

NC-TOPPS Mental Health and Substance Use Disorder

Adolescent (Ages 12-17)

Initial Interview

Use this form for backup only. **Do not mail.** Enter data into web-based system:

(<http://www.ncdhs.gov/providers/provider-info/mental-health/nc-treatment-outcomes-and-program-performance-system>)

QP First Initial & Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

I certify that I am the QP who has conducted and completed this interview.

QP Signature: _____ Date: _____

Please provide the following consumer information:

LME-MCO Assigned Consumer Record Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Consumer Date of Birth:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Consumer Gender:

Male Female

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

--	--	--

First letter of consumer's first name:

--

Consumer County of Residence: _____

CNDS ID Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Medicaid ID Number (optional)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Medicaid County of Residence: _____

Provider Internal Consumer Record Number (optional)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Local Area Code (Reporting Unit Number) (optional)

--	--	--	--	--	--

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 Use Disorder, age 12-17

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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Begin Interview

1. Please select all services the consumer is currently receiving. (See Attachment I)

2. If both Mental Health and Substance Use Disorder, is the treatment at this time mainly provided by a...

- qualified professional in substance use disorders
 qualified professional in mental health
 both

3. Please indicate the DSM-5 diagnostic classification(s) for this individual. (See Attachment II)

4. For Female Adolescent Substance Use Disorder individual: Is this consumer being admitted to a specialty program for maternal, pregnant, perinatal, or post-partum?

Yes No -> (skip to 5)

b. Which specialty program for maternal, pregnant, perinatal, or post-partum is this consumer being admitted to?

- Community Choices - CASCADE - Charlotte
 Community Choices - CASCADE - Durham
 Community Choices - Outpatient Program - Charlotte
 Community Choices - Outpatient Program - Durham
 Community Choices - WISH Program
 Daymark Clean Start Program
 Insight Human Services - Perinatal Health Partners
 NC PPW - Columbus County
 NC PPW - Project CARA - Buncombe County
 NC PPW - Project CARA - Wilkes County
 NC PPW - Wilkes County
 PORT Health - Kelly House
 RHA - Mary Benson House
 RHCC - Cambridge Court - Perinatal/Maternal
 RHCC - Crystal Lake - Perinatal/Maternal
 RHCC - Grace Court
 RHCC - Our House
 RHCC - The Village - Perinatal/Maternal
 Southlight - Perinatal Residential
 UNC Horizons - Day Break
 UNC Horizons - Outpatient Program
 UNC Horizons - Sunrise Perinatal/Maternal
 UNC Horizons - Wake

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

Yes No

6. Which of these groups best describes you?

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

7. Which of the following best describes your sexual orientation?

- Straight Other
 Lesbian or Gay Don't know/Not sure
 Bisexual Deferred

8. Do you consider yourself to be transgender?

- Yes, Transgender, male-to-female No
 Yes, Transgender, female-to-male Don't know/Not sure
 Yes, Transgender, gender non-conforming Deferred

9. Is a member of your immediate family or household currently serving in or has served in the Military, Military Reserve, or National Guard?

Yes, family member No

10. At any time in the past, have you been suspected of having a head or brain injury?

Yes No Not sure

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11. 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

12. 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

13. 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 18)

b. What program(s) are you currently enrolled in for credit?
(mark all that apply)

Alternative Learning Program (ALP)/School
 Academic schools (K-12)
 Private Home School by parents/guardians
 Homebound Instruction by public/private school
 Incarceration/Detention/Youth Development Centers
 Technical/Vocational school → (skip to 18)
 Early college high school → (skip to 18)
 College → (skip to 18)
 GED Program, Adult literacy → (skip to 18)
 Other → (skip to 18)

14. Do you have an Individualized Education Program (IEP) (program or plan for special education and related services)?

Yes No

15. What grade are you currently in?

16. 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. 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

17. In the past 3 months, have you been...

a. suspended from school?
 Yes No

b. expelled from school?
 Yes No

18. 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, b-3, and b-4)

Part-time work (working 11-34 hours a week)
 → (answer b-1, b-2, b-3, and b-4)

Part-time work (working less than 10 hours a week)
 → (answer b-1, b-2, b-3, and b-4)

Unemployed (seeking work or on layoff from a job) → (skip to 19)

Not in labor force (not seeking work) → (skip to 19)

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 Other
 Paid time off None
 Meal/Retail discounts

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)

b-4. If employed, are you also enrolled in an educational program?
 Yes No

19. 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

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

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

In a family setting (private or foster home) → (skip to 22)
 Residential program (group home, PRTF) → (answer b)
 Institutional setting (hospital or detention center/jail) → (skip to 22)
 Homeless → (answer c)
 Temporary housing → (answer d)

b. 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
 Psychiatric Residential Treatment Facility (PRTF)
 Substance use residential treatment facility
 Halfway house (for Adolescent SA individual)
 Other

c. 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)

d. If temporary housing, please specify your living situation most of the time in the past 3 months.

Unstable housing with frequent moves to and from relative's/friend's homes
 Hotel/motel

22. Was this living arrangement in your home community?

Yes No

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

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

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

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

25. Females only: Are you currently pregnant?

- Yes No Unsure
 (skip to 26) (skip to 26)

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

26. For Female Adolescent Substance Use Disorder individual: Do you have children?

Yes No → (skip to 27)

b. How many children do you have?

c. How many children are in your legal custody? (skip to f if equal to number of children)

d. How many children are in the legal custody of DSS?

e. How many children are you currently seeking legal custody of?

f. How many children in your legal custody are receiving preventive and primary health care?

g. How many children in your legal custody have been screened for mental health and/or substance use disorder prevention or treatment services? (cont.->)

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

Yes No → (skip to 27)

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

Yes No NA

h-3. Was your admission to treatment required by Child Welfare Services of DSS?

Yes No

27. 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 support or mutual aid groups?

Never → (skip to 28)

A few times

More than a few times

c. In the past month, how many times did you attend recovery support or mutual aid 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

28. For Adolescent MH only individual:

Have you ever used tobacco or alcohol?

Yes No

29. For Adolescent MH only individual:

Have you ever used illicit drugs or other substances other than tobacco and alcohol?

Yes No → (skip to 31 if 'No' is answered on both questions 28 and 29)

30. 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 and synthetics	<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 | 10=Other Amphetamine | 14=Barbiturate | 22=OxyContin (Oxycodone) | 59=GHB/GBL |
| 7=PCP-Phencyclidine | 11=Other Stimulant | 15=Other Sedative or Hypnotic | 29=Ecstasy (MDMA) | 60=Ketamine |
| 8=Other Hallucinogen | 12=Benzodiazepine | 16=Inhalant | 57=Spice | |
| 9=Methamphetamine/Speed | 13=Other Tranquilizer | 17=Over-the-Counter medications | 58=Dilantin | |

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. Redisclosure 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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31. For Adolescent Substance Use Disorder 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

32. In the past 3 months, how often have you been hit, kicked, slapped, or otherwise physically hurt?

- Never → (skip to 33)
 A few times
 More than a few times
 Deferred → (skip to 33)
 b. In the past 7 days, have you been hit, kicked, slapped, or otherwise physically hurt?
 Yes No

33. 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

34. 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

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

- Yes No

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

- Never A few times More than a few times

37. 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

--	--

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

- Yes No

39. For Adolescent Substance Use Disorder individual:
In the 3 months prior to your current admission, how many weeks were you enrolled in substance use disorder treatment (not including detox)?

--	--

 (enter zero, if none)

40. 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

41. 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

42. 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

43. 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)

44. 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 friends _____	<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"/>

45. 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

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

- Yes No

47. Do you have a need for any of the following?
(mark all that apply)

- Wheelchair/Mobility equipment or services
 Equipment or services due to a physical disability
 Equipment or services due to being deaf/hard of hearing
 Sign language interpreter
 Foreign language interpreter
 Equipment or services due to being visually impaired
 Child care
 Other
 None of the above/NA

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48. 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 use disorder 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, referral issues, citizenship, etc.)
- Being 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)

49. 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
- Food supply
- Child care
- Medical care
- Dental care
- Legal issues
- Volunteer opportunities
- None of the above

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

- Extremely Severe
- Severe
- Moderate
- Mild
- Not present

51. In the past month, if you have a current prescription for psychotropic medications, how often have you taken this medication as prescribed?

- No prescription
- All or most of the time
- Sometimes
- Rarely or never

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

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Do not mail this form

Attachment I: NC-TOPPS Services

Periodic Services (Substance Use Disorder 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 (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
- Individual Placement and Support (IPS) Supported Employment - YP630
- Supported Employment - H2023 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 Medically Monitored Community Residential Treatment - H0013
- Behavioral Health - 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)