

NC-TOPPS Mental Health and Substance Abuse

Adult (Ages 18 and up)

Update Interview

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

QP First Initial & Last Name <input style="width:100%; height: 20px;" type="text"/>	<i>I certify that I am the QP who has conducted and completed this interview. QP Signature: _____ Date: _____</i> <i>Please have the consumer sign and date and place in consumer's file. Consumer Signature: _____ Date: _____</i>
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Type of Interview (mark only one)

3 month update 12 month update

6 month update Other bi-annual update (18-month, 24-month, 30-month, etc.)

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 is receiving services and supports. (mark all that apply)

Adult Mental Health, age 18 and up

Adult Substance Abuse, age 18 and up

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

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 → (skip to 10)

b. What is the current methadone dosage?
 mg (enter zero, if none and skip to 10)

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	THC	Opiates	Benzo
<input style="width:30px; height: 20px;" type="text"/>			
Cocaine	Amphetamine	Barbiturate	
<input style="width:30px; height: 20px;" type="text"/>	<input style="width:30px; height: 20px;" type="text"/>	<input style="width:30px; height: 20px;" type="text"/>	

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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

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

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)
→ (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 17)
- Not in labor force (not seeking work)
→ (skip to 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)

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

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

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

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?

	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"/>

46. 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

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47. 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 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 - 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 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

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)