N-SUMHSS

NATIONAL SUBSTANCE USE AND MENTAL HEALTH SERVICES SURVEY

National Substance Use and Mental Health Services Survey (N-SUMHSS) 2023:

Data on Substance Use and Mental Health Treatment Facilities

SAMHSA

Substance Abuse and Mental Health Services Administration

National Substance Use and Mental Health Services Survey (N-SUMHSS) 2023: Data on Substance Use and Mental Health Treatment Facilities

Acknowledgments

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Table of Contents

List of Figures

List of Tables

Executive Summary

The National Substance Use and Mental Health Services Survey (N-SUMHSS) is sponsored by the Center for Behavioral Health Statistics and Quality (CBHSQ) of the Substance Abuse and Mental Health Services Administration (SAMHSA). In 2021, SAMHSA combined the National Survey of Substance Abuse Treatment Services (N-SSATS) and the National Mental Health Services Survey (N-MHSS) into the N-SUMHSS, making it the most comprehensive national source of data on treatment services provided by substance use (SU) and mental health (MH) treatment facilities in the United States.[1] Information collected from the N-SUMHSS can be used by behavioral health service providers; researchers; and federal, state, and local governments to understand the SU and MH treatment resource landscape, identify service gaps, and support evidence-based planning.

Data Collection

- The 2023 N-SUMHSS was a voluntary facility survey and it collected data from SU and MH treatment facilities in the United States[1] with an overall response rate of 85%. The overall response rate for facilities providing substance use treatment (SU facilities) was 85%, 82% for facilities providing mental health treatment (MH facilities), and 89% for facilities providing both substance use and mental health treatment (SU/MH facilities).
- The 2023 N-SUMHSS was a multimode survey and was conducted in both English and Spanish.
- The 2023 N-SUMHSS report is based on self-reported data from 20,681 unique treatment facilities, including 14,620 SU facilities, 9,856 MH facilities, and 3,795 SU/MH facilities.[2,3,4]

Facility Characteristics

- Private non-profit and private for-profit organizations operated in 91%[5] of SU facilities, 83% of MH facilities, and 86% of SU/MH facilities.
- Programs specifically tailored for adolescents were provided by 25% of SU facilities, 38% of MH facilities, and 51% of SU/MH facilities.
- Other tailored programs for specific client categories included, but were not limited to, lesbian, gay, bisexual, transgender, queer (LGBTQ) clients, clients with HIV and AIDS, veterans, and active-duty military clients. For example, 38% of SU facilities, 36% of MH facilities, and 48% of SU/MH facilities offered tailored programs for LGBTQ clients.
- Designated bed utilization rates for SU facilities were 96%, MH facilities were 104%, and SU/MH facilities were 122%.[6]
- Approximately 92% of private and 75% of public SU facilities accepted cash payment. Private health insurance and Medicaid were accepted at 77% SU facilities. Cash was accepted at 87% of private and 76% of public MH facilities. Approximately 83% and 87% of MH facilities accepted private health insurance and Medicaid respectively.

Use of Pharmacotherapies

- SU facilities offered pharmacotherapies (74%) as part of their treatment services, 59% reported using medications for opioid use disorder (MOUD) and 46% reported using medications for alcohol use disorder (MAUD).
- Haloperidol (41%) and Risperidone (46%) were among the top first- and second-generation antipsychotics used by MH treatment facilities for treating serious mental illness (SMI).

Language Services

- Services in languages other than English by staff counselor or on-call interpreter were provided by 55% of SU facilities, 71% of MH facilities, and 74% of SU/MH facilities.

Suicide Prevention Services

- Suicide prevention services were provided by 58% of SU facilities, 70% of MH facilities, and 86% of SU/MH facilities.

Section 1. Introduction

Key Takeaways

- The 2023 N-SUMHSS collected data from SU and MH treatment facilities in the United States.[1]
- The 2023 N-SUMHSS was a multimode survey and was conducted in both English and Spanish.
- The 2023 N-SUMHSS report is based on data from 20,681 treatment facilities, including 14,620 SU facilities, 9,856 MH facilities, and 3,795 SU/MH facilities.[2,3,4]
- The 2023 N-SUMHSS overall response rate among facilities eligible for the survey was 85%.

For more than two decades, SAMHSA has been collecting data on the SU and MH treatment services offered by facilities using two surveys, the National Survey of Substance Abuse Treatment Services (N-SSATS) and the National Mental Health Services Survey (N-MHSS). In 2021, the N-SSATS and N-MHSS were combined into one survey, the National Substance Use and Mental Health Services Survey (N-SUMHSS). The primary aim to have the combined survey was to reduce the burden on facilities offering both SU and MH treatment services, optimize government resources to collect data, and enhance the quality of data collected on the treatment facilities.

The N-SUMHSS is the most comprehensive national source of data on SU and MH treatment facilities. It collects data on the location, characteristics, and utilization of SU and MH treatment services in the United States.[1] The N-SUMHSS provides behavioral health service providers; researchers; and federal, state, and local governments with information to understand the SU and MH treatment resource landscape, identify service gaps, and support evidence-based planning.

2023 N-SUMHSS Data Collection Highlights

The 2023 N-SUMHSS was a multimode survey, leveraging three survey modes: 1) a secured web-based survey, 2) a postal paper survey, and 3) a computer-assisted telephone interview (CATI). There were 29,113 SU and MH treatment facilities known to SAMHSA in the United States in 2023, of which 3,965 were found to be either closed or ineligible for the N-SUMHSS.[1,7] Out of 25,148 facilities eligible for the 2023 N-SUMHSS, 17,561 facilities provided SU treatment, 12,012 facilities provided MH treatment, and 4,425 facilities provided both SU and MH treatment.[2,7] The 2023 N-SUMHSS was conducted in both English and Spanish.

Data Presented in the 2023 N-SUMHSS Annual Report

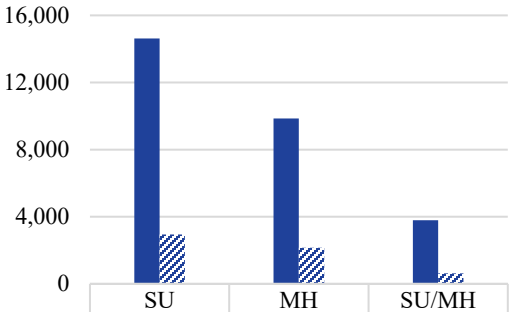
This report includes data and findings from 20,681 facilities, which is comprised of 14,620 SU facilities (83% of 17,561 eligible SU facilities), 9,856 MH facilities (82% of 12,012 eligible MH facilities), and 3,795 SU/MH facilities (86% of 4,425 eligible SU/MH facilities).[3] Figure 1.1 below provides counts and percentages of facilities included in this report by facility type.

In addition, the annual report provides point-in-time information on the clients as of the survey reference date (March 31, 2023). Client counts do not represent annual totals but provide a snapshot of behavioral health treatment facilities and their clients on an average day or month. A total of 1,592,193 clients were reported to receive substance use disorder treatment and 1,924,541 clients received mental health treatment on March 31, 2023.

Data tables corresponding to the figures are in Appendix A (Sections 1, 2, 4, and 5) and in the body of this report (Section 3), as well as data from the prior year. More details on the N-SUMHSS methodology, background, data collection methods, eligibility criteria and guidelines, and response rate calculations are provided in Appendix B.

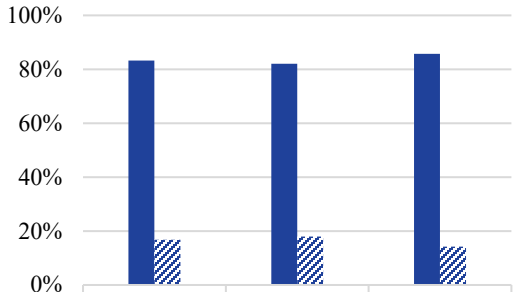
Figure 1.1: Facilities Included in the Annual Report, 2023 N-SUMHSS

Facility Counts[2,4,8]



	SU	MH	SU/MH
Included	14,620	9,856	3,795
Excluded	2,941	2,156	630

Facility Percentages[2,4,8]

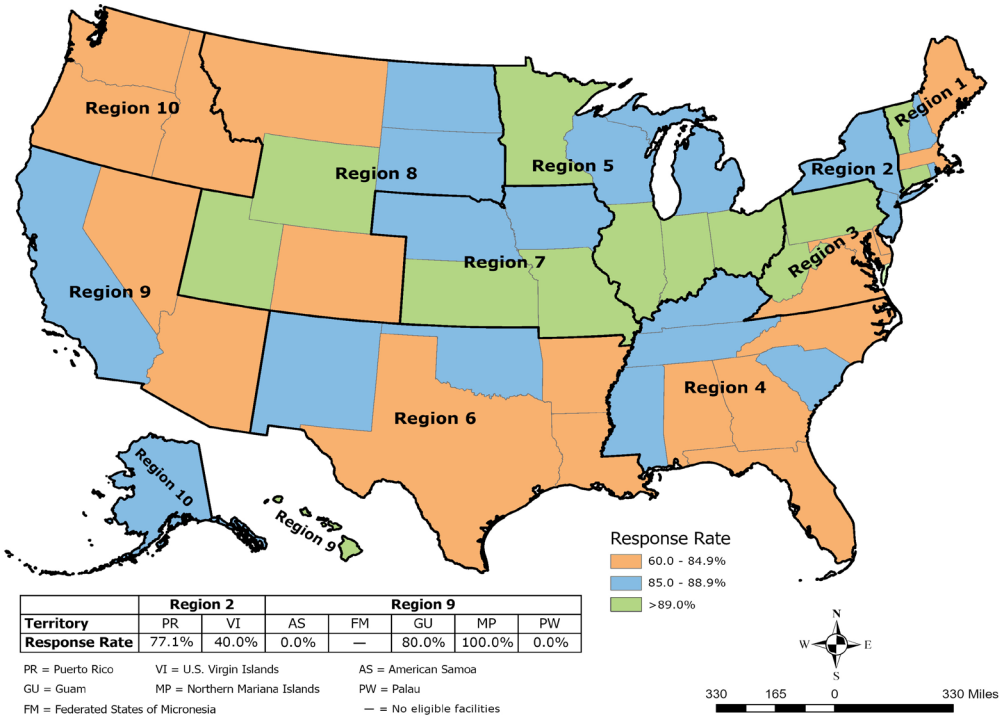


	SU	MH	SU/MH
Included	83%	82%	86%
Excluded	17%	18%	14%

2023 N-SUMHSS Response Rates

The 2023 N-SUMHSS overall response rate among facilities eligible for the survey was 85%. The response rate was calculated using the American Association for Public Opinion Research (AAPOR) Response Rate 4 (RR4) standard definition.[9] Figure 1.2 provides a map of the 2023 N-SUMHSS response rates across the United States, its territories, and the District of Columbia overlaid by SAMHSA regions. To meet map projection and scale accuracies, the response rates for participating territories by SAMHSA regions are displayed in a separate table at the bottom of the map.

Figure 1.2: Response Rates, 2023 N-SUMHSS



	Region 2		Region 9				
Territory	PR	VI	AS	FM	GU	MP	PW
Response Rate	77.1%	40.0%	0.0%	—	80.0%	100.0%	0.0%

PR = Puerto Rico VI = U.S. Virgin Islands AS = American Samoa
GU = Guam MP = Northern Mariana Islands PW = Palau
FM = Federated States of Micronesia — = No eligible facilities

The 2023 N-SUMHSS response rates for the 50 states ranged from 64.7% (Maryland) to 95.1% (Hawaii). Thirty-one (31) states achieved response rates of 85% or above. The response rate for the District of Columbia was 76.6%. Three out of seven U.S. territories achieved a response rate of 77% or above.

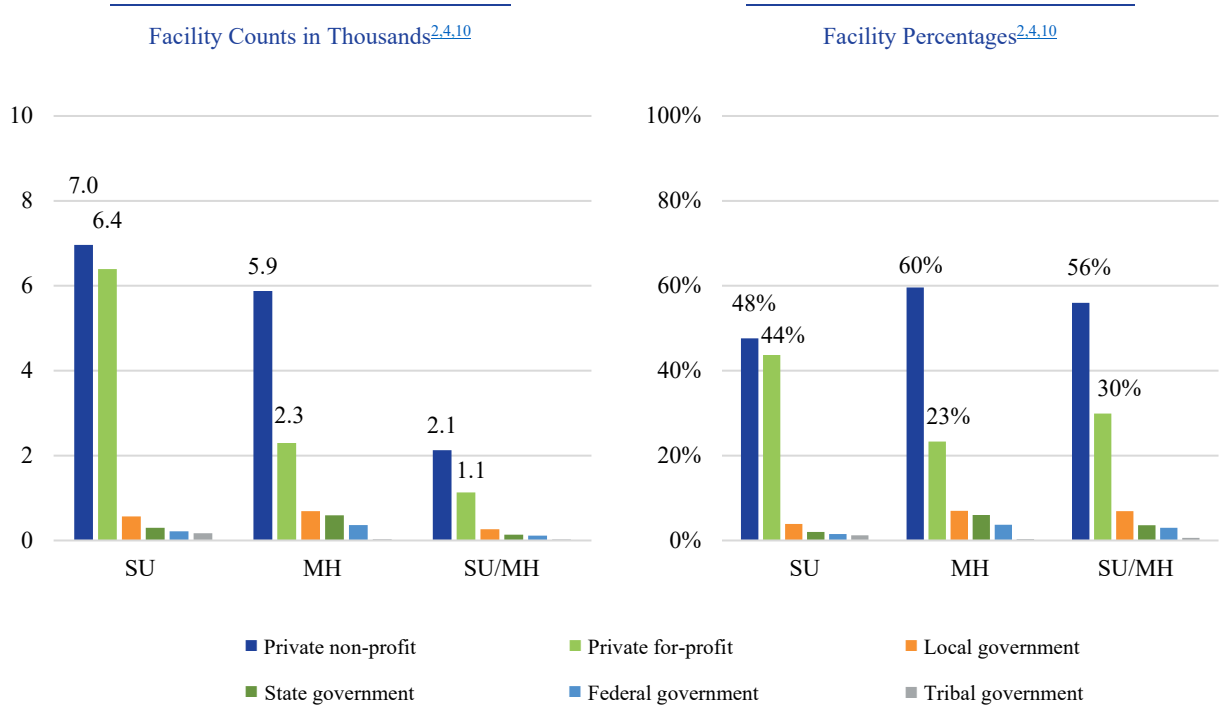
Section 2. Key Operational Characteristics of Substance Use and Mental Health Treatment Facilities

This section provides data on key operational characteristics of 20,681 SU, MH, and SU/MH treatment facilities from the 2023 N-SUMHSS. Percentages are calculated based on the total facility count of each SU, MH, and SU/MH facility type.

Key Takeaways

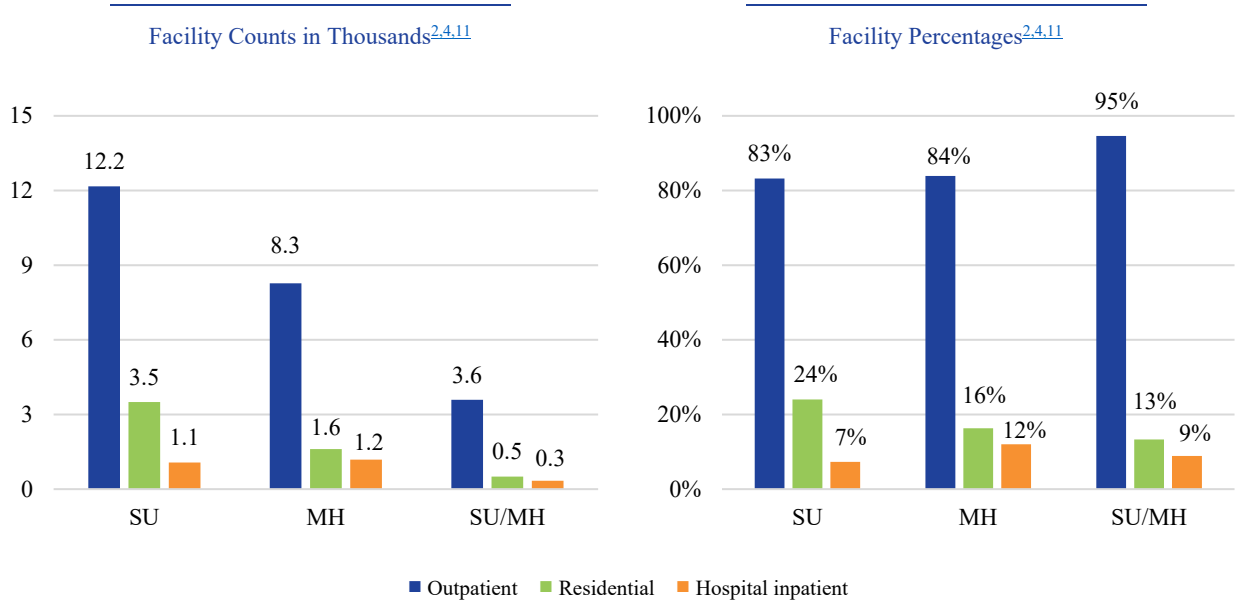
- Private organizations operated 91%[5] of SU facilities, 83% of MH facilities, and 86% of SU/MH facilities.
- Outpatient care was the most frequent type of service provided among SU facilities (83%), MH facilities (84%), and SU/MH facilities (95%).
- Programs specifically tailored for adolescents were provided by 25% of SU facilities, 38% of MH facilities, and 51% of SU/MH facilities.
- Approximately 38% of SU facilities, 36% of MH facilities, and 48% of SU/MH facilities offered tailored programs for LGBTQ clients.
- Designated bed utilization rates for SU facilities were 96%, MH facilities were 104%, and SU/MH facilities were 122%.[6]

Figure 2.1: Treatment Facilities by Operation Type, 2023 N-SUMHSS



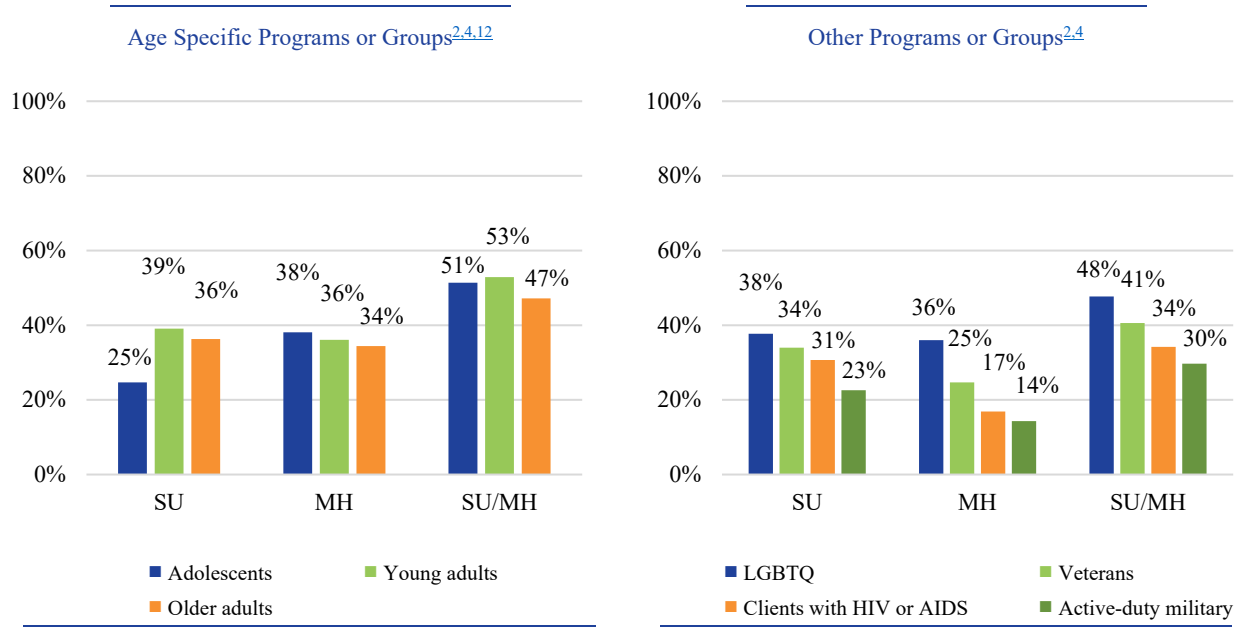
SU and MH services were operated predominantly by private entities. Private non-profit organizations operated 48% (N=6,962) of SU facilities, 60% (N=5,876) of MH facilities, and 56% (N=2,126) of SU/MH facilities. Private for-profit organization operated 44% (N=6,393) of SU facilities, 23% (N=2,295) of MH facilities, and 30% (N=1,133) of SU/MH facilities.

Figure 2.2: Treatment Facilities by Type of Care, 2023 N-SUMHSS



Eighty-three percent (83%) of SU facilities, 84% of MH facilities, and 95% of SU/MH facilities offered outpatient care. Twenty-four percent (24%) of SU facilities, 16% of MH facilities, and 13% of SU/MH facilities offered residential care. Seven percent (7%) of SU facilities, 12% of MH facilities, and 9% of SU/MH facilities offered hospital inpatient care.

Figure 2.3: Facilities Offering Tailored Program for Specific Groups, 2023 N-SUMHSS

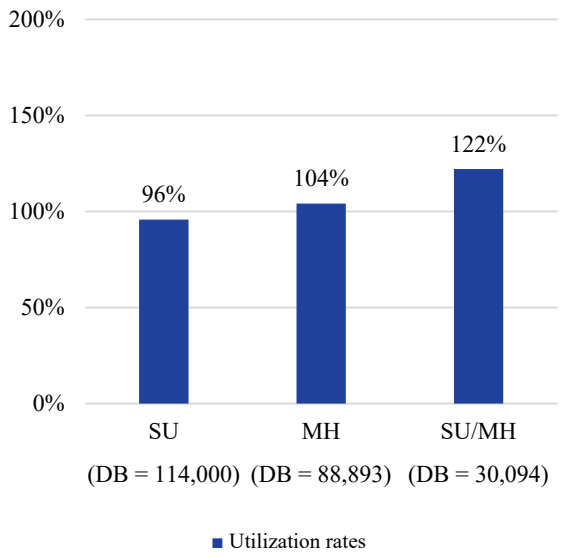


Thirty-eight percent (38%) of MH facilities and 51% of SU/MH facilities provided services tailored to adolescents, compared to 25% of SU facilities. More SU/MH facilities provided services tailored to young adults (53%), compared to 39% of SU facilities and 36% of MH facilities. Approximately one third of SU and MH facilities and one half of SU/MH facilities provided tailored programs to older adults.

Facilities provided tailored programs to various non-age-specific client categories. Thirty-eight percent (38%) of SU facilities, 36% of MH facilities, and 48% of SU/MH facilities offered tailored programs to LGBTQ clients. Thirty-four percent (34%) of SU facilities, 25% of MH facilities, and 41% of SU/MH facilities offered programs designed exclusively for veterans.

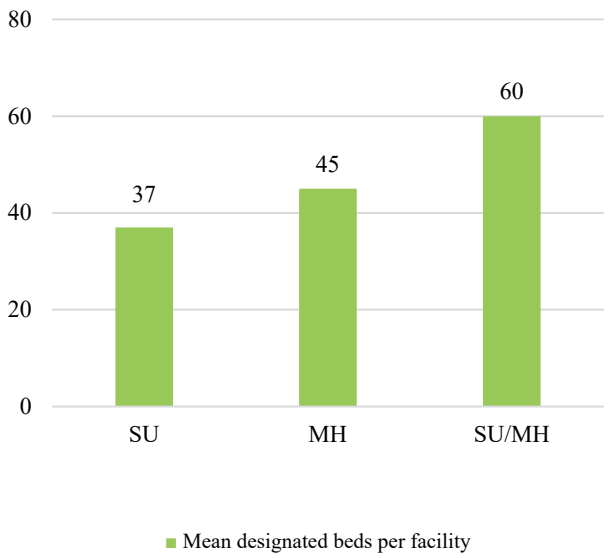
Figure 2.4: Utilization Rate and Treatment Capacity, 2023 N-SUMHSS

Utilization Rates[2,4,6]



SU facilities had a total of 114,000 designated beds (DBs), MH facilities had a total of 88,893 beds, and SU/MH facilities had a total of 30,094 beds. Designated bed utilization rates for SU, MH and SU/MH facilities are 96%, 104% and 122%, respectively.

Mean DBs Per Facility[2,4,13]



The mean DBs per facility is 37 for SU facilities, 45 for MH facilities, and 60 for SU/MH facilities.

Section 3. Use of Pharmacotherapies

This section provides data on the use of pharmacotherapies (or medications) by SU facilities and MH facilities in 2023. Since medications used for SU treatment vary from those used for MH treatment, data are presented separately. Accordingly, data from SU/MH facilities are not presented in this section.

Key Takeaways

- Approximately 74% of SU facilities offered pharmacotherapies as part of their treatment services.
- Among SU facilities, approximately 59% reported using medications for opioid use disorder (MOUD) and approximately 46% reported using medications for alcohol use disorder (MAUD).
- Haloperidol (41%) and Risperidone (46%) were among the top first- and second-generation antipsychotics used by MH facilities for treating serious mental illness (SMI).

Table 3-1 provides data on the use of pharmacotherapies offered by SU facilities in 2023. Approximately three-quarters of SU facilities (73.5%) offered pharmacotherapies as part of their treatment services. Among SU facilities, 59.4% provided MOUD and 46.2% provided MAUD.

Table 3-1: Use of Pharmacotherapies in Substance Use Treatment Facilities, 2023 N-SUMHSS

Pharmacotherapy Usage	Counts	Percentages[14]
	2023	
Facilities using any pharmacotherapy	10,746	73.5
Facilities providing MOUD[15]	8,690	59.4
Facilities providing MAUD[16]	6,749	46.2
Facilities using pharmacotherapies for tobacco cessation[17]	6,482	44.3

Table 3-2 provides data on the top 5 first-generation antipsychotics (FGAs) and second-generation antipsychotics (SGAs) used by MH facilities for treating SMI in 2023. The percentage of MH facilities that reported using at least one of the top 5 FGAs for treating SMI ranged from 19.5% to 40.5%. Haloperidol and Chlorpromazine were among the most used FGAs (40.5% and 29.8%, respectively). The percentage of MH facilities that reported using at least one of the top 5 second-generation antipsychotics for treating SMI ranged from 38.3% to 46.2%. Risperidone and Olanzapine were among the most used SGAs (46.2% and 42.3% respectively).

Table 3-2: Top 5 First- and Second-Generation Antipsychotics Used for Treating Serious Mental Illness in Mental Health Treatment Facilities, 2023 N-SUMHSS

Antipsychotics	Reported Using[18]		Reported Don't Know[19,20]	
2023	Counts	Percentages	Counts	Percentages
First-Generation				
Haloperidol	3,994	40.5	1,869	19.0
Chlorpromazine	2,942	29.8	2,270	23.0
Fluphenazine	2,859	29.0	2,302	23.4
Perphenazine	2,293	23.3	2,565	26.0
Loxapine	1,925	19.5	2,545	25.8
Second-Generation				
Risperidone	4,550	46.2	1,787	18.1
Olanzapine	4,165	42.3	2,034	20.6
Aripiprazole	4,081	41.4	2,148	21.8
Quetiapine	4,039	41.0	2,114	21.4
Clozapine	3,777	38.3	2,020	20.5

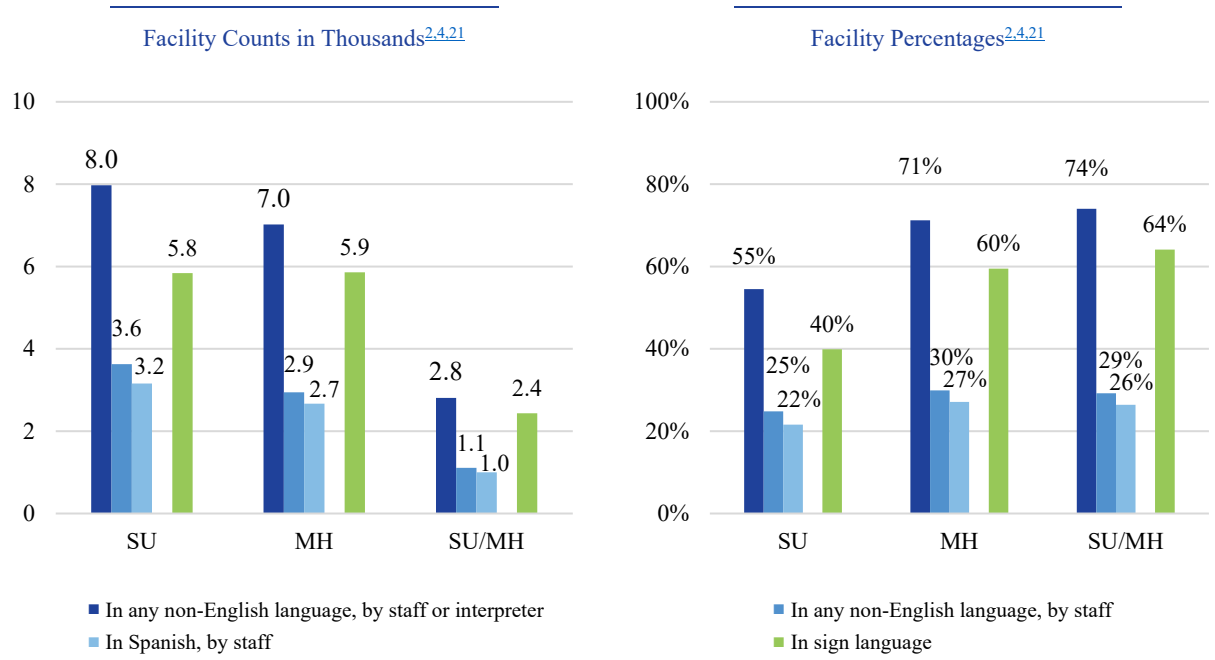
Section 4. Language Assistance Provided

This section provides data on language assistance provided by SU, MH, and SU/MH treatment facilities in 2023.

Key Takeaways

- Services in languages other than English by staff counselor or on-call interpreter were provided by 55% of SU facilities, 71% of MH facilities, and 74% of SU/MH facilities.
- Services in sign language were provided by 40% of SU facilities, 60% of MH facilities, and 64% of SU/MH facilities.

Figure 4.1: Language Assistance Provided by Facility Type, 2023 N-SUMHSS



Fifty-five percent (55%) of SU facilities, 71% of MH facilities, and 74% of SU/MH facilities provided services in languages other than English through staff or an on-call interpreter. Forty percent (40%) of SU facilities, 60% of MH facilities, and 64% of SU/MH facilities provided services in sign language.

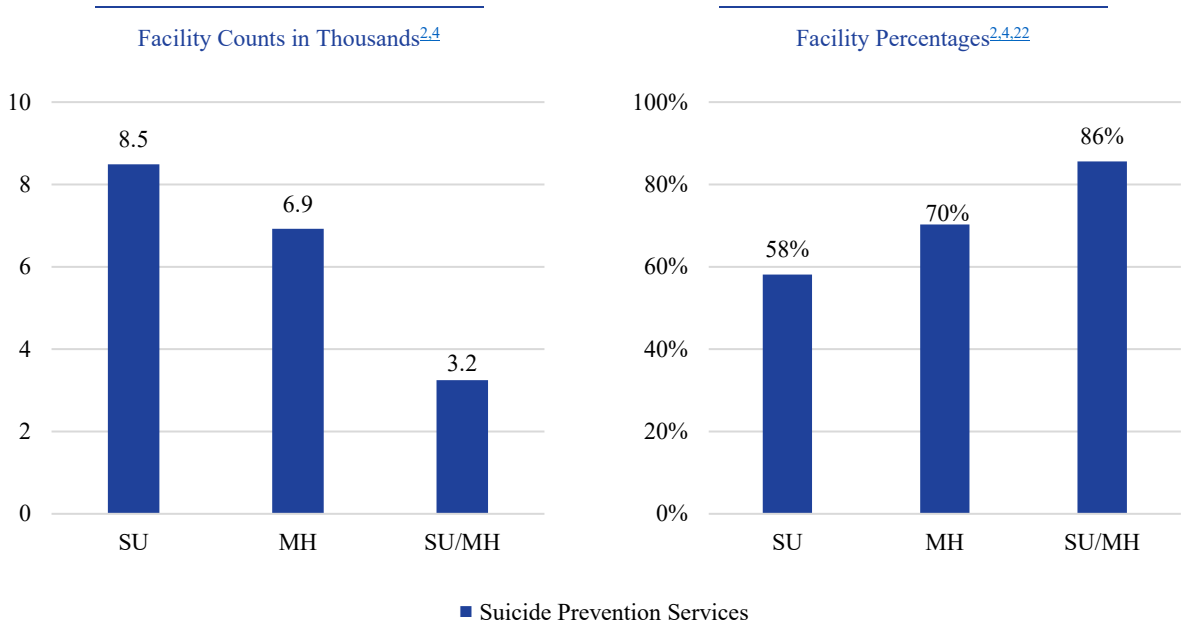
Section 5. Suicide Prevention Services

This section provides data on suicide prevention services provided by SU, MH, and SU/MH treatment facilities in 2023.

Key Takeaways

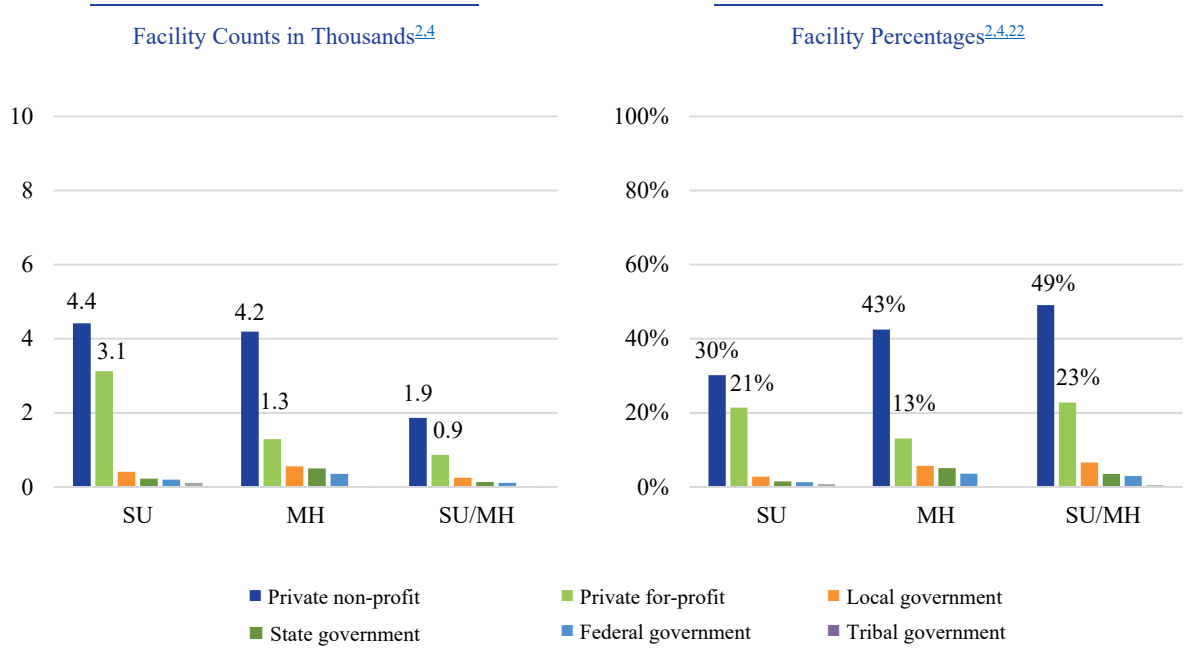
- Suicide prevention services were offered at 58% of SU facilities, 70% of MH facilities, and 86% of SU/MH facilities.
- Private organizations providing suicide prevention services accounted for 52% of SU facilities, 56% of MH facilities, and 72% of SU/MH facilities.
- Suicide prevention services were offered as outpatient care among 48% of SU facilities, 60% of MH facilities, and 81% of SU/MH facilities.

Figure 5.1: Suicide Prevention Services by Facility Type, 2023 N-SUMHSS



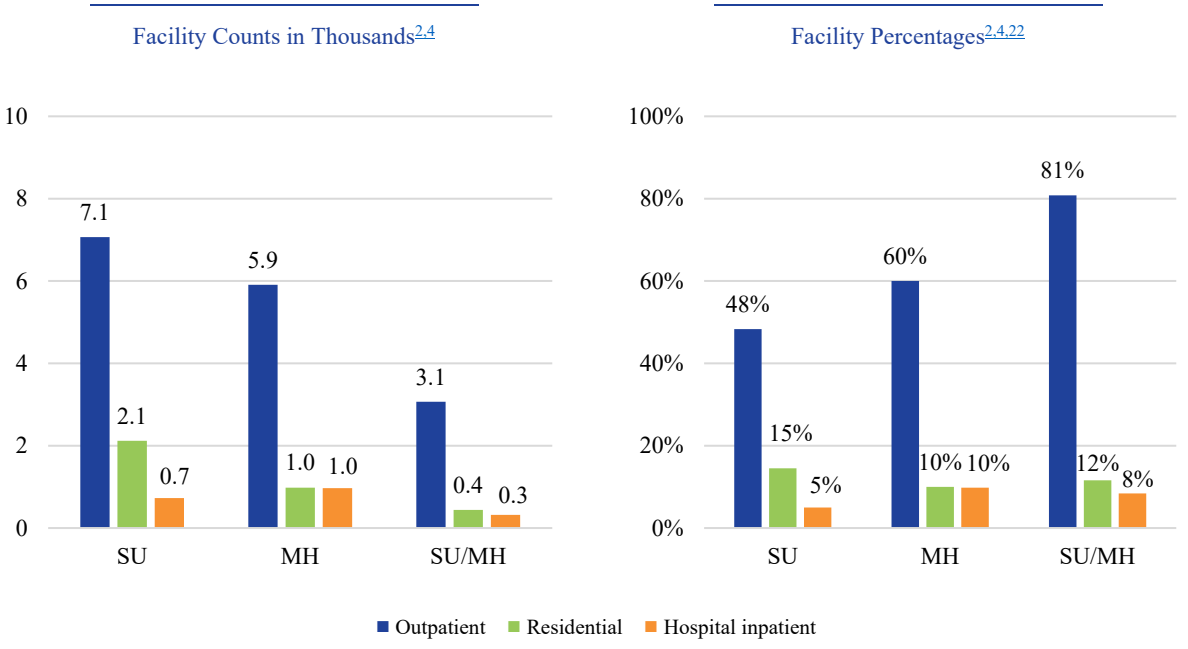
Suicide prevention services were provided by 58% of SU facilities, 70% of MH facilities, and 86% of SU/MH facilities.

Figure 5.2: Suicide Prevention Services by Facility Operation Type, 2023 N-SUMHSS



Thirty percent (30%) of SU facilities providing suicide prevention services were private non-profit organizations, compared to 43% of MH facilities and 49% of SU/MH facilities. Twenty-one percent (21%) of SU facilities offering suicide prevention services were private for-profit organizations, compared to 13% of MH facilities and 23% of SU/MH facilities.

Figure 5.3: Suicide Prevention Services by Type of Care, 2023 N-SUMHSS



Across facility types, suicide prevention services were most frequently provided in an outpatient setting. Forty-eight percent (48%) of all SU facilities, 60% of all MH facilities, and 81% of all SU/MH facilities provided outpatient suicide prevention services.

Endnotes

1. The 2023 N-SUMHSS was a voluntary facility survey that collected data from SU and MH treatment facilities across 50 states, 7 territories, and the District of Columbia. The territories included American Samoa, the Commonwealth of the Northern Mariana Islands, the Federated States of Micronesia, Guam, the Republic of Palau, Puerto Rico, and the U.S. Virgin Islands. In 2023, the Federated States of Micronesia did not have any eligible facilities.

2. Facility counts and percentages are not mutually exclusive because facilities offering both SU and MH treatment services are included in SU and MH facility counts. Since the overall facility counts vary (i.e., SU = 14,620, MH = 9,856, and SU/MH = 3,795), readers should use both counts and percentages when interpreting the findings on SU, MH, and SU/MH facility characteristics. Caution should be exercised when adding, comparing, and interpreting findings across facility types.

3. A total of 20,681 unique facilities were included in this report: facilities providing only SU treatment sevices = 14,620 – 3,795 = 10,825; facilities providing only MH treatment services = 9,856 – 3,795 = 6,061; and facilities providing both SU and MH treatment facilities = 3,795.

4. Definitions of SU, MH, and SU/MH include: SU – Facilities providing substance use services, MH – Facilities providing mental health services, SU/MH – Facilities providing substance use and mental health services.

5. The graph associated with this characteristic depicts percentages that are rounded to the whole number; however, the unrounded percentages are listed in Appendix A.

6. The utilization rate is calculated for facilities reporting designated beds (i.e., only inpatient and residential services) and is defined as the total number of clients over the total number of designated beds. Total number of designated beds is the sum of inpatient and residential beds reported by facilities as of March 31, 2023. The utilization rate can exceed 100% if the number of clients exceed the number of designated beds. Facilities with utilization rates greater than 100% use other beds not designated for SU or MH treatment to meet client demand.

7. Eligibility criteria can be found in the Inclusion and Exclusion Criteria and Guidelines for Substance Use and Mental Health Facilities section in Appendix B.

8. Excluded from the report are non-respondents, facilities whose client counts were included or rolled into other facility counts (i.e., roll-ups), and facilities that did not meet the SU and MH guidelines (i.e., halfway houses).

9. The American Association for Public Opinion Research (AAPOR) Response Rate 4 (RR4) is the proportion of completed and partially completed surveys divided by the total number of eligible cases in the sample. The total number of eligible cases is comprised of completes and partials as well as eligible, non-completed surveys and estimated eligible non-respondents. For more details on the 2023 N-SUMHSS response rate calculations, please refer to Appendix B.

10. Excluded from the figure and tables were 15 SU facilities, 10 MH Facilities, and 1 SU/MH facility with unknown or missing data.

11. Excluded from the figure and tables were 44 MH facilities with unknown or missing data.

12. The N-SUMHSS does not operationally define adolescents, young adults, and older adults age categories for SU facilities. Rather, age categories are defined by individual facilities. For mental health facilities,

these age groups are explicitly defined as adolescents (ages 13–17), young adults (ages 18–25), and older adults (ages 65+). Therefore, caution should be exercised when interpreting findings, as SU facilities may define these age groups differently. For example, some facilities define 18-year-olds as adolescents while some identify them as young adults.

13. Mean beds per facilities is calculated by dividing the total number of beds by the total number of facilities with one or more beds within each SU, MH, and SU/MH facility type.

14. Percent of all SU treatment facilities included in the report (N=14,620). Percentages may exceed 100% as some facilities offer multiple pharmacotherapies for SU treatment.

15. Includes facilities that report providing methadone, buprenorphine, or injectable naltrexone for opioid use disorder (OUD). Methadone is only available at opioid treatment programs (OTPs) certified by SAMHSA's Center for Substance Abuse Treatment (CSAT). Excludes facilities that report accepting clients using MOUD prescribed by another facility.

16. Includes facilities that report providing disulfiram, naltrexone, or acamprosate for alcohol use disorder (AUD). Excludes facilities that report accepting clients using MAUD prescribed by another facility.

17. Includes facilities that report providing nicotine replacement pharmacotherapies or non-nicotine smoking/tobacco cessation medications.

18. Percent of all mental health treatment facilities included in the report (N=9,856). Percentages may exceed 100% as facilities may report using more than one antipsychotic drug.

19. Counts and percentages of facilities reporting 'Don't Know' on use of specific antipsychotics. For example, 19% of facilities reported 'Don't Know' on whether they used Haloperidol for treating serious mental illness.

20. Many facilities reported not knowing whether they have used these antipsychotics, therefore, caution should be exercised when interpreting these counts and percentages.

21. Response categories "In any non-English language, by staff" and "In Spanish, by staff" are a subset of "In any non-English language, by staff or interpreter," and are therefore grouped together for presentation purposes.

22. Percentages based on total facility count within each facility type. For example, SU facility percentages are calculated using total SU facilities (N=14,620).

Appendix A. Data Tables Corresponding to Figures Included in the Report

This section provides the tables associated with the figures included in Sections 1–5 of this report. Data from the prior year are included in Tables A-2 through A-11. For each table included here, the corresponding figure number is included in parentheses.

Table A-1: Response Rates by State, Territory, and the District of Columbia, 2023 N-SUMHSS (Figure 1.2)

SAMHSA Region	State/ Territory	Rate[1]	SAMHSA Region	State/ Territory	Rate[1]	SAMHSA Region	State/ Territory	Rate[1]
Overall Response Rate = 84.9%								
4	Alabama (AL)	84.2%	4	Kentucky (KY)	87.0%	6	Oklahoma (OK)	86.3%
10	Alaska (AK)	86.9%	6	Louisiana (LA)	84.6%	10	Oregon (OR)	82.8%
9	American Samoa (AS)	0.0%	1	Maine (ME)	77.7%	3	Pennsylvania (PA)	91.1%
9	Arizona (AZ)	82.6%	3	Maryland (MD)	64.7%	2	Puerto Rico (PR)	77.1%
6	Arkansas (AR)	81.3%	1	Massachusetts (MA)	84.0%	9	Republic of Palau (PW)	0.0%
9	California (CA)	85.3%	5	Michigan (MI)	86.3%	1	Rhode Island (RI)	88.3%
8	Colorado (CO)	84.6%	5	Minnesota (MN)	89.2%	4	South Carolina (SC)	88.9%
1	Connecticut (CT)	89.7%	4	Mississippi (MS)	87.0%	8	South Dakota (SD)	87.8%
3	Delaware (DE)	84.4%	7	Missouri (MO)	89.1%	4	Tennessee (TN)	87.0%
3	District of Columbia (DC)	76.6%	8	Montana (MT)	83.2%	6	Texas (TX)	84.1%
9	Fed. States of Micronesia (FM)[2]	-	7	Nebraska (NE)	86.5%	8	Utah (UT)	94.4%
4	Florida (FL)	81.7%	9	Nevada (NV)	80.4%	1	Vermont (VE)	89.1%
4	Georgia (GA)	82.3%	1	New Hampshire (NH)	85.4%	2	U.S. Virgin Islands (VI)	40.0%
9	Guam (GU)	80.0%	2	New Jersey (NJ)	85.5%	3	Virginia (VA)	81.8%
9	Hawaii (HI)	95.1%	6	New Mexico (NM)	86.5%	10	Washington (WA)	79.0%
10	Idaho (ID)	83.1%	2	New York (NY)	87.6%	3	West Virginia (WV)	91.3%
5	Illinois (IL)	89.8%	4	North Carolina (NC)	81.1%	5	Wisconsin (WI)	87.4%
5	Indiana (IN)	89.5%	8	North Dakota (ND)	86.6%	8	Wyoming (WY)	89.6%
7	Iowa (IA)	86.2%	9	No. Mariana Islands (MP)	100.0%			
7	Kansas (KS)	90.2%	5	Ohio (OH)	89.2%			

[1] Calculated using the American Association for Public Opinion Research (AAPOR) Response Rate 4 (RR4) definition, which is the proportion of completed and partially completed surveys divided by the total number of eligible cases in the sample. The total number of eligible cases is comprised of completes and partials as well as eligible, non-completed surveys and estimated eligible non-respondents. For more details on the 2023 N-SUMHSS response rate calculations, please refer to Appendix B.

[2] The Federated States of Micronesia did not have any eligible facilities in 2023.

SOURCE: Center for Behavioral Health Statistics and Quality (CBHSQ), Substance Abuse and Mental Health Services Administration (SAMHSA), National Substance Use and Mental Health Services Survey (N-SUMHSS) 2023.

Table A-2: Substance Use and Mental Health Treatment Facilities by Operation Type, 2023 N-SUMHSS (Figure 2.1)

	SU Facilities[1,2]		MH Facilities[1,2]		Combined SU and MH Facilities[1,2]	
2023	**N**	**%[2] (N=14,620)**	**N**	**%[2] (N=9,856)**	**N**	**%[2] (N=3,795)**
Private for-profit	6,393	43.7	2,295	23.3	1,133	29.9
Private non-profit	6,962	47.6	5,876	59.6	2,126	56.0
State government	298	2.0	591	6.0	136	3.6
Local, county, or community government	566	3.9	691	7.0	263	6.9
Tribal government	171	1.2	29	0.3	22	0.6
Federal government	215	1.5	364	3.7	114	3.0
U.S. Department of Veterans Affairs	158	1.1	353	3.6	108	2.8
U.S. Department of Defense	23	0.2	1	0.0	1	0.0
Indian Health Service	16	0.1	4	0.0	1	0.0
Other[3]	17	0.1	6	0.1	4	0.1
2022	**N**	**%[4] (N=14,854)**	**N**	**%[4] (N=9,586)**	**N**	**%[4] (N=3,280)**
Private for-profit	6,311	42.5	1,834	19.1	755	23.0
Private non-profit	7,170	48.3	5,966	62.2	1,993	60.8
State government	297	2.0	605	6.3	126	3.8
Local, county, or community government	598	4.0	721	7.5	251	7.7
Tribal government	210	1.4	27	0.3	23	0.7
Federal government	252	1.7	418	4.4	127	3.9
U.S. Department of Veterans Affairs	184	1.2	410	4.3	124	3.8
U.S. Department of Defense	40	0.3	1	0.0	1	0.0
Indian Health Service	17	0.1	4	0.0	1	0.0
Other[3]	8	0.1	3	0.0	1	0.0

[1] Facility counts and percentages are not mutually exclusive because facilities offering both SU and MH treatment services are included in SU and MH facility counts. Therefore, caution should be exercised when adding, comparing, or interpreting counts and percentages across facility types.

[2] Excluded from the table were 15 SU facilities, 10 MH facilities, and 1 SU/MH facility with unknown or missing data.

[3] Examples of other federal government agencies include the Substance Abuse and Mental Health Services Administration (SAMHSA), the Health Resources and Services Administration (HRSA), and the U.S. Department of Health and Human Services (HHS).

[4] Excluded from the tables were 16 SU facilities, 15 MH facilities, and 5 SU/MH facility with unknown or missing data.

SOURCE: Center for Behavioral Health Statistics and Quality (CBHSQ), Substance Abuse and Mental Health Services Administration (SAMHSA), National Substance Use and Mental Health Services Survey (N-SUMHSS) 2023.

Table A-3: Substance Use and Mental Health Treatment Facilities by Type of Care, 2023 N-SUMHSS (Figure 2.2)

	SU Facilities[1]		MH Facilities[1]		Combined SU and MH Facilities[1]	
2023	**N**	**% (N=14,620)**	**N**	**%[2] (N=9,856)**	**N**	**% (N=3,795)**
Hospital inpatient	1,068	7.3	1,184	12.0	336	8.9
Residential	3,503	24.0	1,611	16.3	506	13.3
Outpatient	12,166	83.2	8,270	83.9	3,589	94.6
2022	**N**	**% (N=14,854)**	**N**	**%[3] (N=9,586)**	**N**	**% (N=3,280)**
Hospital inpatient	1,111	7.5	1,305	13.6	360	11.0
Residential	3,587	24.1	1,713	17.9	482	14.7
Outpatient	12,308	82.9	7,785	81.2	3,078	93.8

[1] Facility counts and percentages are not mutually exclusive because facilities offering both SU and MH treatment services are included in SU and MH facility counts. Therefore, caution should be exercised when adding, comparing, or interpreting counts and percentages across facility types.

[2] Excluded from the table were 44 MH facilities with unknown or missing data.

[3] Excluded from the table were 75 MH facilities with unknown or missing data.

SOURCE: Center for Behavioral Health Statistics and Quality (CBHSQ), Substance Abuse and Mental Health Services Administration (SAMHSA), National Substance Use and Mental Health Services Survey (N-SUMHSS) 2023.

Table A-4: Facilities Offering Tailored Program for Specific Groups, 2023 N-SUMHSS (Figure 2.3)

	SU Facilities[1]		MH Facilities[1]		Combined SU and MH Facilities[1]	
2023	**N**	**% (N=14,620)**	**N**	**%[2] (N=9,856)**	**N**	**% (N=3,795)**
Adolescents[2]	3,618	24.7	3,760	38.1	1,949	51.4
Young adults[2]	5,716	39.1	3,554	36.1	2,009	52.9
Older adults[2]	5,308	36.3	3,391	34.4	1,792	47.2
LGBTQ	5,509	37.7	3,552	36.0	1,810	47.7
Clients with HIV or AIDS	4,494	30.7	1,663	16.9	1,299	34.2
Veterans	4,965	34.0	2,434	24.7	1,542	40.6
Active-duty military	3,307	22.6	1,408	14.3	1,129	29.7
2022	**N**	**% (N=14,854)**	**N**	**%[2] (N=9,586)**	**N**	**% (N=3,280)**
Adolescents[2]	3,521	23.7	3,624	37.8	1,572	47.9
Young adults[2]	5,446	36.7	3,133	32.7	1,517	46.3
Older adults[2]	4,755	32.0	3,035	31.7	1,292	39.4
LGBTQ	4,975	33.5	3,161	33.0	1,330	40.5
Clients with HIV or AIDS	4,117	27.7	1,415	14.8	899	27.4
Veterans	4,569	30.8	2,156	22.5	1,144	34.9
Active-duty military	2,923	19.7	1,112	11.6	759	23.1

[1] Facility counts and percentages are not mutually exclusive because facilities offering both SU and MH treatment services are included in SU and MH facility counts. Therefore, caution should be exercised when adding, comparing, or interpreting counts and percentages across facility types.

[2] Data on age category as selected by facilities. Please note that the N-SUMHSS does not operationally define adolescents, young adults, and older adults for SU facilities. For MH facilities, these age groups are explicitly defined as adolescents (ages 13–17), young adults (ages 18–25), and older adults (ages 65+). Therefore, caution should be exercised when interpreting findings, as SU facilities may define these age groups differently. For example, some facilities define 18-year-olds as adolescents while some identify them as young adults.

SOURCE: Center for Behavioral Health Statistics and Quality (CBHSQ), Substance Abuse and Mental Health Services Administration (SAMHSA), National Substance Use and Mental Health Services Survey (N-SUMHSS) 2023.

Table A-5: Utilization Rate and Treatment Capacity, 2023 N-SUMHSS (Figure 2.4)

	SU Facilities[1]	MH Facilities[1]	Combined SU and MH Facilities[1]
2023			
Number of designated beds	114,000	88,893	30,094
Overall utilization rate (%)[2]	96	104	122
Mean designated beds per facility[3]	37	45	60
2022			
Number of designated beds	111,083	95,006	29,664
Overall utilization rate (%)[2]	97	127	146
Mean designated beds per facility[3]	37	46	60

[1] Facility counts and percentages are not mutually exclusive because facilities offering both SU and MH treatment services are included in SU and MH facility counts. Therefore, caution should be exercised when adding, comparing, or interpreting counts and percentages across facility types.

[2] The utilization rate is calculated for facilities reporting designated beds (i.e., only inpatient and residential services) and is defined as the total number of clients over the total number of designated beds available. Total number of designated beds are the sum of available inpatient and residential beds reported by facilities as of March 31, 2023. The utilization rate can exceed 100% if the number of clients exceed the number of designated beds. Facilities with utilization rates greater than 100% use other beds not designated for SU or MH treatment to meet client demand.

[3] The mean for designated beds per facility is calculated by dividing the total number of beds with the total number of facilities reporting one or more beds within each facility type.

SOURCE: Center for Behavioral Health Statistics and Quality (CBHSQ), Substance Abuse and Mental Health Services Administration (SAMHSA), National Substance Use and Mental Health Services Survey (N-SUMHSS) 2023.

Table A-6: Use of Pharmacotherapies in Substance Use Treatment Facilities, 2022 N-SUMHSS

Pharmacotherapy Usage	Counts	Percentages[1]
	2022	
Facilities using any pharmacotherapy	10,627	71.5
Facilities providing MOUD[2]	8,468	57.0
Facilities providing MAUD[3]	6,221	41.9
Facilities using pharmacotherapies for tobacco cessation[4]	6,225	41.9

[1] Percentage of all SU treatment facilities included in the report (N=14,854). Percentages may exceed 100% as some facilities offer multiple pharmacotherapies for SU treatment.

[2] Includes facilities that report providing methadone, buprenorphine, or injectable naltrexone for opioid use disorder (OUD). Methadone is only available at opioid treatment programs (OTPs) certified by SAMHSA's Center for Substance Abuse Treatment (CSAT). Excludes facilities that report accepting clients using MOUD prescribed by another facility.

[3] Includes facilities that report providing disulfiram, naltrexone, or acamprosate for alcohol use disorder (AUD). Excludes facilities that report accepting clients using MAUD prescribed by another facility.

[4] Includes facilities that report providing nicotine replacement pharmacotherapies or non-nicotine smoking/tobacco cessation medications.

SOURCE: Center for Behavioral Health Statistics and Quality (CBHSQ), Substance Abuse and Mental Health Services Administration (SAMHSA), National Substance Use and Mental Health Services Survey (N-SUMHSS) 2023.

Table A-7: Top 5 First- and Second-Generation Antipsychotics Used for Treating Serious Mental Illness in Mental Health Treatment Facilities, 2022 N-SUMHSS

Antipsychotics	Reported Using[1]		Reported Don't Know[2,3]	
2022	Counts	Percentages	Counts	Percentages
First-Generation				
Haloperidol	4,031	42.1	1,751	18.3
Fluphenazine	2,961	30.9	2,184	22.8
Chlorpromazine	2,939	30.7	2,151	22.4
Perphenazine	2,424	25.3	2,372	24.7
Loxapine	1,983	20.7	2,410	25.1
Second-Generation				
Risperidone	4,488	46.8	1,651	17.2
Olanzapine	4,093	42.7	1,913	20.0
Aripiprazole	3,987	41.6	2,039	21.3
Quetiapine	3,949	41.2	1,971	20.6
Clozapine	3,712	38.7	1,898	19.8

[1] Percent of all mental health treatment facilities included in the report (N=9,856). Percentages may exceed 100% as facilities may report using more than one antipsychotic drug.

[2] Counts and percentages of facilities reporting 'Don't Know' on use of specific antipsychotics. For example, 19% of facilities reported 'Don't Know' on whether they used Haloperidol for treating serious mental illness.

[3] Many facilities reported not knowing whether they have used these antipsychotics, therefore, caution should be exercised when interpreting these counts and percentages.

SOURCE: Center for Behavioral Health Statistics and Quality (CBHSQ), Substance Abuse and Mental Health Services Administration (SAMHSA), National Substance Use and Mental Health Services Survey (N-SUMHSS) 2023.

Table A-8: Language Assistance by Facility Type, 2023 N-SUMHSS (Figure 4.1)

	SU Facilities[1]		MH Facilities[1]		Combined SU and MH Facilities[1]	
2023	**N**	**%[2] (N=14,620)**	**N**	**%[2] (N=9,856)**	**N**	**%[2] (N=3,795)**
Services other than in English (staff or interpreter)	7,974	54.5	7,021	71.2	2,808	74.0
Provided by staff	3,628	24.8	2,943	29.9	1,110	29.2
Spanish services provided by staff	3,157	21.6	2,670	27.1	1,001	26.4
Sign language services	5,839	39.9	5,860	59.5	2,433	64.1
2022	**N**	**%[2] (N=14,854)**	**N**	**%[2] (N=9,586)**	**N**	**%[2] (N=3,280)**
Services other than in English (staff or interpreter)	7,987	53.8	6,981	72.8	2,552	77.8
Provided by staff	3,661	24.6	2,941	30.7	941	28.7
Spanish services provided by staff	3,211	21.6	2,664	27.8	838	25.5
Sign language services	5,724	38.5	5,864	61.2	2,290	69.8

[1] Facility counts and percentages are not mutually exclusive because facilities offering both SU and MH treatment services are included in SU and MH facility counts. Therefore, caution should be exercised when adding, comparing, or interpreting counts and percentages across facility types.

[2] Percentages based on total facility count within each facility type. For example, SU facility percentages are calculated using total SU facilities (N=14,620) as the denominator and so forth.

SOURCE: Center for Behavioral Health Statistics and Quality (CBHSQ), Substance Abuse and Mental Health Services Administration (SAMHSA), National Substance Use and Mental Health Services Survey (N-SUMHSS) 2023.2023

Table A-9: Suicide Prevention Services by Facility Type, 2023 N-SUMHSS (Figure 5.1)

Year	SU Facilities[1]		MH Facilities[1]		Combined SU and MH Facilities[1]	
2023	**N**	**%[2] (N=14,620)**	**N**	**%[2] (N=9,856)**	**N**	**%[2] (N=3,795)**
	8,490	58.1	6,924	70.3	3,247	85.6
2022	**N**	**%[2] (N=14,854)**	**N**	**%[2] (N=9,586)**	**N**	**%[2] (N=3,280)**
	7,854	52.9	6,646	69.3	2,824	86.1

[1] Facility counts and percentages are not mutually exclusive because facilities offering both SU and MH treatment services are included in SU and MH facility counts. Therefore, caution should be exercised when adding, comparing, or interpreting counts and percentages across facility types.

[2] Percentages based on total facility count within each facility type. For example, SU facility percentages are calculated using total SU facilities (N=14,620) as the denominator and so forth.

SOURCE: Center for Behavioral Health Statistics and Quality (CBHSQ), Substance Abuse and Mental Health Services Administration (SAMHSA), National Substance Use and Mental Health Services Survey (N-SUMHSS) 2023.

Table A-10: Suicide Prevention Services by Facility Operation and Type, 2023 N-SUMHSS (Figure 5.2)

	SU Facilities[1]		MH Facilities[1]		Combined SU and MH Facilities[1]	
2023	**N**	**%[2] (N=14,620)**	**N**	**%[2] (N=9,856)**	**N**	**%[2] (N=3,795)**
Private for-profit	3,126	21.4	1,290	13.1	866	22.8
Private non-profit	4,416	30.2	4,193	42.5	1,865	49.1
State government	223	1.5	502	5.1	133	3.5
Local, county, or community government	410	2.8	558	5.7	251	6.6
Tribal government	113	0.8	24	0.2	18	0.5
Federal government	197	1.3	353	3.6	114	3.0
2022	**N**	**%[2] (N=14,854)**	**N**	**%[2] (N=9,586)**	**N**	**%[2] (N=3,280)**
Private for-profit	2,890	19.5	1,046	10.9	619	18.9
Private non-profit	4,026	27.1	4,120	43.0	1,707	52.0
State government	199	1.3	500	5.2	119	3.6
Local, county, or community government	390	2.6	555	5.8	234	7.1
Tribal government	123	0.8	21	0.2	18	0.5
Federal government	225	1.5	402	4.2	127	3.9

[1] Facility counts and percentages are not mutually exclusive because facilities offering both SU and MH treatment services are included in SU and MH facility counts. Therefore, caution should be exercised when adding, comparing, or interpreting counts and percentages across facility types.

[2] Percentages based on total facility count within each facility type. For example, SU facility percentages are calculated using total SU facilities (N=14,620) as the denominator and so forth.

SOURCE: Center for Behavioral Health Statistics and Quality (CBHSQ), Substance Abuse and Mental Health Services Administration (SAMHSA), National Substance Use and Mental Health Services Survey (N-SUMHSS) 2023.

Table A-11: Suicide Prevention Services by Type of Care and Facility Type, 2023 N-SUMHSS (Figure 5.3)

	SU Facilities[1]		MH Facilities[1]		Combined SU and MH Facilities[1]	
2023	**N**	**%[2] (N=14,620)**	**N**	**%[2] (N=9,856)**	**N**	**%[2] (N=3,795)**
Hospital inpatient	728	5.0	968	9.8	318	8.4
Residential	2,120	14.5	981	10.0	442	11.6
Outpatient	7,065	48.3	5,910	60.0	3,066	80.8
2022	**N**	**%[2] (N=14,854)**	**N**	**%[2] (N=9,586)**	**N**	**%[2] (N=3,280)**
Hospital inpatient	699	4.7	1,035	10.8	335	10.2
Residential	2,022	13.6	1,021	10.7	433	13.2
Outpatient	6,509	43.8	5,533	57.7	2,653	80.9

[1] Facility counts and percentages are not mutually exclusive because facilities offering both SU and MH treatment services are included in SU and MH facility counts. Therefore, caution should be exercised when adding, comparing, or interpreting counts and percentages across facility types.

[2] Percentages based on total facility count within each facility type. For example, SU facility percentages are calculated using total SU facilities (N=14,620) as the denominator and so forth.

SOURCE: Center for Behavioral Health Statistics and Quality (CBHSQ), Substance Abuse and Mental Health Services Administration (SAMHSA), National Substance Use and Mental Health Services Survey (N-SUMHSS) 2023.

Appendix B. N-SUMHSS Background and Methodology

1. Introduction

For more than two decades, the Substance Abuse and Mental Health Services Administration (SAMHSA) has been collecting data on the substance use (SU) and mental health (MH) services offered by treatment facilities in the United States and its territories[1] using two surveys – the National Survey of Substance Abuse Treatment Services (N-SSATS) and the National Mental Health Services Survey (N-MHSS). In 2021, the N-SSATS and the N-MHSS were combined into one survey – the National Substance Use and Mental Health Services Survey (N-SUMHSS).

The Center for Behavioral Health Statistics and Quality (CBHSQ) at SAMHSA plans and directs the N-SUMHSS. The N-SUMHSS provides a mechanism to quantify the diverse characteristics and composition of SU and MH treatment delivery systems nationwide. The N-SUMHSS collects data on the location, characteristics, and utilization of SU and MH treatment facilities in the United States.

The N-SUMHSS collects multi-purpose data that can be used to:

- Assist SAMHSA, states, and local governments in assessing the nature and scope of services provided in state-supported, state-operated, private non-profit and for-profit SU and MH treatment facilities, and in forecasting SU and MH treatment resource requirements.
- Conduct comparative analyses on treatment provision across the nation, regions, and states. SAMHSA updates and releases N-SUMHSS Annual Reports, Detailed Tables, and State Profiles on an annual basis.[2]
- Update SAMHSA's Inventory of Substance Use and Mental Health Treatment Facilities (I-TF), an inventory of all SU and MH treatment facilities in the United States and its territories known to SAMHSA.
- Generate the National Directory of Drug and Alcohol Use Treatment Facilities and the National Directory of Mental Health Treatment Facilities (hereinafter referred to as the "National Directories"). Both National Directories are updated and released to the public on an annual basis.
- Update facility services information published on SAMHSA's FindTreatment.gov, a comprehensive resource and searchable database of public and private facilities for the provision of SU and MH treatment.[3]

2. Survey Universe and Coverage

The I-TF is an electronic national inventory of behavioral health facilities maintained by SAMHSA. It contains all SU and MH facilities in the United States and its territories known to SAMHSA. The I-TF is the list frame for the N-SUMHSS. All active and eligible facilities listed in I-TF are contacted to complete the annual N-SUMHSS.[4]

The I-TF contained 29,113 unique behavioral health facilities in the United States and its territories, of which 3,965 unique facilities were found to be either closed or ineligible for the N-SUMHSS. Out of 25,148 facilities eligible for inclusion in the 2023 N-SUMHSS, 17,561 facilities provided SU treatment (SU facilities), 12,012 facilities provided MH treatment (MH facilities), and 4,425 facilities provided both SU and MH treatment (SU/MH facilities).[5]

[1] In the 2023 N-SUMHSS, territories included American Samoa, the Commonwealth of the Northern Mariana Islands, the Federated States of Micronesia, Guam, the Republic of Palau, Puerto Rico, and the U.S. Virgin Islands. In 2023, the Federated States of Micronesia did not have any eligible facilities.
[2] To view these reports, please go to https://www.samhsa.gov/data/data-we-collect/n-sumhss-national-substance-use-and-mental-health-services-survey
[3] For facility eligibility to be listed on FindTreatment.gov, please see the FindTreatment.gov Eligibility section below.
[4] The inclusion and exclusion criteria for the subset of facilities contacted are listed in the Survey Inclusion and Exclusion Criteria (Section 2.2) in this report.
[5] Facility counts are not mutually exclusive because facilities offering both SU and MH treatment services are included in SU and MH treatment facility counts. Therefore, caution should be exercised when adding, comparing, or interpreting counts and percentages across facility types.

2.1. Survey Frame List and Updates

The I-TF contains basic information about each facility, such as name, location address, mailing address, telephone number, director name, and general services offered. Keeping the I-TF facility list updated is of critical importance to improve survey coverage. SAMHSA utilizes comprehensive sources and undertakes major activities to ensure a complete and accurate inventory of behavioral health treatment facilities:

- *Facility List Updated Through States*: Information about new facilities, closed facilities, and changes in facility information in the I-TF is provided primarily by the Single State Agencies (SSAs) and the State Mental Health Agencies (SMHAs). State Representatives designated by the SSAs and SMHAs review, add, and/or update the facility list and information for their states in the I-TF system as they identify, license, certify/decertify facilities, and learn of facilities that no longer provide SU and/or MH treatment services, have physically closed or moved to a different location.
- *Facility List Updated Through the N-SUMHSS:* N-SUMHSS respondents are asked to report all the treatment facilities in their administrative networks when responding to the survey. Facilities identified by the N-SUMHSS respondents are compared against the existing I-TF facility list. Facilities that are determined not to currently exist in the I-TF are added to the I-TF.
- *Facility List Updated Through I-TF Augmentation:* SAMHSA conducts annual augmentation activities to continuously identify new SU and MH facilities that are not currently included in the I-TF. SAMHSA searches for and obtains source files of behavioral health facilities from an array of nationally recognized behavioral health organizations[6] that maintain facility listings, such as the American Hospital Association. Facilities listed in these sources are compared against the existing I-TF facility list. Facilities that are determined not to currently exist in the I-TF are added to the I-TF and called by SAMHSA to undergo a screening process to determine their eligibility for inclusion in the N-SUMHSS, using an Augmentation Screener Questionnaire.
- *Facility List Updated Through Individual Facilities:* A facility can request to be registered and added to the I-TF through contacting their State Representatives for review and approval or contacting SAMHSA directly by submitting a Facility Registration Application Form. SAMHSA reviews facility registration applications throughout the year and compares the submitted facility information against the existing I-TF facility list. Depending on the time of the year, self-registered facilities that are determined not to currently exist in the I-TF will be added to the I-TF after: receiving approval from their State Representatives; completing the screening process; or being invited for and submitting N-SUMHSS responses as special cases, whichever is completed sooner.

2.2. Survey Inclusion and Exclusion Criteria

To be eligible for the N-SUMHSS, facilities must first be registered and included in the I-TF. This section details the N-SUMHSS inclusion and exclusion criteria.[7]

N-SUMHSS Inclusion Criteria and Guidelines:

The following types of SU and MH treatment facilities are included in the N-SUMHSS:

- *Psychiatric hospitals* are facilities licensed and operated as either state and/or public psychiatric hospitals or as state-licensed private psychiatric hospitals that primarily provide 24-hour inpatient care to persons with mental illness. They may also provide 24-hour residential care and/or less-than-24-hour care (i.e., outpatient, partial hospitalization/day treatment), but these additional service settings are not requirements.

[6] New facilities identified through the Opioid Treatment Programs (OTPs) list maintained by SAMHSA's Center for Substance Abuse Treatment (CSAP) are included in the I-TF without going through the screening process.

[7] Please refer to Appendix B, Section 6 for Inclusion and Exclusion criteria for various N-SUMHSS data products, FindTreatment.gov, and the National Directories. Please note multi-layered inclusion and exclusion criteria for the I-TF, N-SUMHSS, N-SUMHSS data products, FindTreatment.gov, and the National Directories are interdependent and the criteria are built on another.

- *General hospitals with a separate inpatient SU and/or psychiatric unit* are licensed general hospitals (public or private) that provide inpatient SU and MH services in separate units. These units must have specifically allocated staff and space for the treatment of persons with SU problems and/or mental illness. The units may be located in the hospital itself or in a separate building that is owned by the hospital.
- *State hospitals* are hospitals funded and operated by the government of a state.
- *Veterans Affairs (VA) medical centers* are facilities operated by the U.S. Department of Veterans Affairs, including general hospitals with separate SU and/or psychiatric inpatient units, residential treatment programs, and/or outpatient clinics.
- *Certified community behavioral health clinics* are responsible for directly providing (or contracting with partner organizations to provide) nine types of services, with an emphasis on the provision of 24-hour crisis care, utilization of evidence-based practices, care coordination, and integration with physical health care.
- *Partial hospitalization/day treatment facilities* provide only partial day SU and MH services to ambulatory clients, typically in sessions of three or more hours on a regular schedule.
- *Outpatient facilities* provide only outpatient SU and/or MH services to ambulatory clients, typically for less than three hours at a single visit. The services may include detoxification, methadone and/or buprenorphine treatment.
- *Residential treatment centers (RTCs) for children* are facilities not licensed as psychiatric hospitals that primarily provide individually planned programs of mental health treatment in a residential care setting for children under age 18 years. (Some RTCs for children may also treat young adults.) RTCs for children must have a clinical program that is directed by a psychiatrist, psychologist, social worker, or psychiatric nurse who has a master's or doctoral degree.
- *Residential treatment centers (RTCs) for adults* are facilities not licensed as psychiatric hospitals that primarily provide individually planned programs of mental health treatment in a residential care setting for adults.
- *Multi-setting mental health facilities*[8] provide mental health services in two or more service settings (nonhospital residential, plus either outpatient and/or partial hospitalization or day treatment), and are not classified as a psychiatric hospital, general hospital, medical center, or residential treatment center.
- *Community mental health centers (CMHCs)* provide either (1) outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically mentally ill, and residents of its mental health service area who have been discharged from inpatient treatment at a mental health facility; (2) 24-hour emergency care services; (3) day treatment or other partial hospitalization services, or psychosocial rehabilitation services; or (4) screening for patients being considered for admission to state mental health facilities to determine the appropriateness of the admission. To be classified as a CMHC, a facility must meet applicable licensing or certification requirements for CMHCs in the state in which it is located.
- *Other types of residential treatment facilities* refer to facilities not licensed as psychiatric hospitals. The primary purpose of other types of residential treatment facilities is to provide individually planned programs of mental health treatment services in a residential care setting; such facilities are not specifically for children or adults only.

[8] The classification of psychiatric hospital, general hospital, medical center, or residential treatment center—any of which can offer mental health services in two or more service settings—takes precedence over a multi-setting classification.

N-SUMHSS Exclusion Criteria and Guidelines:

The following types of SU and MH treatment facilities are excluded in the N-SUMHSS based on their responses to the prior N-SUMHSS and/or the most recent information in the I-TF:

- SU and/or MH treatment facilities that were identified as closed and/or with a "closed" status in the I-TF.
- SU and/or MH treatment facilities self-reported that they were a jail, prison, or detention center that provided treatment exclusively for incarcerated persons or juvenile detainees;
- SU treatment facilities that self-reported that they only provide nontreatment services (with the exception of state approved nontreatment substance use halfway houses);
- MH treatment facilities self-reported that they were either a solo or small group practice and they were not licensed or accredited as a mental health clinic or a mental health center;
- MH treatment facilities self-reported that they were operated by the United States Department of Defense (DoD); and
- MH treatment facilities that self-reported that they only provided nontreatment services, that is, facilities only provided one or more of the following services: crisis intervention services, psychosocial rehabilitation, cognitive rehabilitation, intake, referral, MH evaluation, health promotion, psychoeducational services, transportation services, respite services, consumer-run and peer support services, housing services, or legal advocacy, and/or are residential facilities whose primary function was not to provide specialty MH treatment services. These facilities included nursing homes, foster care/therapeutic foster care, assisted living/supported housing, and group homes.

3. Survey Content

The 2023 N-SUMHSS questionnaire contained 68 numbered questions. The survey consisted of two screening questions and four separate modules:

- Module A focused on SU treatment services;
- Module B focused on MH treatment services;
- Module C focused on facility characteristics; and
- Module D focused on the number of clients in treatment for a given day, month, or 12-month period.

The screening questions requested information on the primary treatment focus of the facility and whether the facility was a jail. These two questions indicated which module(s) of the survey each facility would be asked to complete. Facilities providing both SU and MH treatment services were asked to complete all four modules, whereas those providing only SU treatment services were asked to complete Modules A, C, and a portion of Module D. Facilities providing only MH treatment services were asked to complete Modules B, C, and a portion of Module D. In addition, facilities operated by the U.S. Department of Veterans Affairs (VA) were asked to complete additional questions regarding services offered. These addenda included 7 questions for SU facilities and 12 questions for MH facilities.

Screening topics included:

- primary treatment focus; and
- jail, prison, or detention center status.

Module A - Topics included in the SU portion of the survey included:

- SU treatment services available;
- detoxification from alcohol, benzodiazepines, opioids, cocaine, methamphetamines, or other drugs and routine use of medication during detoxification;
- type of care provided, i.e.,

    - outpatient treatment services (regular outpatient treatment, intensive outpatient treatment, day treatment or partial hospitalization, detoxification, methadone maintenance, buprenorphine maintenance, or naltrexone treatment);
    - residential (non-hospital) treatment services (long-term—more than 30 days, short-term—30 days or fewer, detoxification); and
    - hospital inpatient treatment services (inpatient treatment, inpatient detoxification);

- treatment services offered (assessment and pre-treatment services, medical services, recovery support services, education and counseling services, pharmacotherapies, testing, transitional services, ancillary services, and other services);
- treatment(s) available for opioid use disorder;
- treatment(s) available for alcohol use disorder;
- clinical therapeutic approaches;
- provision of treatment services in sign language and/or in languages other than English;
- special programs or groups provided for specific client types;
- licensure, certification, or accreditation agencies or organizations; and
- payment type or insurance accepted.

Module B - Topics included in the MH portion of the survey included:

- services offered;
- type of care provided, i.e.,
    - 24-hour hospital inpatient;
    - 24-hour residential;
    - partial hospitalization/day treatment; and
    - outpatient treatment services;
- type of MH facility (e.g., psychiatric hospital, separate inpatient unit of a general hospital, state hospital, residential treatment center for children, etc.);
- treatment modalities for MH treatment;
- use of antipsychotics and type of medications used;
- services offered (intensive case management, court-ordered treatment, integrated primary care services, education services, suicide prevention services, etc.);
- age groups accepted for treatment;
- special programs or groups provided for specific client types;
- availability of emergency psychiatric services;
- provision of treatment services in sign language and/or in languages other than English;
- quality improvement practices;
- use of seclusion or restraint;
- payment types or insurance accepted; and
- licensure, certification, or accreditation agencies or organizations.

Module C - Topics in the treatment facility information portion of the survey included:

- Federally Qualified Health Center (FQHC) status;
- facility operating entity;
- religious or faith-based organization affiliation;
- facility smoking and vaping policies;
- payment and fee information;
- listing preferences for SAMHSA's FindTreatment.gov and National Directories; and
- parent organization information, if applicable.

Module D - Topics in the client counts portion of the survey included:

- number of facilities included in the counts;
- number of clients receiving inpatient, residential, and outpatient SU disorder treatment services on March 31, 2023;
- number of inpatient and residential beds designated for SU disorder treatment on March 31, 2023;
- number of clients in treatment for use of 1) both alcohol and substances other than alcohol, 2) only alcohol, 3) only substances other than alcohol;
- percentage of SU clients with diagnosed co-occurring mental disorder and SU disorder;
- number of SU disorder treatment admissions for the most recent 12-month period;
- number of clients receiving inpatient, residential, and outpatient MH treatment on March 31, 2023;
- number of inpatient and residential beds designated for mental disorders treatment on March 31, 2023;
- number of mental disorder treatment admissions, readmissions, and incoming transfers between April 1, 2022, and March 31, 2023; and
- percentage of total admissions that were military veterans.

4. Survey Method and Data Collection

4.1. Survey Fielding Periods and Reference Date

The 2023 N-SUMHSS field period was from March 31, 2023, through December 4, 2023. The survey reference date was March 31, 2023.

In addition to the annual N-SUMHSS, a "Between Cycle" N-SUMHSS (hereinafter referred to as the "Mini N-SUMHSS") was conducted as a mechanism of collecting services data from new facilities identified and added to the I-TF between June 2023 and December 2023 (Appendix B, Section 2.1). The Mini N-SUMHSS is a subset of questions derived from the N-SUMHSS. New facilities that have completed the Augmentation Screener Questionnaire and Mini N-SUMHSS, meeting all survey eligibility criteria, may choose to be added to FindTreatment.gov and the relevant National Directories without having to wait for the following year's survey cycle. Although Mini N-SUMHSS data were not included in the 2023 N-SUMHSS analyses and public use data files, they were used to update information FindTreatment.gov to ensure that new treatment facilities and their service information is available to the public in a timely manner.

4.2. Survey Mode

The 2023 N-SUMHSS was a multimode survey. Data collection included three modes: 1) a secure web-based questionnaire, 2) a paper questionnaire, and 3) a computer-assisted telephone interview (CATI). All data collection modes of the N-SUMHSS were available to facilities throughout the data collection period.

4.3. Outreach Strategies

Continuous Collaboration with States

States serve as critical influencers, stakeholders, and partners for the N-SUMHSS. The N-SUMHSS Support Team established early contact with State Representatives to inform them of the upcoming survey and request States' support in encouraging facility participation. Throughout the survey administration, State Representatives were regularly informed of their state's progress and encouraged to further reinforce survey participation.

Advance Outreach with Facilities

Advance letters and emails announcing the upcoming N-SUMHSS administration were sent to treatment facilities in late February 2023, approximately six weeks before the launch of the survey. The advance contact served as an introduction to the N-SUMHSS to encourage treatment facilities' participation and reinforce that the effort is nationwide.

Invitation Packet(s)

The first invitation packet was sent via mail and email in late March 2023. The invitation packet included a personalized cover letter, an N-SUMHSS invitation letter, a personalized web survey access flyer with instructions and help desk contact information, FAQs, and a Client Counts Worksheet. Facilities that have not responded by around late May 2023 and by middle July 2023 were sent a second and third packet including a cover letter, a Letter of Support, a personalized web survey access flyer, a Client Counts Worksheet, and a brochure. A hard copy of paper survey along with postage paid business reply envelop was also included in the third packet.

Thank-you Letters and Reminder Emails

The Thank-you letter distribution started in May 2023 and continued weekly throughout the survey administration period. Up to 11 reminder emails were sent to facilities that did not respond to the N-SUMHSS approximately 1 week, 3 weeks, 9 weeks, 26 weeks, 29 weeks, 31 weeks, and 33 weeks after the first invitation packet was sent.

CATI Follow-ups

SAMHSA used CATI calls to follow up with facilities that did not complete the N-SUMHSS starting in around July 2023 and continued through the end of October 2023. The calls occurred in two phases:

- Phase 1: Calls to facilities that had not completed the N-SUMHSS to verify the best point of contact for the facility; confirm receipt of the survey materials; and remind them to complete the survey. If the facility requested it, the N-SUMHSS was administered on the phone during this reminder call.
- Phase 2: Calls made in an attempt to complete the N-SUMHSS over the phone.

Technical Assistance

Throughout the survey fielding period, resources were available to help facilities complete the survey such as a toll-free N-SUMHSS hotline, a designated N-SUMHSS email address, and a dedicated N-SUMHSS information website (https://info.nsumhss.samhsa.gov/). In addition, the N-SUMHSS Support Team communicated directly with facilities to answer questions, relayed facility updates to the data team, and helped troubleshoot technical issues. The N-SUMHSS Support Team's ability to pivot from technical support to survey administration, as appropriate, resulted in a better customer service experience and delivered more immediate resolution for participating facilities.

5. Data Validation and Quality Assurance

Data validation and quality assurance measures are taken throughout all stages of the survey cycle:

- *Pre-survey:* a thorough technical review of the 2023 survey, both web and paper versions, was conducted. Both the web and paper versions of the approved survey were developed and tested in English and Spanish to ensure that the web instrument was programmed accurately with logic and edit checks; and the paper instrument was formatted with clear instructions and navigation guidance.
- *During Survey*: the web instrument included automated validation checks that flagged potential inconsistencies in reported responses and prompted respondents to review, confirm, and/or reconcile answers before advancing to the next question. All completed web surveys underwent an automated review for inconsistencies and missing data. Emails and calls to facilities were placed to clarify questionable responses and obtain missing data. All completed mail questionnaires underwent a manual review for inconsistencies and missing data. Emails and calls to facilities were placed to clarify questionable responses and obtain missing data. After data entry of mail questionnaires, automated quality assurance reviews were conducted on all survey response data. The reviews incorporated the rules used in manual editing plus consistency checks not readily identified by manual review.

- *Post-survey:* once the survey was closed and data validations were completed, a final data cleaning step was performed using an automated machine cleaning program. Extensive, rigorous, and multi-layered data quality control and review process were implemented across all N-SUMHSS data products.

6. Survey Products and Dissemination

The N-SUMHSS data is disseminated in the format of N-SUMHSS Annual Report,[9] N-SUMHSS State Profiles,[10] Public Use Files (PUFs),[11] FindTreatment.gov, and the National Directories,[12] in addition to various short reports, infographics, and special studies.

6.1. N-SUMHSS Annual Report

Data Presented in 2023 N-SUMHSS Annual Report

There were 20,635 SU, 13,997 MH, and 5,519 combined SU/MH treatment facilities in the survey, of which 3,047 (14.9%) SU, 1,985 (14.2%) MH, and 1,094 (19.8%) treatment facilities were found to be closed or ineligible for the N-SUMHSS. Of the treatment facilities eligible for the survey, 14,717 SU facilities, 9,893 MH facilities, and 3,810 combined SU/MH facilities completed the survey. With the exclusion of 97 SU facilities, 37 MH facilities, and 15 SU/MH facilities (see footnotes and "N-SUMHSS Annual Report Inclusion and Exclusion Criteria" below for details), 14,620 SU facilities, 9,856 MH facilities, and 3,795 combined SU/MH facilities were included in the 2023 N-SUMHSS Annual Report. Of those treatment facilities eligible for the report, 98.6% of SU facilities, 98.7% of MH facilities, and 99.2% of combined SU/MH facilities completed the survey on the web respectively.

N-SUMHSS Annual Report Inclusion and Exclusion Criteria

Among the population of facilities included in the 2023 N-SUMHSS survey universe, the following facilities were excluded from the 2023 N-SUMHSS Annual Report based on their responses to the 2023 N-SUMHSS:

- SU and/or MH treatment facilities that were identified as closed;
- SU and/or MH treatment facilities self-reported that they were a jail, prison, or detention center that provided treatment exclusively for incarcerated persons or juvenile detainees;
- SU and/or MH facilities whose client counts were included in or "rolled into" other facilities' counts and whose facility characteristics were not reported separately;
- SU treatment facilities that self-reported being a solo practice, that is, an office with only one independent practitioner or counselor, and have not been approved by their State Representative;
- SU treatment facilities self-reported that they only provide nontreatment services, that is, facilities that only provide intake assessment, referral, or any other substance use nontreatment services;
- Halfway houses that did not provide SU treatment were excluded from the N-SUMHSS Annual Report, analyses, and public use data files. However, state approved halfway houses were included in the I-TF and the survey universe so that they could be listed in the National Directory of Drug and Alcohol Use Treatment Facilities and on FindTreatment.gov;
- MH treatment facilities self-reported that they were either a solo or small group practice and they were not licensed or accredited as a mental health clinic or a mental health center;
- MH treatment facilities self-reported that they were operated by the United States Department of Defense (DoD); and

[9] N-SUMHSS annual report are available on the SAMHSA website https://www.samhsa.gov/data/data-we-collect/n-sumhss-national-substance-use-and-mental-health-services-survey.
[10] N-SUMHSS state profiles are available on the SAMHSA website https://www.samhsa.gov/data/quick-statistics.
[11] N-SUMHSS PUFs and Codebooks are available on the SAMHSA website https://www.samhsa.gov/data/data-we-collect/n-sumhss-national-substance-use-and-mental-health-services-survey.
[12] The National Directories are available (in both PDF and Excel format) on the SAMHSA website https://www.samhsa.gov/data/data-we-collect/n-sumhss-national-substance-use-and-mental-health-services-survey.

- MH treatment facilities self-reported that they only provided nontreatment services, that is, facilities only provided one or more of the following services: crisis intervention services, psychosocial rehabilitation, cognitive rehabilitation, intake, referral, MH evaluation, health promotion, psychoeducational services, transportation services, respite services, consumer-run and peer support services, housing services, or legal advocacy, and/or are residential facilities whose primary function was not to provide specialty MH treatment services. These facilities included nursing homes, foster care/therapeutic foster care, assisted living/supported housing, and group homes.

Table B-1 presents a summary of eligibility and response information.

Table B-1: Treatment Facilities by Status, Mode of Response, and Type, 2023 N-SUMHSS

	SU Facilities		MH Facilities		Combined SU and MH Facilities[13]	
	N	%	N	%	N	%
Total facilities in survey	**20,635**	**100.0**	**13,997**	**100.0**	**5,519**	**100.0**
Closed or ineligible	3,074	14.9	1,985	14.2	1,094	19.8
Eligible	17,561	85.1	12,012	85.8	4,425	80.2
Total eligible	**17,561**	**100.0**	**12,012**	**100.0**	**4,425**	**100.0**
Non-respondents	2,844	16.2	2,119	17.6	615	13.9
Respondents	**14,717**	**83.8**	**9,893**	**82.4**	**3,810**	**86.1**
Excluded from report[14]	18	0.1	0	0.0	1	0.0
Roll-ups[15]	79	0.4	37	0.3	14	0.3
Eligible for report	14,620	83.3	9,856	82.1	3,795	85.8
Mode of response	**14,620**	**100.0**	**9,856**	**100.0**	**3,795**	**100.0**
Internet	14,416	98.6	9,724	98.7	3,764	99.2
Mail	81	0.6	69	0.7	11	0.3
Telephone	123	0.8	63	0.6	20	0.5

Response Rate Calculations

The 2023 N-SUMHSS unit response rate among facilities eligible for the survey was calculated using the American Association for Public Opinion Research (AAPOR) Response Rate 4 (RR4) standard definition.[16] AAPOR is the industry standard for survey research and the nationally recognized body with the mission to advance the science of survey research. The RR4 was specifically selected since it meets the following key criteria:

1. RR4 is a well-documented methodology commonly used to calculate survey response rates in surveys of establishments and individuals.

[13] Facility counts and percentages are not mutually exclusive because facilities offering both SU and MH treatment services are included in SU and MH facility counts. Therefore, caution should be exercised when adding, comparing, or interpreting counts and percentages across facility types.
[14] Facilities excluded from the SU counts included 16 halfway houses, 1 solo practitioner, and 1 facility that provided administrative services only. One (1) halfway house facility is excluded from the combined SU and MH counts.
[15] Facilities whose client counts were included in or "rolled into" other facilities' counts and whose facility characteristics were not reported separately.
[16] https://aapor.org/wp-content/uploads/2024/03/Standards-Definitions-10th-edition.pdf

2. RR4 recognizes that a proportion of cases in the frame whose eligibility is unknown may, in fact, be eligible for participation. Applying information about observed eligibility to the subgroup of cases with unknown eligibility, RR4 calculates an eligibility rate to estimate the number of facilities that are likely to be eligible for the survey.
    a. This happens when the number of cases coded as out of sample (e.g., sample duplicates, establishments that are out of business or have merged with another establishment, or whose services have changed in a manner that renders them ineligible for the N-SUMHSS) is determined to inform the estimated proportion of the non-finalized sample that is ineligible.
3. RR4 includes only completed and partially completed surveys in the numerator of the response rate calculation so that the estimated eligibility can be calculated correctly. The N-SUMHSS methodology designates closed facilities and jails as ineligible for participation and, therefore, removes them from the denominator.
4. RR4 allows the N-SUMHSS multi-mode outcomes from telephone and mail contact to be taken into consideration at the appropriate times.

Table B-2 below provides the 2023 N-SUMHSS completion status and corresponding RR4 code.

Table B-2: Survey Completion Status and RR4 Code, 2023 N-SUMHSS

Final Status	Definition	Count	RR4 Code
001	Complete – Telephone	164	1.0
002	Complete – Mail	140	1.0
004	Closed – No longer exists	953	4.1
006	No participation[17]	4,019	3.0
007	Refused[18]	329	2.1
008	Closed – Ineligible or other[19]	1,893	4.1
009	Complete – Web	19,179	1.0
011	Client counts only	102	1.2
015	Client counts unavailable	1,228	1.2
024	Closed – Duplicate facility	488	4.1
034	Closed – Merged	26	4.1
044	Closed – No SU or no MH treatment[20]	641	4.1
054	Closed – Satellite facility	13	4.1
064	Primary focus is SU treatment	25	1.0
071	Jail only	1	4.1
072	Halfway house only	13	1.0
074	Individual or small group	39	1.0

[17] No participation is defined by a facility that did not respond to the survey.
[18] Refused is defined as a facility that actively declined to participant in the survey.
[19] Facility determined to be included in the sample in error because it is not a behavioral health (SU/MH) facility (e.g., bus company).
[20] Closed – No SU or no MH treatment is a result of a survey response to that question.

The overall response rate for the 2023 N-SUMHSS was 84.9%, which was calculated by applying the RR4 codes outlined in the table B-2 as follows:

Response Rate:

$$\frac{(1.0 + 1.2)}{((1.0 + 1.2) + (2.1) + e(3.0)}$$

Where:

1.0 is a completed interview,

1.2 is a partial interview,

2.1 is a refusal,

3.0 represents non-contacts (e.g., answering machines, fax machines, callbacks, etc.),

4.1 represents ineligible contact (e.g., facility closed, merged with another facility, duplicate of another facility, jail),

e is the estimated proportion of cases of unknown eligibility that are eligible.

$$\frac{(1.0 + 1.2 + 2.1)}{(1.0 + 1.2 + 2.1 + 4.1)}$$

Unrolling Client Counts to 'Child' Facilities

In the 2023 N-SUMHSS, facilities had the option to (1) report SU and MH client counts separately for each of three service settings (inpatient, residential, and outpatient) for their facility only; (2) report client counts for their facility plus additional facilities; or (3) rely on another facility to report client counts for them. A self-reported facility reported client counts for only itself. A parent facility reported client counts for other facilities in addition to itself. A child facility relied on a parent facility to report its client counts. The parent facility together with its child facilities is a family of facilities. In tabulations for this report, client counts reported by the parent facility were used. However, for accuracy in certain calculations, such as median counts, clients per facility, and mean beds per facility, client counts reported by a parent facility needed to be distributed (unrolled) among the family of facilities.

To unroll client counts to several facilities within a family of facilities, an empirical distribution of client counts by patients who received each service type was used. This distribution was completed separately for SU and MH client counts and was conditional on the service setting or settings in which the facility provides SU or MH treatment.

The SU inpatient client counts reported by the parent facility were equally distributed among the 24-hour hospital inpatient SU facilities within the family of facilities. The SU residential client counts reported by the parent facility were equally distributed amongst the 24-hour residential SU facilities within the family of facilities. The SU outpatient client counts reported by the parent facility were equally distributed amongst the outpatient SU facilities within the family of facilities. The same methodology was used in the distribution of MH client counts across the MH facilities within a family of facilities.

Table B-3 is an example that best illustrates how to distribute or unroll parent facility SU or MH client counts to a family of facilities: If a parent facility reported 60 inpatient clients, 300 residential clients, and 550 outpatient clients and it indicated that they were reporting for three facilities, then the parent facility's client counts needed to be distributed among three facilities—A, B, and C. Facility A offers all three service settings, facility B offers hospital inpatient and outpatient service settings, and facility C offers only the hospital inpatient service setting. Therefore, this parent facility is reporting for three inpatient facilities, one residential facility, and two outpatient facilities. Drawing on this information, the following proportions are used to unroll the parent client counts to the three facilities:

Table B-3: Example of Unrolled Facility Client Counts

		Service Setting Type		
		Inpatient	Residential	Outpatient
Parent count		**60**	**300**	**550**
Facility A	Offers all three services	20	300	275
Facility B	Offers hospital inpatient and outpatient	20	0	275
Facility C	Offers only hospital inpatient	20	0	0

6.2. National Directories and FindTreatment.gov

Selected information collected from the N-SUMHSS is published and disseminated through the National Directories. The National Directories are listings of public and private SU and MH treatment facilities in the states and jurisdictions respectively. Information about each facility includes facility name, address, telephone number, types of services offered, type of payment, and other features of the facility (such as services for hearing impaired and non-English-speaking clients). The Directories are ordered by state, city, and facility name within each city.

Selected information collected from the N-SUMHSS is also published on SAMHSA's FindTreatment.gov. FindTreatment.gov is authorized by the 21st Century Cures Act (Public Law 114-255, Section 9006; 42 U.S.C. 290bb-36d). It is a publicly available and searchable online resource for persons seeking SU and MH treatment services in the United States and its territories. FindTreatment.gov had more than 2.8 million views in 2023, reiterating the critical importance of providing comprehensive, timely, and accurate facility and treatment service information to the public through the N-SUMHSS data collection. To be listed on the FindTreatment.gov is one of the major incentives for facilities responding to the N-SUMHSS.

In addition to meeting the Inclusion and Exclusion Criteria for the I-TF and N-SUMHSS (Appendix B, Section 2.1 and Section 2.2), facilities must also meet the following criteria to be included in the National Directories and FindTreatment.gov:[21]

- Eligible facilities must have responded to the most recent N-SUMHSS;
- Eligible facilities must provide consent to be listed on the respective National Directory and FindTreatment.gov when responding to the N-SUMHSS; and
- Eligible SU facilities must be licensed, certified, or otherwise approved for inclusion in the Directory and FindTreatment.gov by their SSAs.

7. Data Considerations and Limitations

As with any data collection effort, certain procedural considerations and data limitations must be considered when interpreting data from the 2023 N-SUMHSS, as discussed below:

- The N-SUMHSS is a voluntary facility survey. While substantial effort is made to obtain responses from all known SU and MH treatment facilities within the scope of the survey, some facilities did not respond. There was no adjustment for the 15.1% facility non-response.
- The N-SUMHSS is a point-prevalence survey. It provides information on the SU and MH treatment system and its clients as of a pre-selected reference date (March 31, 2023). Client counts reported here do not represent annual totals. Rather, the N-SUMHSS provides a snapshot of SU and MH treatment facilities and clients for a specific day, month, or 12-month period.

[21] A step-by-step infographic of "How Are Facilities Listed on Treatment.gov" could be accessed at: https://www.samhsa.gov/data/sites/default/files/How_are_facilities_listed_on_FindTreatment.pdf

- Multiple responses were allowed for certain questionnaire items (e.g., services provided in non-English languages and type of payment or insurance accepted for treatment services). Tabulations of data for these items include the total number of facilities reporting each response category.
- Reported client count totals that fell within a variance of +/- 10 and client percentages that fell within a variance of +/- 5 were not adjusted. Therefore, the public-use file contains percentage values of over 100%.
- The N-SUMHSS is an integration of the legacy N-SSATS and N-MHSS surveys. The creation of a single survey instrument introduced a data validation issue with the way facilities responded to Questions 1, 1a, A1, A1a, and B1 where respondents were asked about the type of services offered. Some facilities would only accept patients for either MH or SU treatment services. However, if that patient had a co-occurring SU or MH need outside of their intake diagnostic requirement, they would be offered treatment at that facility as well. For these facilities that will only accept either SU or MH clients, but will offer treatment for a co-occurring disorder, a data change was made to accurately reflect their primary mode of treatment.
- The integration of the N-SSATS and the N-MHSS surveys also introduced the possibility of duplicate records for facilities that had previously completed each survey and beginning in 2021 were now only asked to complete the N-SUMHSS once. Facility information was carefully reviewed to ensure unduplicated information, but it is possible that some duplicate facilities with updated contact information were not identified.
- The N-SUMHSS methodology (including, but is not limited to, target population and sampling frame, inclusion and exclusion criteria, survey mode, question wording, data collection period and reference period) is unique and specific to treatment services reported voluntarily by both public and private facilities. We urge readers of this report to exercise caution when using the N-SUMHSS data for comparisons with any other survey or administrative data, as various data sources may not be directly comparable.

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