

NC-TOPPS Mental Health and Substance Use Disorder

Adolescent (Ages 12-17)

Update 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: _____

Type of Interview (mark only one)

- 3 month update 12 month update
 6 month update Other bi-annual update (18-month, 24-month, 30-month, etc.)

Please provide the following consumer information:

Tailored Plan Assigned Consumer Record Number:

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

Consumer Date of Birth:

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

Consumer Gender Assigned at Birth:

- 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

Begin Interview

1. Please select all services the consumer is currently receiving or has previously 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 the ICD-10-CM diagnosis code(s) for this individual. (See Attachment II)

4. For Female Adolescent Substance Use Disorder individual: Is this consumer enrolled in 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 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

5. Since the last interview, the consumer has attended scheduled treatment sessions...

- All or most of the time
 Sometimes
 Rarely or never

6. For Adolescent 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 7)

b. Number Positive

--	--

 (enter zero, if none and skip to 7)

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

Alcohol	THC	Opiates	Benzo.								
<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>		
Cocaine	Amphetamine	Barbiturate									
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7. 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)
- Transportation
- Food supply → (answer b)
- Child care
- Medical care
- Dental care
- Screening/Treatment referral for HIV/TB/HEP
- Legal issues
- Volunteer opportunities
- None of the above

b. If food supply, how helpful have the program services been in supplying food as needed?

- Not helpful Somewhat helpful Very helpful NA

8. In the past 3 months, has the individual's family, guardian, or significant other been involved in any contact with staff concerning any of the following? (mark all that apply)

- Treatment services
- Person-centered planning
- None of the above

Section II: Complete items 9-35 using information from the individual's interview (preferred) or consumer record

9. How are the next section's items being gathered? (mark all that apply)

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

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

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

11. Do you consider yourself to be transgender?

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

12. Do you ever have difficulty participating in treatment because of problems with... (mark all that apply)

- No difficulties prevented you from entering treatment
- Active mental health symptoms (anxiety or fear, agoraphobia, paranoia, hallucinations)
- Active substance abuse symptoms (addiction, relapse)
- Physical health problems (severe illness, hospitalization)
- Family or guardian issues (controlling spouse, family illness, child or elder care, domestic violence, parent/guardian cooperation)
- Treatment offered did not meet needs (availability of appropriate services, type of treatment wanted by consumer not available, favorite therapist quit, etc.)
- Engagement issues (AWOL, doesn't think s/he has a problem, denial, runaway, oversleeps)
- Cost or financial reasons (no money for cab, treatment cost)
- Stigma/Discrimination (race, gender, sexual orientation)
- Treatment/Authorization access issues (insurance problems, waiting list, paperwork problems, red tape, lost Medicaid card, 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)

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 19)

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 19)
- Early college high school → (skip to 19)
- College → (skip to 19)
- GED Program, Adult literacy → (skip to 19)
- Other → (skip to 19)

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. Since beginning treatment, your school attendance has...

- improved
- stayed the same
- gotten worse

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17. 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

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

a. suspended from school? Yes No

b. expelled from school? Yes No

19. 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 20)

Not in labor force (not seeking work) → (skip to 20)

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)

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

20. 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 21)

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

21. 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

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

Extremely Severe Mild

Severe Not present

Moderate

23. 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

24. In the past 3 months, how many times have you moved residences? (enter zero, if none)

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

In a family setting (private or foster home) → (skip to 26)

Residential program (group home, PRTF) → (answer b)

Institutional setting (hospital or detention center/jail) → (skip to 26)

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 abuse 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

26. Was this living arrangement in your home community?

Yes No

27. In the past 3 months, have you received any residential services outside of your home community?

Yes No

28. For Adolescent MH only individual:
In the past 3 months, have you used tobacco/vaping products or alcohol?

Yes No

29. For Adolescent 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 32 if 'No' is answered on both questions 28 and 29)

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30. 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"/>
Fentanyl 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="checkbox"/> <input type="checkbox"/> (enter code from list below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 | 62=Cannabinoids |
| 11=Other Stimulant | 22=OxyContin (Oxycodone) | |
| 12=Benzodiazepine | 29=Ecstasy (MDMA) | |

31. 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 | |

32. For Adolescent MH individual:

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

- Increased Decreased Stayed the same

33. In the past month, how many times have you been arrested or had a petition filed for any offense including DWI? (enter zero, if none)

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

- Yes No

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

- Yes No → (skip to 36)

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?

→ (cont.)

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 → (skip to 36)

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.

36. 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 37-56 No - Stop here

37. Females only: Are you currently pregnant?

- Yes No Unsure
(skip to 38) (skip to 38)

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

38. Females only: Have you given birth in the past year?

- Yes No → (skip to 39)

b. For Adolescent Substance Use Disorder individual: How long ago did you give birth?

Less than 3 months ago

3 to 6 months ago

7 to 12 months ago

c. Did you receive prenatal care during pregnancy?

- Yes No

d. For Adolescent Substance Use Disorder individual: What was the # of weeks gestation?

e. For Adolescent Substance Use Disorder individual: What was the birth weight?

pounds ounces

f. How would you describe the baby's current health?

- Good Baby is deceased → (skip to 39)

- Fair Baby is not in your custody → (skip to 39)

Poor

g. Is the baby receiving regular Well Baby/Health Check services?

- Yes No

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39. Since the last interview, have you visited a physical health care provider for a routine check up?

Yes No

40. Since the last interview, have you visited a dentist for a routine check up?

Yes No

41. Would you say that in general your health is:

Excellent Poor
 Very good Don't know/Not sure
 Good Refuse
 Fair

42. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

Number of days: None
 Don't know
 Refused

43. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

Number of days: None
 Don't know
 Refused

44. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work or recreation?

Number of days: None
 Don't know
 Refused

45. 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

46. 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)

47. How supportive has your family and/or friends been of your treatment and recovery efforts?

Not supportive Very supportive
 Somewhat supportive No family/friends

48. For Adolescent Substance Use Disorder individual: In the past 3 months, have you used a needle to get any drug injected under your skin, into a muscle, or into a vein for nonmedical reasons?

Yes No Deferred

49. 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

50. 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

51. Since the last interview, how often have you tried to hurt yourself or cause yourself pain on purpose (such as cut, burned, or bruised self)?

Never A few times More than a few times

52. Since the last interview, how often have you had thoughts of suicide?

Never A few times More than a few times

53. Since the last interview, have you attempted suicide?

Yes No

54. 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"/>

55. 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

56. 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

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

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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
- Child Assertive Community Treatment Team (ACTT) - H0040 HA
- 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: ICD-10-CM Diagnosis Codes

Neurodevelopmental Disorders

- Learning Disorders (F81.0, F81.2, F81.81, F81.89)
- Communication Disorders (F80.81, F80.89, F80.9)
- Intellectual Disabilities (F70, F71, F72, F73, F79, F88)
- Motor and Tic Disorders (F82, F95.0, F95.1, F95.2, F95.9, F98.4)
- Autism Spectrum Disorder (F84.0)
- Attention-Deficit/Hyperactivity Disorder (F90.0, F90.1, F90.2, F90.9)
- Other Neurodevelopmental Disorders (F81.9, F88, F89)

Substance-Related and Addictive Disorders

- Alcohol-Related Disorders (F10.10, F10.20)
- (Other) Drug-Related Disorders (F11.10, F11.20, F12.10, F12.20, F13.10, F13.20, F14.10, F14.20, F15.10, F15.20, F16.10, F16.20, F18.10, F19.20)
- Gambling Disorder (F63.0)

Schizophrenia Spectrum and Other Psychotic Disorders

- Schizophrenia and Other Psychotic Disorders (F06.0, F06.1, F06.2, F20.81, F20.9, F22, F23, F25.9, F29)

Bipolar and Related Disorders

- Bipolar I Disorder (F31.10, F31.11, F31.12, F31.13, F31.30, F31.31, F31.32, F31.4, F31.5, F31.73, F31.74, F31.75, F31.76, F31.9)
- Bipolar II Disorder (F31.81)
- Cyclothymic Disorder (F34.0)

Depressive Disorders

- Major Depressive Disorder (F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33.0, F33.1, F33.2, F33.3, F33.41, F33.42, F33.9)
- Persistent Depressive Disorder (Dysthymia) (F34.1)
- Other Depressive Disorders (F32.9, F34.8, N94.3)

Anxiety Disorders

- Anxiety Disorders (F40.02, F40.10, F40.218, F40.240, F40.241, F40.8, F41.0, F41.1, F41.8, F41.9, F91.2, F93.0)

Obsessive-Compulsive and Related Disorders

- Obsessive-Compulsive and Other Related Disorders (F42, F45.21, F45.22, F63.3, F63.89, L98.1)

Trauma- and Stressor-Related Disorders

- Posttraumatic Stress Disorder (PTSD) (F43.10, F43.12)
- Adjustment Disorders (F43.21, F43.22, F43.23, F43.24, F43.25)
- Other Trauma- and Stressor-Related Disorders (F43.0, F43.20, F43.8, F93.8, F94.1, F98.8)

Dissociative Disorders

- Dissociative disorders (F44.0, F44.1, F44.81, F44.9, F48.1)

Disruptive, Impulse-Control, and Conduct Disorders

- Conduct Disorder (F91.1, F91.2, F91.8)
- Oppositional Defiant Disorder (F91.3)
- Impulse Control Disorders (F63.1, F63.2, F63.81)
- Other Disruptive Behavior Disorders (F91.8, F91.9)

Gender Dysphoria Disorders

- Gender Dysphoria Disorders (F64.1, F64.2)

Neurocognitive Disorders

- Delirium Disorders (F05, F19.921, R40.0, R40.1)
- Major and Mild Neurocognitive Disorders (F01.50, F02.80, F02.81, G31.84, G31.9, R41.89)

Personality Disorders

- Cluster A Personality Disorders (F21, F60.0, F60.1)
- Cluster B Personality Disorders (F60.2, F60.3, F60.4, F60.81)
- Cluster C Personality Disorders (F60.5, F60.6, F60.7)
- Other Personality Disorders (F60.89, F60.9)

Feeding and Eating Disorders

- Anorexia Nervosa (F50.00)
- Other Feeding and Eating Disorders (F50.2, F50.8, F50.9, F98.21, F98.29, F98.3)

Other Disorders

- Somatic Symptom and Related Disorders (F44.4, F45.1, F45.21, F45.22, F45.8, F45.9, F48.8, F54, F68.8)
- Elimination Disorders (F98.0, F98.1, N39.498, R15.9, R32)
- Sexual Dysfunction Disorders (F52.0, F52.1, F52.21, F52.31, F52.32, F52.4, F52.6, F52.8, R37)
- Sleep-Wake Disorders (F51.3, F51.8, G25.81, G47.00, G47.10, G47.30, G47.31, G47.33, G47.34, G47.35, G47.36, G47.411, G47.419, G47.52, G47.8, R06.3)
- Paraphilic Disorders (F65.0, F65.1, F65.2, F65.3, F65.4, F65.51, F65.52, F65.81, F65.89, F65.9, F66)
- Other Conditions That May Be a Focus of Clinical Attention
- Other Mental Disorders and Conditions (any codes not listed above)