

NC-TOPPS Mental Health and Substance Use Disorder

Adult (Ages 18 and up)

Episode Completion Interview

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

(<http://www.ncdhhs.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 has received services and supports.
(mark all that apply)

- Adult Mental Health, age 18 and up
 Adult Substance Use Disorder, age 18 and up

Discharge Date (date of last paid service for this episode of care):

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

Begin Interview

1. Please select all services the consumer has received for this episode of care. (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 reason for Episode Completion:

(mark only one)

- Completed treatment
 Discharged at program initiative
 Refused treatment
 Did not return as scheduled within 60 days → (skip to end of interview)
 Changed to service not required for NC-TOPPS interview)
 Moved out of area or changed to different LME-MCO
 Incarcerated
 Institutionalized
 Died → (skip to end of interview)
 Other

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

5. For Female Adult Substance Use Disorder individual: Is this consumer enrolled in a Pregnant/Maternal program?

Yes No → (skip to 6)

b. Which Pregnant/Maternal program is this consumer enrolled in?

- 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
 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

6. For Female Adult Substance Use Disorder individual: Is this consumer enrolled in a CASAWORKS Residential program?

Yes No → (skip to 7)

b. Which CASAWORKS Residential program is this consumer enrolled in?

- Community Choices - CASCADE CASAWORKS - Charlotte
 Community Choices - CASCADE CASAWORKS - Durham
 RHCC - Cambridge Court - CASAWORKS
 RHCC - Crystal Lake - CASAWORKS
 RHCC - The Village - CASAWORKS
 Southlight - CASAWORKS
 UNC Horizons - Sunrise CASAWORKS

7. For Adult Substance Use Disorder individual:

Is this consumer currently receiving Work First cash assistance?

Yes No

8. Is this consumer also a TASC client?

Yes No

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9. For Adult Substance Use Disorder individual:
Did this consumer receive or was expected to receive methadone treatment?
 Yes No → (skip to 11)
 b. What was the last methadone dosage in the 60 days prior to episode completion?
 mg (enter zero, if none and skip to 11)

10. For dosage level of Methadone greater than zero:
Please describe the last methadone dosing:
 Induction → (skip to 11)
 Stabilization → (skip to 11)
 Taper
 b. Is the methadone withdrawal voluntary or administrative?
 Voluntary Administrative

11. For Adult Substance Use Disorder individual:
Did this consumer receive or was expected to receive buprenorphine (mono or combo products, such as Subutex, Zubsolv, Suboxone, Probuphine, etc.) treatment?
 Yes No → (skip to 13)
 b. How was the buprenorphine administered?
 Oral (tablets or film) Implant
 c. What was the last buprenorphine dosage in the 60 days prior to episode completion?
 mg (enter zero, if none and skip to 13)

12. For dosage level of Buprenorphine greater than zero:
Please describe the last buprenorphine dosing:
 Induction → (skip to 13)
 Stabilization → (skip to 13)
 Taper
 b. Is the buprenorphine withdrawal voluntary or administrative?
 Voluntary Administrative

13. For Adult Substance Use Disorder individual:
Did this consumer receive or was expected to receive naltrexone (such as Revia, Vivitrol, etc.) treatment?
 Yes No → (skip to 15)
 b. How was the naltrexone administered?
 Oral Injectable
 c. What was the last naltrexone dosage in the 60 days prior to episode completion?
 mg (enter zero, if none and skip to 15)

14. For dosage level of Naltrexone greater than zero:
Please describe the last naltrexone dosing:
 Induction → (skip to 15)
 Stabilization → (skip to 15)
 Taper
 b. Is the naltrexone withdrawal voluntary or administrative?
 Voluntary Administrative

15. For Adult Substance Use Disorder and Methadone or Buprenorphine or Naltrexone individual: Substance use disorder treatment participation and service units in the past 3 months (enter zero, if none):

a. Group sessions attended:

b. Individual/Family sessions attended:

16. For Adult Substance Use Disorder individual:
Does this consumer take Antabuse?
 Yes No

17. Since the last interview, the consumer has attended scheduled treatment sessions...
 All or most of the time
 Sometimes
 Rarely or never

18. For Adult Substance Use Disorder 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 19)

b. Number Positive (enter zero, if none and skip to 19)

c. How often did each substance appear for all drug tests conducted?

Alcohol	THC	Opiates	Benzo
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Cocaine	Amphetamine	Barbiturate	
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	

19. 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
 Food supply → (answer c)
 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

c. If *food supply*, how helpful have the program services been in supplying food as needed?
 Not helpful Somewhat helpful Very helpful NA

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Section II: Complete items 20-40 using information from the individual's interview (preferred) or consumer record.

20. How are the next section's items being gathered?

(mark all that apply)

- In-person interview (preferred) Clinical record/notes
 Telephone interview

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

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

22. 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

23. 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 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)

24. Since the last interview, have you earned a...

- a. GED?
 Yes No
b. high school diploma?
 Yes No

25. Since the last interview, have you been enrolled in school or taken any classes? (mark all that apply)

- No
 Yes, high school or GED
 Yes, vocational school or certificate program
 Yes, college
 Yes, adult education/leisure/recreational classes

26. Currently, 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 27)
 Not in labor force (not seeking work)
→ (answer c)

b-1. If employed, what best describes your job classification?

- Professional, technical, or managerial Machine trades
 Clerical or sales Bench work
 Service occupation Structural work
 Agricultural or related occupation Miscellaneous occupation (other)
 Processing occupation

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

c. If not seeking work, what best describes your current status? (mark only one)

- Homemaker Institutionalized
 Student Day program services
 Retired Volunteer
 Chronic medical condition which prevents employment None of the above
 Incarcerated (juvenile or adult facility)

27. 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 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. 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

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

- Extremely severe Mild
 Severe Not present
 Moderate

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

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

31. In the past 3 months, how many times have you moved residences?

(enter zero, if none)

32. Currently, where do you live?

- Living independently (own/rent home/apartment)
 Stable housing with friends or family at minimal or no cost
 Residential program (halfway house, group home, alternative family living, family care home)
 Institutional setting (hospital or jail)
 Homeless → (answer b)
 Temporary housing → (answer c)
 b. If homeless, please specify your living situation currently.
 Sheltered (homeless shelter or domestic violence shelter)
 Unsheltered (on the street, in a car, camp)
 c. If temporary housing, please specify your living situation currently.
 Unstable housing with frequent moves to and from relative's/friend's homes
 Hotel/motel

33. For Adult MH only individual:

In the past 3 months, have you used tobacco/vaping products or alcohol? Yes No

34. For Adult MH only individual:

In the past 3 months, have you used illicit drugs or other substances other than tobacco/vaping products and alcohol?
 Yes No → (skip to 37 if 'No' is answered on both questions 33 and 34)

35. Please mark the frequency of use for each substance in the past month.

Substance	Past Month - Frequency of Use				
	Not Used	1-3 times monthly	1-2 times weekly	3-6 times weekly	Daily
Tobacco/vaping use (any tobacco/vaping products)	<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"/>
Less than heavy alcohol use	<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"/>
Cocaine or crack use	<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"/>
Other opiates and synthetics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Drug Use <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(enter code from list below)					

Other Drug Codes

- | | | |
|------------------------------|---------------------------------|-------------|
| 5=Non-prescription Methadone | 13=Other Tranquilizer | 57=Spice |
| 7=PCP-Phencyclidine | 14=Barbiturate | 58=Dilantin |
| 8=Other Hallucinogen | 15=Other Sedative or Hypnotic | 59=GHB/GBL |
| 9=Methamphetamine/Speed | 16=Inhalant | 60=Ketamine |
| 10=Other Amphetamine | 17=Over-the-Counter medications | |
| 11=Other Stimulant | 22=OxyContin (Oxycodone) | |
| 12=Benzodiazepine | 29=Ecstasy (MDMA) | |

36. If tobacco/vaping use is selected from Substance, identify up to two of the most often used tobacco/vaping products:

- | | |
|---|--|
| <input type="checkbox"/> Cigarettes | <input type="checkbox"/> Hookah |
| <input type="checkbox"/> E-cigarettes | <input type="checkbox"/> Heated Tobacco Products |
| <input type="checkbox"/> Cigars/Cigarillos/Little Cigars | <input type="checkbox"/> "Tobacco free" Nicotine Pouches (ex. Zyn) |
| <input type="checkbox"/> Smokeless Tobacco/Chewing | <input type="checkbox"/> Blunts |
| <input type="checkbox"/> Tobacco/Chew/Snuff/Snus | <input type="checkbox"/> Other Tobacco Product |
| <input type="checkbox"/> Dissolvable Tobacco as in Strips/Sticks/Orbs | |

37. For Adult MH individual:

In general, since entering treatment your involvement in the criminal/juvenile justice system has...

- Increased Decreased Stayed the same

38. In the past month, how many times have you been arrested for any offense including DWI?

(enter zero, if none)

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

- Yes No

40. For Female Adult Substance Use Disorder individual:

Do you have children under the age of 18?

- Yes No → (skip to 41)

b. How many children do you have?

c. Since the last interview, how many children have you...

c-1. gained legal custody of?

c-2. lost legal custody of?

c-3. begun seeking legal custody of?

c-4. stopped seeking legal custody of?

c-5. continued seeking legal custody of?

d. Since the last interview, how many newborn baby(ies) have been removed from your legal custody?

e. Since the last interview, how many children have your parental rights been terminated from?

f. How many children in your legal custody are receiving preventative 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?

h. Since the last interview, have you been investigated by DSS for child abuse or neglect?

- Yes No → (answer 41)

h-1. Was the investigation due to an infant testing positive on a drug screen?

- Yes No NA

Section III: This next section includes questions which are important in determining consumer outcomes. These questions require that they be asked directly to the individual either in-person or by telephone.

41. Is the individual present for an in-person or telephone interview or have you directly gathered information from the individual within the past two weeks?

- Yes - Complete items 42-63 No - Stop here

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61. 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 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"/>
e. Employment/Education_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Getting out into my community_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Doing things I enjoy_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Feeling connected to others_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Spending time with people who support my recovery and wellness_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Seeking help or support when I need it_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

62. 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

63. 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 page1)? 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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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
- Assertive Community Treatment Team (ACTT) - H0040
- Community Support Team (CST) - H2015, H2015 HT
- Substance Abuse Comprehensive Outpatient Treatment (SACOT) - H2035
- Individual Placement and Support (IPS) Supported Employment - YP630
- Supported Employment - H2023 U4
- Transition Management Services (TMS) - YM120

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 - 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

ADATC Services

- Alcohol and Drug Abuse Treatment Center

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)