

Important instructions for the N-SUMHSS 2023

Located with this instructions page is a worksheet consisting of questions D4 through D15 from the 2023 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 who 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, 2023**. 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, 2023 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, 2023**

- _____ 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, 2023**

- _____ 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, 2023.**

- _____ 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, 2023** 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, 2023**

- _____ % 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, 2023 and Admissions in Previous 12 months

D10a-c: HOSPITAL INPATIENT CLIENT COUNTS
SKIP THIS SECTION IF NO HOSPITAL INPATIENTS
 Hospital Inpatients on March 31, 2023

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, 2023

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, 2023.

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, 2023

_____ % 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, 2022 through March 31, 2023

- **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