 Diagnostic Classifications

### Neurodevelopmental Disorders
- Learning Disorders (315.00, 315.1, 315.2)
- Communication Disorders (307.9, 315.35, 315.39)
- Intellectual Disabilities (315.8, 317, 318.0, 318.1, 318.2, 319)
- Autism Spectrum Disorder (299.00)
- Attention-Deficit/Hyperactivity Disorder (314.00, 314.01)
- Other Neurodevelopmental Disorders (315.8, 315.9)

### Substance-Related and Addictive Disorders
- Alcohol-Related Disorders (303.90, 305.00)
- Drug-Related Disorders (304.00, 304.10, 304.20, 304.30, 304.40, 304.50, 304.60, 305.20, 305.30, 305.40, 305.50, 305.60, 305.70, 305.90)
- Gambling Disorder (312.31)

### Schizophrenia Spectrum and Other Psychotic Disorders
- Schizophrenia and Other Psychotic Disorders (293.81, 293.82, 293.89, 295.40, 295.70, 295.90, 297.1, 298.8, 298.9)

### Bipolar and Related Disorders
- Bipolar I Disorder (296.40, 296.41, 296.42, 296.43, 296.44, 296.45, 296.46, 296.50, 296.51, 296.52, 296.53, 296.54, 296.55, 296.56, 296.7)
- Bipolar II Disorder (296.89)
- Cyclothymic Disorder (301.13)

### Depressive Disorders
- Major Depressive Disorder (296.20, 296.21, 296.22, 296.23, 296.24, 296.25, 296.26, 296.29, 296.30, 296.31, 296.32, 296.33, 296.34, 296.35, 296.36)
- Persistent Depressive Disorder (Dysthymia) (300.4)
- Other Depressive Disorders (296.99, 311.265.4)

### Anxiety Disorders
- Anxiety Disorders (300.00, 300.01, 300.02, 300.09, 300.22, 300.23, 300.29, 309.21, 312.23)

### Obsessive-Compulsive and Related Disorders
- Obsessive-Compulsive and Related Disorders (300.3, 300.7, 312.39, 698.4)

### Trauma- and Stressor-Related Disorders
- Posttraumatic Stress Disorder (PTSD) (309.81)
- Adjustment Disorders (309.0, 309.24, 309.28, 309.3, 309.4)
- Other Trauma- and Stressor-Related Disorders (308.3, 309.89, 309.9, 313.89)

### Dissociative Disorders
- Dissociative Disorders (300.12, 300.13, 300.14, 300.15, 300.6)

### Disruptive, Impulse-Control, and Conduct Disorders
- Conduct Disorder (312.81, 312.82, 312.89)
- Oppositional Defiant Disorder (313.81)
- Impulse Control Disorders (312.32, 312.33, 312.34)
- Other Disruptive Behavior Disorders (312.89, 312.9)

### Gender Dysphoria Disorders
- Gender Dysphoria Disorders (302.6, 302.85)

### Neurocognitive Disorders
- Delirium Disorders (292.81, 293.0, 780.09)
- Major and Mild Neurocognitive Disorders (290.40, 294.10, 294.11, 331.83, 331.9, 799.59)

### Personality Disorders
- Cluster A Personality Disorders (301.0, 301.20, 301.22)
- Cluster C Personality Disorders (301.4, 301.6, 301.82)
- Cluster B Personality Disorders (301.50, 301.7, 301.81, 301.83)
- Other Personality Disorders (301.89, 301.9)

### Feeding and Eating Disorders
- Anorexia Nervosa (307.1)

### Other Disorders
- Somatic Symptom and Related Disorders (300.11, 300.19, 300.7, 300.82, 300.89, 316)
- Elimination Disorders (307.6, 307.7, 787.60, 788.30, 788.39)
- Sexual Dysfunction Disorders (302.70, 302.71, 302.72, 302.73, 302.74, 302.75, 302.76, 302.79)
- Paraphilic Disorders (302.2, 302.3, 302.4, 302.81, 302.82, 302.83, 302.84, 302.89, 302.9)
- Other Conditions That May Be a Focus of Clinical Attention (V-codes, 999.xx)
- Other Mental Disorders and Conditions (any codes not listed above)

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