

### **Important instructions for the N-SUMHSS 202X**

Located with this instructions page is a worksheet consisting of questions D4 through D15 from the 202X 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 XX, 202X**. 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](mailto:ICFsupport@nsumhss.org).

# Substance Use Client Counts on March XX, 202X 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 XX, 202X**

\_\_\_\_\_ 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 XX, 202X**

\_\_\_\_\_ 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 XX, 202X**

\_\_\_\_\_ 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 XX, 202X** 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 XX, 202X**

\_\_\_\_\_ % 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 XX, 2023 and Admissions in Previous 12 months

**D10a-c: HOSPITAL INPATIENT CLIENT COUNTS**  
 SKIP THIS SECTION IF NO HOSPITAL INPATIENTS  
 Hospital Inpatients on March XX, 202X

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 XX, 202X

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 XX, 202X

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 XX, 202X

\_\_\_\_\_ % 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 XX, 202X through March XX, 202X

- **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