Important instructions for the 2025 N-SUMHSS

Located with this instructions page is a worksheet consisting of questions D4 through D15 from the 2025 N-SUMHSS. These questions contain several important components of information that will be collected during your completion of the client counts section of the survey. To preview the client counts section for wording and specifics of whom to count, please visit https://info.nsumhss.samhsa.gov and click on the questionnaire.

To save time, and to complete the online survey more efficiently, you may wish to gather this information prior to beginning the survey. If you do collect this information ahead of time, please be sure to keep this sheet accessible for when you complete the online survey. Although this is not a necessary step to completing the survey, it may ease your survey completion process. Please keep the following points in mind when completing this worksheet.

- This worksheet is a tool to help you respond to the survey. Please transfer all information from your client counts worksheet into the corresponding questions of the web survey. **Do not return this worksheet to ICF**.

- Questions D4 through D15 on the N-SUMHSS ask about the number of clients in treatment on **March 31, 2025**, for the month of March, and admissions in a 12-month period. If possible, report clients for *this facility only*.

- If you have multiple facilities in your network/organization, please write your "Facility/Group name and Facility User ID" in the space provided at the top of the worksheet to keep track of each of your facility's client counts. It might be helpful to make a copy of this worksheet for each facility/group.

- You may use estimated information to indicate your client counts if necessary.

- Please refer to the enclosed blue flyer in your survey packet or to your invitation email to obtain your facility's web survey login information.

If you have additional questions, you can reach out to ICF at (833) 302-1759 or ICFsupport@nsumhss.org.

Facility/Group Name: _____ Total facilities reported in client count: _____

D4a-e: HOSPITAL INPATIENT CLIENT COUNTS
SKIP THIS SECTION IF NO HOSPITAL INPATIENTS
Hospital Inpatients on ***March 31, 2025***

_____ Inpatient detoxification

_____ Inpatient treatment

_____ **TOTAL INPATIENTS (Sum of categories above)**

_____ Total inpatients under age 18

Patients Receiving Medications for Detoxification, Maintenance, or Relapse Prevention for ***Opioid Use Disorder***

_____ Dispensed Methadone

_____ Dispensed or prescribed Buprenorphine

_____ Administered Naltrexone

Patients Receiving Medications for ***Alcohol Use Disorder***

_____ Dispensed or prescribed Disulfiram (Antabuse®)

_____ Dispensed or prescribed Naltrexone

_____ Dispensed or prescribed Acamprosate (Campral®)

Inpatient Beds

_____ Inpatient beds specifically designated for substance use treatment

D5a-e: RESIDENTIAL (NON-HOSPITAL) CLIENT COUNTS
SKIP THIS SECTION IF NO RESIDENTIAL CLIENTS
Residential Clients on ***March 31, 2025***

_____ Residential detoxification

_____ Residential short-term treatment

_____ Residential long-term treatment

_____ **TOTAL RESIDENTIAL CLIENTS (Sum of categories above)**

_____ Total residential clients under age 18

Clients Receiving Medications for Detoxification, Maintenance, or Relapse Prevention for ***Opioid Use Disorder***

_____ Dispensed Methadone

_____ Dispensed or prescribed Buprenorphine

_____ Administered Naltrexone

Clients Receiving Medications for ***Alcohol Use Disorder***

_____ Dispensed or prescribed Disulfiram (Antabuse®)

_____ Dispensed or prescribed Naltrexone

_____ Dispensed or prescribed Acamprosate (Campral®)

Residential Beds

_____ Residential beds specifically designated for substance use treatment

D6a-d: OUTPATIENT CLIENT COUNTS
SKIP THIS SECTION IF NO OUTPATIENT CLIENTS
Outpatient clients who received treatment in March AND were ***still enrolled in treatment on March 31, 2025***.

_____ Outpatient detoxification

_____ Outpatient methadone/buprenorphine maintenance or naltrexone treatment

_____ Outpatient day treatment or partial hospitalization

_____ Intensive outpatient treatment

_____ Regular outpatient treatment

_____ **TOTAL OUTPATIENT CLIENTS (Sum of categories above)**

_____ Total outpatient clients under age 18

Clients Receiving Medications for Detoxification, Maintenance, or Relapse Prevention for ***Opioid Use Disorder***

_____ Dispensed Methadone

_____ Dispensed or prescribed Buprenorphine

_____ Administered Naltrexone

Clients Receiving Medications for ***Alcohol Use Disorder***

_____ Dispensed or prescribed Disulfiram (Antabuse®)

_____ Dispensed or prescribed Naltrexone

_____ Dispensed or prescribed Acamprosate (Campral®)

D7-9: ALL SUBSTANCE USE TREATMENT SETTINGS
Percent of Total Clients in Treatment on ***March 31, 2025*** for use of:

_____ % BOTH alcohol and substances other than alcohol

_____ % ONLY alcohol

_____ % ONLY substances other than alcohol

Sum of categories above should equal 100%.

Percent of Co-occurring Clients in Treatment on ***March 31, 2025***

_____ % Diagnosed co-occurring mental and substance use disorder

Substance Use Treatment Admissions

_____ Number of substance use treatment admissions in **most recent 12-month period**

D10a-c: HOSPITAL INPATIENT CLIENT COUNTS

SKIP THIS SECTION IF NO HOSPITAL INPATIENTS
Hospital Inpatients on ***March 31, 2025***

D10a	_____	**HOSPITAL INPATIENTS TOTAL**
SEX	_____	Male
	_____	Female
	_____	**CATEGORY TOTAL: (Should=D10a or 100%)**
AGE	_____	0 – 17
	_____	18 – 64
	_____	65 and older
	_____	**CATEGORY TOTAL: (Should=D10a or 100%)**
ETHNICITY	_____	Hispanic or Latino
	_____	Not Hispanic or Latino
	_____	Unknown or not collected
	_____	**CATEGORY TOTAL: (Should=D10a or 100%)**
RACE	_____	American Indian or Alaska Native
	_____	Asian
	_____	Black or African American
	_____	Native Hawaiian or other Pacific Islander
	_____	White
	_____	Two or more races
	_____	Unknown or not collected
	_____	**CATEGORY TOTAL: (Should=D10a or 100%)**
LEGAL STATUS	_____	Voluntary
	_____	Involuntary, non-forensic
	_____	Involuntary, forensic
	_____	**CATEGORY TOTAL: (Should=D10a or 100%)**
NUM OF BEDS	_____	Number of hospital inpatient beds specifically designated for providing mental health treatment. (*If none, enter '0'*)

D11a-c: RESIDENTIAL (NON-HOSPITAL) CLIENT COUNTS

SKIP THIS SECTION IF NO RESIDENTIAL CLIENTS
Residential (Non-Hospital) Clients on ***March 31, 2025***

D11a	_____	**RESIDENTIAL CLIENTS TOTAL**
SEX	_____	Male
	_____	Female
	_____	**CATEGORY TOTAL: (Should=D11a or 100%)**
AGE	_____	0 – 17
	_____	18 – 64
	_____	65 and older
	_____	**CATEGORY TOTAL: (Should=D11a or 100%)**
ETHNICITY	_____	Hispanic or Latino
	_____	Not Hispanic or Latino
	_____	Unknown or not collected
	_____	**CATEGORY TOTAL: (Should=D11a or 100%)**
RACE	_____	American Indian or Alaska Native
	_____	Asian
	_____	Black or African American
	_____	Native Hawaiian or other Pacific Islander
	_____	White
	_____	Two or more races
	_____	Unknown or not collected
	_____	**CATEGORY TOTAL: (Should=D11a or 100%)**
LEGAL STATUS	_____	Voluntary
	_____	Involuntary, non-forensic
	_____	Involuntary, forensic
	_____	**CATEGORY TOTAL: (Should=D11a or 100%)**
NUM OF BEDS	_____	Number of residential beds specifically designated for providing mental health treatment. (*If none, enter '0'*)

D12a-b: OUTPATIENT/PARTIAL HOSPITALIZATION/DAY TREATMENT CLIENTS

SKIP THIS SECTION IF NO OUTPATIENT CLIENTS
Outpatient clients seen at least once during the month of March, AND who were ***still enrolled in treatment on March 31, 2025***.

D12a	_____	**OUTPATIENT CLIENTS TOTAL**
SEX	_____	Male
	_____	Female
	_____	**CATEGORY TOTAL: (Should=D12a or 100%)**
AGE	_____	0 – 17
	_____	18 – 64
	_____	65 and older
	_____	**CATEGORY TOTAL: (Should=D12a or 100%)**
ETHNICITY	_____	Hispanic or Latino
	_____	Not Hispanic or Latino
	_____	Unknown or not collected
	_____	**CATEGORY TOTAL: (Should=D12a or 100%)**
RACE	_____	American Indian or Alaska Native
	_____	Asian
	_____	Black or African American
	_____	Native Hawaiian or other Pacific Islander
	_____	White
	_____	Two or more races
	_____	Unknown or not collected
	_____	**CATEGORY TOTAL: (Should=D12a or 100%)**
LEGAL STATUS	_____	Voluntary
	_____	Involuntary, non-forensic
	_____	Involuntary, forensic
	_____	**CATEGORY TOTAL: (Should=D12a or 100%)**

D13-15: ALL MENTAL HEALTH CARE SETTINGS

Percent of Co-occurring Clients/Patients in Treatment on ***March 31, 2025***

_____ % diagnosed co-occurring mental and substance use disorder

Number of mental health treatment admissions, readmissions, and incoming transfers in the 12-month period from ***April 1, 2024 through March 31, 2025***

- ***IF DATA FOR THIS TIME PERIOD ARE NOT AVAILABLE:*** *Use the most recent 12-month period for which data are available.*

- ***OUTPATIENT CLIENTS:*** *Consider each initiation to a course of treatment as an admission.* <u>Count admissions</u> *into treatment, not individual treatment visits.*

- ***WHEN A MENTAL HEALTH DISORDER IS A SECONDARY DIAGNOSIS:*** *Count all admissions where clients/patients received mental health treatment.*

_____ Number of mental health treatment admissions in **12-month period**.

Percent of military veteran admissions reported in previous question

_____ % Military veterans