

Important instructions for the 2026 N-SUMHSS

Located with this instructions page is a worksheet consisting of questions D4 through D15 from the 2026 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, 2026**, 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.

Substance Use Client Counts on March 31, 2026 and Admissions in Previous 12 months

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, 2026**
 _____ 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, 2026**
 _____ 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, 2026.**
 _____ 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, 2026** 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, 2026**
 _____ % Diagnosed co-occurring mental and substance use disorder
Substance Use Treatment Admissions
 _____ Number of substance use treatment admissions in **most recent 12-month period**

Mental Health Client Counts on March 31, 2026 and Admissions in Previous 12 months

D10a-c: HOSPITAL INPATIENT CLIENT COUNTS

SKIP THIS SECTION IF NO HOSPITAL INPATIENTS

Hospital Inpatients on **March 31, 2026**

D10a	_____	HOSPITAL INPATIENTS TOTAL
SEX	_____	Male
	_____	Female
	_____	Unknown or not collected
	_____	CATEGORY TOTAL: (Should=D10a or 100%)
AGE	_____	0 – 17
	_____	18 – 64
	_____	65 and older
	_____	Unknown or not collected
	_____	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
	_____	Unknown or not collected
	_____	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, 2026**

D11a	_____	RESIDENTIAL CLIENTS TOTAL
SEX	_____	Male
	_____	Female
	_____	Unknown or not collected
	_____	CATEGORY TOTAL: (Should=D11a or 100%)
AGE	_____	0 – 17
	_____	18 – 64
	_____	65 and older
	_____	Unknown or not collected
	_____	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
	_____	Unknown or not collected
	_____	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, 2026.**

D12a	_____	OUTPATIENT CLIENTS TOTAL
SEX	_____	Male
	_____	Female
	_____	Unknown or not collected
	_____	CATEGORY TOTAL: (Should=D12a or 100%)
AGE	_____	0 – 17
	_____	18 – 64
	_____	65 and older
	_____	Unknown or not collected
	_____	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
	_____	Unknown or not collected
	_____	CATEGORY TOTAL: (Should=D12a or 100%)

D13-15: ALL MENTAL HEALTH CARE SETTINGS

Percent of Co-occurring Clients/Patients in Treatment on

March 31, 2026

_____ % 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, 2025 through March 31, 2026

- **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. Count admissions 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