



# NC-TOPPS Mental Health and Substance Abuse

## Adolescent (Ages 12-17) Episode Completion Interview

Use this form for backup only. Do not mail. Enter data into web-based system. (<http://www.ncdhs.gov/mhddsas/nc-topps>)

### Section II: Complete items 9-29 using information from the individual's interview (preferred) or consumer record

#### 9. How are the next section's items being gathered?

(mark all that apply)

- In-person interview (preferred)
- Telephone interview
- Clinical record/notes

#### 10. 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)

#### 11. 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 14)
- b. If yes, what programs are you currently enrolled in for credit? (mark all that apply)
  - Alternative Learning Program (ALP) - at-risk students outside standard classroom
  - Academic schools (K-12)
  - Technical/Vocational school → (skip to 14)
  - College → (skip to 14)
  - GED Program, Adult literacy → (skip to 14)
  - Other → (skip to 14)

#### 12. For K-12 only:

- a. What grade are you currently in?
- b. Since beginning treatment, your school attendance has...  
 improved  stayed the same  gotten worse
- c. 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
- c-1. 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

#### 13. For K-12 only: In the past 3 months, have you been...

- a. suspended from school?  
 Yes  No
- b. expelled from school?  
 Yes  No

#### 14. 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 and b-3)
  - Part-time work (working 11-34 hours a week)  
→ (answer b-1, b-2 and b-3)
  - Part-time work (working less than 10 hours a week)  
→ (answer b-1, b-2 and b-3)
  - Unemployed (seeking work or on layoff from a job)  
→ (skip to 15)
  - Not in labor force (not seeking work) → (skip to 15)
- 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)

#### 15. 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-related support or self-help groups?  
 Never → (skip to 16)  A few times  More than a few times
- c. 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

#### 16. 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

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

- Extremely Severe  Mild
- Severe  Not present
- Moderate

#### 18. 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

#### 19. In the past 3 months, how many times have you moved residences?

- (enter zero, if none)

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**20. Currently, where do you live?**

In a family setting (private or foster home)  
-> (skip to 21)

Residential program (supportive housing, group home, PRTF)  
-> (answer c)

Institutional setting (hospital or detention center/jail)  
-> (skip to 20)

Homeless-> (answer b)

Temporary housing-> (skip to 21)

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 residential program, please specify the type of residential program you currently live in.

Therapeutic foster home

Level III group home

Level IV group home

State-operated residential treatment center

Substance abuse residential treatment facility

Halfway house (for Adolescent SA individual)

Other

**21. Was this living arrangement in your home community?**

Yes  No

**22. In the past 3 months, have you received any residential services outside of your home community?**

Yes  No

**23. For Adolescent MH only individual:**  
**In the past 3 months, have you used tobacco or alcohol?**

Yes  No

**24. For Adolescent 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.**

Substance	Past Month - Frequency of Use				
	Not Used	1-3 times monthly	1-2 times weekly	3-6 times weekly	Daily
Tobacco use (any tobacco products)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy alcohol use (>=5(4) drinks per sitting)	<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"/>
Marijuana or hashish use	<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"/>
Heroin use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other opiates/opioids	<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"/>

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

**26. For Adolescent 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 or had a petition filed for any offense including DWI?** (enter zero, if none)

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

Yes  No

**29. For Female Adolescent SA individual:**  
**Do you have children?**

Yes  No -> (skip to 30)

b. Since the last interview, have you... (mark all that apply)

Gained legal custody of child(ren)

Lost legal custody of child(ren)

Begun seeking legal custody of child(ren)

Stopped seeking legal custody of child(ren)

Continued seeking legal custody of child(ren)

New baby born - removed from legal custody

None of the above

c. Are all, some, or none of the children in your legal custody receiving preventive and primary health care?

All  Some  None  NA (no children in legal custody)

d. Since the last interview, have your parental rights been terminated from all, some, or none of your children?

All  Some  None

e. Since the last interview, have you been investigated by DSS for child abuse or neglect?

Yes  No-> (answer f)

e-1. Was the investigation due to an infant testing positive on a drug screen?

Yes  No  NA

f. How many of the children in your legal custody have been screened for mental health and/or substance abuse prevention or treatment services?

All  Some  None  NA (no children in legal custody)

**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.**

**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 30-45

No - Stop here

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

Yes  No  Unsure  
(skip to 32) (skip to 32)

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

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**32. Females only: Have you given birth in the past year?**  
 Yes  No → (skip to 33)  
 b. For Adolescent SA 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 Adolescent SA individual:  
 What was the # of weeks gestation?  

--	--

  
 e. For Adolescent SA 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 33)  
 Baby is not in birth mother's custody → (skip to 33)  
 g. Is the baby receiving regular Well Baby/Health Check services?  
 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. 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

**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 Adolescent 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. 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

**39. 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

**40. 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

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

**42. Since the last interview, have you attempted suicide?**  
 Yes  No

**43. 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 _____	<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 significant others _____	<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"/>

**44. 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

**45. 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

**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.ncdhs.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 - H0005
- Alcohol and/or Drug Group Counseling (non-licensed provider) - YP835

## Community Based Services

- Substance Abuse Intensive Outpatient Program (SAIOP) - H0015
- Intensive In-Home Services (IIH) - H2022
- Multisystemic Therapy Services (MST) - H2033
- 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

**Service Code:** \_\_\_\_\_ **Service Description:** \_\_\_\_\_

# 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)
- Motor and Tic Disorders (307.20, 307.21, 307.22, 307.23, 307.3, 315.4)
- 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)
- (Other) 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, 296.30, 296.31, 296.32, 296.33, 296.34, 296.35, 296.36)
- Persistent Depressive Disorder (Dysthymia) (300.4)
- Other Depressive Disorders (296.99, 311, 625.4)

## 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 Other 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)
- Impulse Control Disorders (312.32, 312.33, 312.34)
- Oppositional Defiant Disorder (313.81)
- 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 Feeding and Eating Disorders (307.50, 307.51, 307.52, 307.53, 307.59)

## 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)
- Sleep-Wake Disorders (307.45, 307.46, 307.47, 327.21, 327.23, 327.24, 327.25, 327.26, 327.42, 333.94, 347.00, 347.01, 780.52, 780.54, 780.57, 780.59, 786.04)
- 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)