Adult (Ages 18 and up)

### **Initial Interview**

Use this form for backup only. <u>Do not mail.</u> Enter data into web-based system:

(http://www..ncdhhs.gov/providers/provider-info/mental-health/nc-treatment-outcomes-and-program-performance-system) I certify that I am the QP who has conducted and completed this **QP First Initial & Last Name** interview. QP signature Please have the consumer sign and date and place in consumer's file. Consumer Signature For Female Adult Substance Use Disorder individual: Please provide the following consumer information: Is this consumer being admitted to a Pregnant / Maternal program? **LME-MCO Assigned Consumer Record Number**  $\square$  No  $\rightarrow$  (skip to 5) a. Which Pregnancy/Maternal program is this consumer being Consumer Date of Birth: admitted to? **Consumer Gender:** ☐ Community Choices – CASCADE – Charlotte ☐ Male Female ☐ Community Choices – CASCADE – Durham First three letters of consumer's last name: Community Choices – Outpatient Program – Charlotte (If female, use consumer's maiden name) ☐ Community Choices – WISH Program First letter of consumer's first name: □ Daymark Clean Start Program ☐ Duke Family Care Program Consumer County of Residence: ☐ Insight Human Services – Perinatal Health Partners ☐ PORT Human Services – Kelly House **CNDS ID Number** ☐ RHA – Mary Benson House ☐ RHCC – Cambridge Court – Perinatal **Medicaid ID Number (Optional)** ☐ RHCC – Crystal Lake – Maternal ☐ RHCC – Grace Court Medicaid County of Residence: ☐ RHCC – Our House **Provider Internal Consumer Record Number (Optional)** ☐ RHCC – The Village – Perinatal ☐ Southlight – Perinatal Residential Local Area Code (Reporting Unit Number) (Optional) ☐ UNC Horizons – Day Break ☐ UNC Horizons – Outpatient Program ☐ UNC Horizons – Sunrise Perinatal ☐ UNC Horizons - Wake Please select the appropriate age/disability category(ies) 5. For Female Adult Substance Use Disorder individual: for which the individual will be receiving services and Is this consumer being admitted to a CASAWORKS Residential supports. (Mark all that apply) **Program?** Yes  $\square$  No  $\rightarrow$  (skip to 6) b. Which CASAWORKS Residential program is this consumer being Adult Mental Health, age 18 and up admitted to? Adult Substance Abuse, age 18 and up Community Choices - CASCADE CASAWORKS - Charlotte ☐ Community Choices – CASCADE CASAWORKS – Durham Admission Date (date of first paid service for this episode ☐ RHCC – Cambridge Court – CASAWORKS of care): □ RHCC – Crystal Lake – CASAWORKS ☐ RHCC – The Village – CASAWORKS ☐ Southlight – CASAWORKS ☐ UNC Horizons – Sunrise CASAWORKS 6. For Adult Substance Use Disorder individual: Is this consumer currently receiving Work First cash assistance? **Begin Interview** ☐ Yes ☐ No Please select all services the consumer is receiving. Is this consumer also a TASC client? (see Attachment I) ☐ Yes □ No 2. If both Mental Health and Substance Abuse, is the For Adult Substance Use Disorder individual: treatment at this time mainly provided by a... Is this consumer receiving or expected to receive methadone ☐ Yes treatment? ☐ No --> (skip to 9) qualified professional in substance abuse b. What is the current methadone dosage? qualified professional in mental health (enter zero if none, and skip to 9) mg □ both c. For dosage level of Methadone greater than zero: Please describe the current methadone dosing: 3. Please indicate the DSM-5 diagnostic classification(s) ☐ Stabilization for this individual. (See Attachment II) ☐ Induction ☐ Taper

9. For Adult Substance Use Disorder	Individual:	17. What kind of benefits and/or insurance do you have?
Is this consumer receiving or expecte		(mark all that apply)
buprenorphine (mono or combo prod		☐ None ☐ Health Choice
Subutux, Zubsolv, Suboxone, Probup	phine, etc.) treatment?	☐ SSI ☐ Medicaid
		☐ SSDI ☐ Medicare
b. How will the buprenorphine be administered?		☐ Private Insurance/Health Plan ☐ Other
☐ Oral (tablets or film) ☐ Implant c. What is the current buprenorphine of	docada?	☐ TRICARE/Military Coverage ☐ Unknown
mg (enter zero, if none and sk		18. What is the highest grad you completed or degree you received
d. For dosage level of buprenorphine		in school?
Please describe the current buprenorp		☐ Grade K, 1, 2, 3, 4, or 5 ☐ 2-year college/assoc. degree
care:		☐ Grade 6, 7, or 8 ☐ 4-year college degree
☐ Induction ☐ Stabilization ☐	] Taper	☐ Grade 9, 10, 11 or 12 (no diploma) ☐ Graduate work, no degree
		☐ HS diploma/GED ☐ Professional degree or more
		☐ Some college or technical/vocational school
10. For Adult Substance Use Disorde	r Individual·	19. In the past 3 months, what best describes your employment
Is this consumer receiving or expecte	ed to receive	status? (mark only one)
naltrexone (such as Revia, Vivitrol, et		☐ Full-time work (working 35 hours or more a week)
$\square$ Yes $\square$ No $\rightarrow$ (skip to 11)		→ (answer b-1, b-2 and b-3)
b. How will the naltrexone be admin	istered?	☐ Part-time work (working 11-34 hours a week)
☐ Oral ☐ Injectable		→ (answer b-1, b-2 and b-3)
c. What is the current naltrexone do		☐ Part-time work (working less than 10 hours a week)
mg (enter zero, if none and d. For dosage level of naltrexone gr		→ (answer b-1, b-2 and b-3)
Please describe the current naltrexo		☐ Unemployed (seeking work or on layoff from a job)
care:	one deemig/pridee or	→ (skip to 20)
☐ Induction ☐ Stabilization ☐	] Taper	☐ Not in labor force (not seeking work)
11. Are you of Hispanic, Latino, or Sp	anish origin?	→ (answer c)
☐ Yes ☐ No		b-1. If employed, what best describes your job classification?
12. Which of these groups best descr	ibes you?	☐ Professional, technical, or managerial
African American/Black	Alaska Native	☐ Clerical or sales
☐ White/Anglo/Caucasian	Asian	☐ Service occupation
☐ Multiracial ☐	Pacific Islander	Agricultural or related occupation
American Indian/Native American	] Other	☐ Processing occupation ☐ Machine trades
13. Which of the following best descr	ibes your sexual	☐ Machine trades
orientation?	l Other	☐ Structural work
	Don't know/Not sure	☐ Miscellaneous occupation (other)
•	Deferred	b-2. If employed, what employee benefits do you receive? Mark all that apply)
14. Do you consider yourself to be tra		☐ Insurance ☐ Other
☐ Yes, Transgender, male-to-female	J	Paid time off None
☐ Yes, Transgender, female-to-male		Meal/Retail discounts
Yes, Transgender, gender non-confo	rming	b-3. If <i>employed</i> , what currently describes your rate of pay?
□ No		☐ Above minimum wage (more than \$7.25 an hour) ☐ Minimum wage (\$7.25 an hour)
☐ Don't know/Not sure		Lower than minimum wage (due to student status, piece work, working for tips
<ul><li>☐ Deferred</li><li>15. Are you or a member of your imm</li></ul>	ediate family or	or employer under sub-minimum wage certificate)
household currently serving in or has		c. If not seeking work, what best describes your current status? (mark only one)
Military, Military Reserve, or National		□ Homemaker
☐ Yes, active Military, Military Reserve		☐ Student
☐ Yes, veteran or prior service member	•	Retired
Yes, family member		☐ Chronic medical condition which prevents employment
□ No		
16. At any time in the past, have you I	peen suspected of	☐ Incarcerated (juvenile or adult facility)
having a head or brain injury?  ☐ Yes ☐ No		☐ Institutionalized
□ 169 □ 140		☐ Day program services☐ Volunteer
		☐ None of the above
		20. 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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24 In the neet year how m									p g	p 0	nance eyetem,	
21. In the past year, how many times have you moved residences? (enter zero, if none)				26. For Female Adult Substance Use individual:  Do you have children under the age of 18?								
Tesidefices: (enter 2ero, il none)				Do you have children under the age of 18?   □ Yes □ No -> (skip to 27)								
			-	res b. How man								
22. In the past 3 months, w	<u>here</u> did	you live mo	st of	D. HOW Man	y childre	n are in	ı nave :	istody?	(skin	to f if		
the time?	,	, .		c. How many children are in your legal custody? (skip to f if equal to no.								
Living independently (own				of children)								
Residential program (supp			) (	d. How many children are in the legal custody of DSS?								
home, alternative family living		are home)		e. How many children are you currently seeking legal custody of?								
Institutional setting (hospital	al or jail)			f. How many children in your legal custody are receiving preventive and primary health care?								
☐ Homeless -> (answer b)			'									
☐ Temporary Housing			-	g. How many children in your legal custody have been screened for mental health and/or substance								
b. If homeless, please specify your living situation				use disorder prevention or treatment services?								
most of the time in the pas	st 3 mont	hs		h. In the past year, have you been investigated by DSS for child abuse or neglect?								
☐ Sheltered (homeless o	r domest	ic violence s	haltari I.	Yes No -> (skip to 27)								
Unsheltered (on the st	reet, in a	car, camp)										
23. How long has it been si	nce you	last visited	а	h-2. Was the investigation due to an infant testing positive on a drug screen?								
physical health care provide	er for a re	outine chec	kup?	☐ Yes ☐ No ☐ N/A								
☐ Never		☐ With	in the	h-3. Was your admission to treatment required by Child Welfare Services of DSS?  Yes								
past 5 years			<i> </i>									
☐ Within the past year		☐ More	inan i	27. In the past 3 months, how often did you participate in								
5 years ago				a. positive community/leisure activities?								
☐ Within the past 2 years			1 -	☐ Never ☐ A few times ☐ More than a few times								
24. How long has it been si	nce you	visited a de		b. recovery support or mutual aid groups?								
for a routine checkup?	, , , , , ,			□ Never → (skip to 28)								
Never	Г	Within the	past 5   [	A few tim	nes							
years	_	,	[	More tha	n a few t	imes						
☐ Within the past year	Г	More than	5 vears	c. In the pas	t month,	how ma	iny times did	you attend r	ecovery su	pport or n	nutual aid groups	
ago			o you.o	☐ Did not attend in past month								
☐ Within the past 2 years				☐ 1 – 3 times (less than once per week)								
25. Females only: Are you c	urrently	pregnant?		4 – 7 times (about once per week)								
Yes No	,	Unsu	re	□ 8 – 15 times (2 or 3 times per week)								
(skip t	n 20)	_	to 20)	16 – 30 times (4 or more times per week)								
b. How many weeks have you been pregnant?			10 20)	some attendance, but frequency unknown								
				•								
c. Have you been referred to prenatal care?  Yes  No			~ -									
d. Are you receiving prenatal care?  Yes No			No									
				29. For Adult MH only individual:								
28. For Adult MH only individual:				In the past year, have you used illicit drugs or other substances other than tobacco and								
In the past year, have you used tobacco or alcohol?  ☐ Yes ☐ No				alcohol?								
☐ TES ☐ NO			i _	$\square$ Yes $\square$ No $\rightarrow$ (skip to 31 if 'No' is answered on both questions 28 and 29)								
			'	00 [		(0/11/2 10		u.,	r bour quoc	20	ana 20)	
20 Places mark the frequen			botonoo i	n the neet	12 mani	d						
30. Please mark the frequen	cy or us	e for each s	ubstance	in the past	12 mon	ns and	past month					
	Pa	ast <u>12 Mont</u>		•					<u>th</u> – Frequ	•		
Substance	Not	1-3	1-2	3-6		Not	1-3	1-2 times	3-6			
	Not Used	times	times	times	Daily	Not Used	times	weekly	times	Daily		
	USEU	monthly	weekly	weekly		USEU	monthly	weekiy	weekly			
Tobacco Use												
(any tobacco products)												
Heavy alcohol use												
(>= 5(4) drinks per sitting)												
Less than heavy											Other Drug Codes	
Alcohol use	J										5=Non-prescription Methadone	
Marijuana or											7=PCP 8=Other Hallucinogen	
Hashish use	]				]	]		]		]	9=Methamphetamine	
Cocaine or											10=Other Amphetamine	
Crack use											11=Other Stimulant 12=Benzodiazepine	
Heroin use											13=Other Tranquilizer	
		_				_					14=Barbiturate 15=Other Sedative or Hypnotic	
Other opiates / opioids											16=Inhalant	
			_	_	_	_		_			17=Over-the-Counter 22=OxyContin (Oxycodone)	
Other drug use											29=Ecstasy (MDMA)	
(enter code from list)											57=Spice 58=Dilantin	
	_	_		_		_			_	_	58=Dilantin 59=GHB/GBL	
1	]									1	60=Ketamine	

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31. For Adult Substance Use Disorder individual:	39. How many times have y	ou been arı	ested for	any offe	nse		
If ever, when is the last time you used a needle to get any	including DWI (enter zero, if none)						
drug injected under your skin, into a muscle, or into a vein	a. in the past month						
for nonmedical reasons?							
Never	b. in the past year						
☐ Within the past 3 months							
☐ Within the past year	c. in your lifetime						
☐ More than a year ago							
☐ Deferred							
32. For Adult Substance Use Disorder individual:	40. Are you under the supe	rvision of th	ne crimina	al justice	system?		
If ever, when have you participated in any of the following	☐ Yes ☐ No						
activities without using a condom?	41. For Adult Substance Us	e Disorder	individua	1-			
Had sex with someone who was not your spouse or primary	In the 3 months prior to you				nv weeks		
partner [or] knowingly had sex with someone who injected drugs	were you enrolled in substa						
[or] traded, gave, or received sex for drugs, money, or gifts?	including detox)?			(			
Never		·					
Within the past year	42. In the past e months ha						
☐ More than a year ago	a. had contacts with an eme	rgency crisis	provider?	?			
☐ Deferred	☐ Yes ☐ No						
33. In the past 3 months, how often have you been hit,	b. had visits to a hospital em	ergency roo	m?				
kicked, slapped, or otherwise physically hurt?	☐ Yes ☐ No						
Never	c. spent <u>nights</u> in a medical/s	surgical hosp	oital? (exc	luding bir	th delivery)		
☐ A few times	☐ Yes ☐ No						
More than a few times	d. spent <u>nights</u> in a psychiatr	ric inpatient l	nospital?				
☐ Deferred	☐ Yes ☐ No						
34. In the past e months, how often have <u>YOU</u> hit, kicked,	e. spent <u>nights</u> homeless? (	sheltered or	unshelter	ed)			
slapped, or otherwise physically hurt someone?	Yes No		0 ( 1 1)				
Never	f. spent <u>nights</u> in detention, ja	ail, or prison	? (adult o	r juvenile	system)		
☐ A few times	☐ Yes ☐ No						
☐ More than a few times							
Deferred	42 Have a companies and season	Alada e e e e e e	familie an	d/o., f.,	ما الأسام		
35. For adult Substance Use Disorder individual:	43. How supportive do you of your treatment and recovery			d/or trien	ias will be		
If ever, when have you been forced or pressured to do sexual acts?	☐ Not supportive	-	r Very sup	nortivo			
□ Never	Somewhat supportive		No family				
☐ Within the past 3 months	44. What is your level of rea						
☐ Within the past 3 months	addressing your recovery/r		age or Ch	ange) ioi			
More than a year ago	☐ Not ready for action (Pre-	-	ın)				
☐ Deferred	☐ Considering action someti	•	•	onthe (Co	ntemplation)		
36. In the past 3 months, how often have you tried to hurt	Seriously considering action			-	itemplation)		
yourself or cause yourself pain on purpose (such as cut,	☐ Already taking action (Acti		. (Ріераіа	lion)			
burned, or bruised yourself)?	☐ Maintaining new behaviors	•	200)				
□ Never		s (iviaii iteriai	ice)				
☐ A few times	45. How well have you beer	doing in the	o followi	na aroae	of your life		
	in the past year?	i doing in ti	ie ioliowi	ily aleas	or your me		
<ul><li>☐ More than a few times</li><li>37. In your lifetime, have you ever attempted suicide?</li></ul>	in the past year:	Excellent	Good	<u>Fair</u>	<u>Poor</u>		
Yes ☐ No	a. Emotional well-being						
		] [		_			
38. In the past 3 months, how often have you had thoughts of suicide?	b. Physical health	Ц			Ш		
Never A few times More than a few times	c. Relationships with family						
☐ INEVEL ☐ A IEW UITIES ☐ INIOTE UIAH A IEW UITIES	or significant others				H		
	d. Living/Housing situation				H		
	e. Employment/Education	Ш	Ш				

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(International Control of the Contro	diamino di dallo di dello di de program porto manoc dystem,					
46. Did you receive a list of options, verbal or written, of	50. What help in any of the following areas is important to you?					
places to receive services?	(mark all that apply)					
Yes, I received a list or options	☐ Educational improvement					
☐ No, I came here on my own	☐ Finding or keeping a job					
☐ No, nobody gave me a list or options	☐ Housing (basic shelter or rent subsidy) → (answer b)					
	☐ Transportation					
47. Was your first service in a time frame that met your	☐ Child care					
needs?	☐ Medical care					
☐ Yes ☐ No	☐ Dental care					
48. Do you have a special need for any of the following?	☐ Legal issues					
☐ Wheelchair/Mobility needs	☐ Volunteer opportunities					
☐ Physical disability	☐ None of the above					
☐ Deaf/Hard of hearing	b. If housing, what supports are needed to improve your current					
☐ Sign language interpreter	situation or would allow you to live more successfully in the					
☐ Foreign language interpreter	community? (mark all that apply)					
☐ Visually impaired	Rental assistance (due to credit problems, criminal record, or no					
☐ Child care	down payment)					
☐ Frail senior	Communication assistance (with landlord, housing management, or					
☐ Other	neighbors)					
☐ None of the above/NA	☐ Behavioral health supports (with crisis management, medication compliance, environmental challenges, or problem solving)					
40. Did you have difficulty entaring treatment because of						
49. Did you have difficulty entering treatment because of problems with (mark all that apply)	☐ Daily living skill development (for paying bills, housekeeping, transportation, meal preparation, or self-care)					
□ No difficulties prevented you from entering treatment	Other					
Active mental health symptoms (anxiety or fear, agoraphobia,	51. In the past month, how would you describe your mental health					
paranoia, hallucinations)	symptoms?					
Active substance use disorder symptoms (addiction, relapse)	Extremely Severe					
Physical health problems (severe illness, hospitalization)	Severe					
Family or guardian issues (controlling spouse, family illness,	☐ Moderate					
child or elder care, domestic violence, parent/guardian	☐ Mild					
cooperation)	□ Not present					
☐ Treatment offered did not meet needs (availability of	52. In the past month, if you have a current prescription for					
appropriate services, type of treatment wanted by consumer	psychotropic medications, how often have you taken this medication					
not available, favorite therapist quit, etc.)	as prescribed?					
☐ Engagement issues (AWOL, doesn't think s/he has a problem,	☐ No prescription ☐ Sometimes					
denial, runaway, oversleeps)	☐ All or most of the time ☐ Rarely or never					
Cost or financial reasons (no money for cab, treatment cost)	For Data Entry User (DEU) only: This printable interview form must					
☐ Stigma/Discrimination (race, gender, sexual orientation)	be signed by the QP who completed the interview for this consumer.					
☐ Treatment/Authorization access issues (insurance problems,	Does this printable interview form have the QP's					
waiting list, paperwork problems, red tape, lost Medicaid card,	signature (see page 1)? Yes No					
referral issues, citizenship, etc.)						
Deaf/Hard of hear	NOTE: This entire signed printable interview form must be placed in					
Language or communication issues (foreign language issues,	the consumer's record.					
lack of interpreter, etc.)	End of Interview					
Legal reasons (incarceration, arrest)	Enter data into web-based system:					
Transportation/Distance to provider	http://www.ncdhhs.gov/providers/provider-info/					
Scheduling issues (work or school conflicts, appointment times not workable, no phone)	mental-health/nc-treatment-outcomes-and-					
Lack of stable housing	program-performance-system					
Personal safety (domestic violence, intimidation or	program portermando dystom					
punishment)	Do not mail this form					
Parison (1911)						

Confidentiality of SA and MH consumer-identifying information is protected under Federal regulations 42 CFR Part 2 and the Health Insurance Portability and Accountability Act of 1996, P.L. 104-91 (HIPAA) or implementing regulations, 45 CFR Parts 160 and 164. Consumer-identifying information may be disclosed without the individual's consent to the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) and to its authorized evaluation contractors under the audit or evaluation exception. Re-disclosure of consumer-identifying information without the individual's consent is explicitly prohibited. Your questions may be directed to (919) 515-1310. Sponsored by the NC MH/DD/SAS.

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