NC-TOPPS Mental Health and Substance Abuse

Adolescent (Ages 12-17) Initial Interview

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QP First Initial & Last Name

☐ ☐☐☐☐☐☐☐☐☐☐

I certify that I am the QP who has conducted and completed this interview. QP Signature:______________________ Date:_______

Please have the consumer sign and date and place in consumer's file. Consumer Signature:______________________ Date:_______

Please provide the following consumer information:

LME-MCO Assigned Consumer Record Number

CNDS ID Number

Medicaid ID Number (optional)

Medicaid County of Residence: ____________________

Provider Internal Consumer Record Number (optional)

Local Area Code (Reporting Unit Number) (optional)

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

First letter of consumer's first name:

Consumer Date of Birth:

☐☐ / ☐☐ / ☐☐

Consumer Gender:

☐ Male ☐ Female

Consumer County of Residence: ____________________

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

☐ Adolescent Mental Health, age 12-17

☐ Adolescent Substance Abuse, age 12-17

b. *If both Mental Health and Substance Abuse*, is the treatment at this time mainly provided by a...

☐ qualified professional in substance abuse

☐ qualified professional in mental health

☐ both

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

☐☐ / ☐☐ / ☐☐

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

☐ Yes ☐ No

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

☐ Yes ☐ No

5. Which of these groups best describes you?

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

6. 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

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

☐ Grade K, 1, 2, 3, 4, or 5

☐ Grade 6, 7, or 8

☐ Grade 9, 10, 11, or 12 (no diploma)

☐ HS diploma/GED

☐ Some college or technical/vocational school

☐ 2-year college/assoc. degree

8. 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 11)*

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 11)*

☐ College -> *(skip to 11)*

☐ GED Program, Adult literacy -> *(skip to 11)*

☐ Other -> *(skip to 11)*

9. For K-12 only:

a. What grade are you currently in? ☐☐

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

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

b-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

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

a. suspended from school?

☐ Yes ☐ No

b. expelled from school?

☐ Yes ☐ No

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11. 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 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 12)*
- ☐ Not in labor force (not seeking work) –> *(skip to 12)*

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)

12. 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

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

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

- ☐ In a family setting (private or foster home) –> *(skip to 15)*
- ☐ Residential program (supportive housing, group home, PRTF) –> *(answer c)*
- ☐ Institutional setting (hospital or detention center/jail) –> *(skip to 15)*
- ☐ Homeless –> *(answer b)*
- ☐ Temporary housing –> *(skip to 15)*

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)

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

- ☐ Therapeutic foster home
- ☐ Level III group home
- ☐ Level IV group home
- ☐ State-operated residential treatment center
- ☐ Substance abuse residential treatment facility
- ☐ Halfway house (for Adolescent SA individual)
- ☐ Other

15. Was this living arrangement in your home community?

☐ Yes ☐ No

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

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

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

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

18. Females only: Are you currently pregnant?

☐ Yes ☐ No *(skip to 19)* ☐ Unsure *(skip to 19)*

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

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

☐ Yes ☐ No –> *(skip to 20)*

b. Do you have legal custody of all, some, or none of your children?

☐ All –> *(answer e)* ☐ Some ☐ None

c. Does DSS have legal custody of all, some, or none of your children?

☐ All ☐ Some ☐ None

d. Are you currently seeking legal custody of all, some or none of your children?

☐ All ☐ Some ☐ None

e. 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)

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)

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

☐ Yes ☐ No –> *(skip to 20)*

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

☐ Yes ☐ No ☐ NA

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

☐ Yes ☐ No

20. 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 21)* ☐ 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

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21. For Adolescent MH only individual:
Have you ever used tobacco or alcohol?

☐ Yes ☐ No

22. For Adolescent MH only individual:
Have you ever used illicit drugs or other substances?

☐ Yes ☐ No –> *(skip to 24 if 'No' is answered on both questions 21 and 22)*

23. 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 use (any tobacco products)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Heavy alcohol use (>=5(4) drinks per sitting)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Less than heavy alcohol use	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Marijuana or hashish use	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Cocaine or crack use	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Heroin use	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Other opiates/opioids	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Other drug use ☐☐ (enter code from list below)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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 (Oxycodone)
29=Ecstasy (MDMA)

24. For Adolescent SA 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
☐ Within the past 3 months
☐ Within the past year
☐ More than a year ago
☐ Deferred

25. 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

26. 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

27. 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

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

☐ Yes ☐ No

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

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

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

a. in the past month ☐☐

b. in the past year ☐☐

c. in your lifetime ☐☐

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

☐ Yes ☐ No

32. For Adolescent SA individual:
In the 3 months prior to your current admission, how many weeks were you enrolled in substance abuse treatment (not including detox)? ☐☐ *(enter zero, if none)*

33. 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

34. 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

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

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

37. 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	☐	☐	☐	☐
b. Physical health	☐	☐	☐	☐
c. Relationships with family or significant others	☐	☐	☐	☐
d. Living/Housing situation	☐	☐	☐	☐

36. 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)

38. 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

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

☐ Yes ☐ No

40. 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 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)

41. 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)
☐ Transportation
☐ Child care
☐ Medical care
☐ Dental care
☐ Legal issues
☐ Volunteer opportunities
☐ None of the above

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

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

For Data Entry User (DEU) only:
This printable interview form must be signed by the QP who completed the interview for this consumer.

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

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

End of interview

Enter data into web-based system:
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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)
- ☐ 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 B Personality Disorders (301.50, 301.7, 301.81, 301.83)
- ☐ Cluster C Personality Disorders (301.4, 301.6, 301.82)
- ☐ 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)