

NC-TOPPS Mental Health and Substance Abuse

Adult (Ages 18 and up) Initial Interview

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

13. 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 14)
- 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)

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

14. 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

15. In the past year, how many times have you moved residences?

(enter zero, if none)

16. 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 or domestic violence shelter)
- Unsheltered (on the street, in a car, camp)

17. 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

18. 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

19. Females only: Are you currently pregnant?

- Yes No Unsure
(skip to 20) (skip to 20)

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

20. For Female Adult SA individual:

Do you have children under the age of 18?

- Yes No → (skip to 21)
- 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 21)
- 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

21. 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 22) 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

NC-TOPPS Mental Health and Substance Abuse

Adult (Ages 18 and up) Initial Interview

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

22. For Adult MH only individual:

In the past year, have you used tobacco or alcohol?

- Yes No

23. For Adult MH only individual:

In the past year, have you used illicit drugs or other substances?

- Yes No → (skip to 25 if 'No' is answered on both questions 22 and 23)

24. 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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Drug Codes

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

25. For Adult 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

26. For Adult SA individual:

If ever, when 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?

- Never
 Within the past 3 months
 Within the past year
 More than a year ago
 Deferred

27. 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

28. 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

29. For Adult SA individual:

If ever, when have you been forced or pressured to do sexual acts?

- Never
 Within the past 3 months
 Within the past year
 More than a year ago
 Deferred

30. 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

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

- Yes No

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

- Never A few times More than a few times

NC-TOPPS Mental Health and Substance Abuse

Adult (Ages 18 and up) Initial Interview

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

33. How many times have you been arrested for any offense including DWI.... (enter zero, if none)

a. in the past month

b. in the past year

c. in your lifetime

34. Are you under the supervision of the criminal justice system?

Yes No

35. For Adult 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)

36. 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

37. 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

38. 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 _____	<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"/>

39. 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)

40. 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

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

Yes No

42. 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)

43. 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) -> (answer b)

Transportation

Child care

Medical care

Dental care

Legal issues

Volunteer opportunities

None of the above

NC-TOPPS Mental Health and Substance Abuse

Adult (Ages 18 and up) Initial Interview

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

b. If *housing*, what supports are needed to improve your current situation or would allow you 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

44. 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:

<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)