



National Substance Use and Mental Health Services Survey (N-SUMHSS) 2022:

Data on Substance Use and Mental Health Treatment Facilities

National Substance Use and Mental Health Services Survey (N-SUMHSS) 2022: Data on Substance Use and Mental Health Treatment Facilities

Acknowledgments

This report was prepared for the Substance Abuse and Mental Health Services Administration (SAMHSA), under Contract No. 75S20320C00001 with SAMHSA, U.S. Department of Health and Human Services (HHS). Heydy Jua rez served as the contracting officer representative.

Disclaimer

The views, opinions, and content of this publication are those of the author and do not necessarily reflect the views, opinions, or policies of SAMHSA. Nothing in this document constitutes a direct or indirect endorsement by SAMHSA or HHS of any non-federal entity's products, services, or policies.

Public Domain Notice

All material appearing in this report is in the public domain and may be reproduced or copied without permission from SAMHSA. Citation of the source is appreciated. However, this publication may not be reproduced or distributed for a fee without the specific, written authorization of the Office of Communications, SAMHSA, HHS.

Electronic Access and Printed Copies

This publication may be downloaded or ordered at <https://store.samhsa.gov>. Or call SAMHSA at 1-877-SAMHSA-7 (1-877-726-4727) (English and Español).

Recommended Citation

Substance Abuse and Mental Health Services Administration. (2023). *National Substance Use and Mental Health Services Survey (N-SUMHSS) 2022: Data on Substance Use and Mental Health Treatment Facilities* (SAMHSA Publication No. PEP23-07-00-002). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>.

Originating Office

Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, 5600 Fishers Lane, Room 15-E09D, Rockville, MD 20857, SAMHSA Publication No. PEP23-07-00-002. Released 2023. For questions about this report, please e-mail CBHSQrequest@samhsa.hhs.gov.

SAMHSA Nondiscrimination Notice

The Substance Abuse and Mental Health Services Administration (SAMHSA) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, religion, or sex (including pregnancy, sexual orientation, and gender identity). SAMHSA does not exclude people or treat them differently because of race, color, national origin, age, disability, religion, or sex (including pregnancy, sexual orientation, and gender identity).

U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Center for Behavioral Health Statistics and Quality
Office of Treatment Services
Publication Number PEP23-07-00-002
September 2023

Table of Content

Executive Summary.....	1
Section 1. Introduction	2
2022 N-SUMHSS Data Collection Highlights	2
Data Presented in the 2022 N-SUMHSS Annual Report.....	2
2022 N-SUMHSS Response Rates.....	3
Section 2. Key Operational Characteristics of Substance Use and Mental Health Treatment Facilities	4
Section 3. Use of Pharmacotherapies.....	7
Section 4. Language Assistance Provided.....	9
Section 5. Suicide Prevention Services.....	10
Endnotes.....	12
Appendix A. Data Tables Corresponding to Figures Included in the Report.....	A-1
Appendix B. N-SUMHSS Background and Methodology	B-1
Introduction.....	B-1
Inclusion, Exclusion Criteria, Guidelines for Substance Use and Mental Health Facilities.....	B-2
Survey Contents.....	B-3
Methods.....	B-5
Quality Assurance.....	B-9
Data Presented in the 2022 N-SUMHSS Annual Report.....	B-9
Data Considerations and Limitations.....	B-10

List of Figures

Figure 1.1: Facilities Included in the Annual Report, 2022 N-SUMHSS.....	3
Figure 1.2: Response Rates, 2022 N-SUMHSS.....	3
Figure 2.1: Treatment Facilities by Operation Type, 2022 N-SUMHSS.....	4
Figure 2.2: Treatment Facilities by Type of Care, 2022 N-SUMHSS.....	5
Figure 2.3: Facilities Offering Tailored Program for Specific Groups, 2022 N-SUMHSS.....	5
Figure 2.4: Utilization Rate and Treatment Capacity, 2022 N-SUMHSS.....	6
Figure 4.1: Language Assistance Provided by Facility Type, 2022 N-SUMHSS.....	9
Figure 5.1: Suicide Prevention Services by Facility Type, 2022 N-SUMHSS.....	10
Figure 5.2: Suicide Prevention Services by Facility Operation Type, 2022 N-SUMHSS.....	11
Figure 5.3: Suicide Prevention Services by Type of Care, 2022 N-SUMHSS.....	11

List of Tables

Table 3-1: Use of Pharmacotherapies and MAT in Substance Use Treatment Facilities, 2022 N-SUMHSS.....	7
Table 3-2: Top 5 First- and Second-Generation Antipsychotics Used for Treating Serious Mental Illness in Mental Health Treatment Facilities, 2022 N-SUMHSS.....	8
Table A-1: Response Rates¹ by State, Territory, and the District of Columbia, 2022 N-SUMHSS (Figure 1.2).....	A-1
Table A-2: Substance Use and Mental Health Treatment Facilities by Operation Type, 2022 N-SUMHSS (Figure 2.1).....	A-2
Table A-3: Substance Use and Mental Health Treatment Facilities by Type of Care, 2022 N-SUMHSS (Figure 2.2).....	A-2
Table A-4: Facilities Offering Tailored Program for Specific Groups, 2022 N-SUMHSS (Figure 2.3).....	A-3
Table A-5: Utilization Rate and Treatment Capacity, 2022 N-SUMHSS (Figure 2.4).....	A-3
Table A-6: Language Assistance by Facility Type, 2022 N-SUMHSS (Figure 4.1).....	A-4
Table A-7: Suicide Prevention Services by Facility Type, 2022 N-SUMHSS (Figure 5.1).....	A-4
Table A-8: Suicide Prevention Services by Facility Operation and Type, 2022 N-SUMHSS (Figure 5.2).....	A-5
Table A-9: Suicide Prevention Services by Type of Care and Facility Type, 2022 N-SUMHSS (Figure 5.3).....	A-5
Table B-1: Treatment Facilities by Status, Mode of Response, and Type, 2022 N-SUMHSS.....	B-6
Table B-2: Survey Completion Status and RR4 Code, 2022 N-SUMHSS.....	B-7
Table B-3: Example of Unrolled Facility Client Counts.....	B-9

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 and mental health treatment facilities in the United States.¹ Information collected from the N-SUMHSS can be used by behavioral health services providers; researchers; and federal, state, and local governments to understand the substance use and mental health treatment resource landscape, identify service gaps, and support evidence-based planning.

Data Collection

- The 2022 N-SUMHSS was a voluntary facility survey and it collected data from substance use and mental health treatment facilities in the United States with an overall response rate of 88%.¹
- The 2022 N-SUMHSS was a multimode survey and was conducted in both English and Spanish.
- The 2022 N-SUMHSS report is based on self-reported data from 21,160 treatment facilities, including 14,854 facilities providing substance use treatment (SU facilities), 9,586 facilities providing mental health treatment (MH facilities), and 3,280 facilities providing both substance use and mental health treatment (SU/MH facilities).^{2, 3, 4}

Facility Characteristics

- Private non-profit and private for-profit organizations operated 91% of SU facilities, 81% of MH facilities, and 84% of SU/MH facilities.
- Approximately a quarter (24%) of SU facilities, 38% of MH facilities, and 48% of SU/MH facilities provided programs specifically tailored for adolescents.
- Other tailored programs for specific client categories included, but not limited to, lesbian, gay, bisexual, transgender, queer (LGBTQ) clients, veterans, clients with HIV or AIDS, and active duty military clients. For example, thirty-four percent (34%) of SU facilities, 33% of MH facilities and 41% of SU/MH facilities offered tailored programs to LGBTQ clients.
- Designated bed utilization rates for SU facilities, MH facilities, and SU/MH facilities were 97%, 127% and 146% respectively.⁵

Use of Medication-Assisted Treatment (MAT) and Antipsychotics

- Approximately 72% of SU facilities offered pharmacotherapies as part of their treatment services, among those 57% reported using medication assisted treatment (MAT) for treating opioid use disorder, approximately 42% reported using MAT for treating alcohol use disorder, and approximately 42% reported providing pharmacotherapies for tobacco cessation.
- Haloperidol (42%) and Risperidone (47%) were among the top first- and second-generation antipsychotics used by mental health treatment facilities for treating serious mental illness (SMI).

Language Services

- Fifty-four percent (54%) of SU facilities, 73% of MH facilities, and 78% of SU/MH facilities provided services in languages other than English by a staff counselor or on-call interpreter.

Suicide Prevention Services

- Fifty-three percent (53%) of SU facilities, 69% of MH facilities, and 86% of SU/MH facilities provided suicide prevention services.

Section 1. Introduction

Key Takeaways

- The 2022 N-SUMHSS was a voluntary facility survey and it collected data from substance use and mental health treatment facilities in the United States.¹
- The 2022 N-SUMHSS was a multimode survey and was conducted in both English and Spanish.
- The 2022 N-SUMHSS report is based on self-reported data from 21,160 treatment facilities, including 14,854 SU facilities, 9,586 MH facilities, and 3,280 SU/MH facilities.^{2,3,4}
- The 2022 N-SUMHSS overall response rate among facilities eligible for the survey was 88%.

For more than two decades, SAMHSA has been collecting data on the substance use and mental health 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 substance use and mental health 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 substance use and mental health 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 services providers; researchers; and federal, state, and local governments with information to understand the substance use and mental health treatment resource landscape, identify service gaps, and support evidence-based planning.

2022 N-SUMHSS Data Collection Highlights

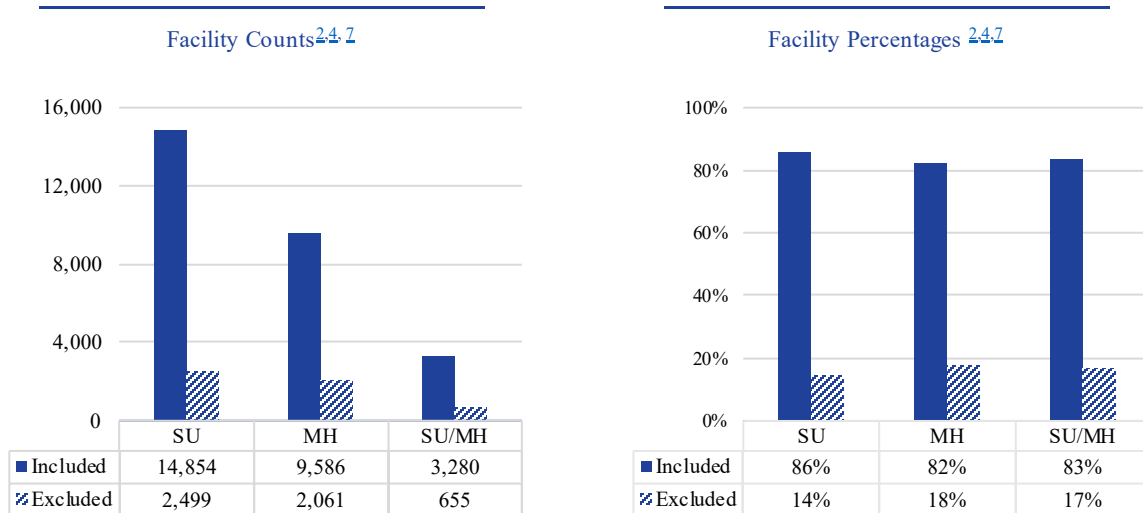
The 2022 N-SUMHSS was a multimode survey, leveraging three survey modes: 1) a secured web-based survey, 2) a postal paper survey, and 3) a computer-assisted telephone interview (CATI). There were 31,010 substance use and mental health treatment facilities known to SAMHSA in the United States in 2022, of which 5,945 were found to be either closed or ineligible for the N-SUMHSS.^{1,6} Out of 25,065 facilities eligible for the 2022 N-SUMHSS, 17,353 facilities provided substance use treatment, 11,647 facilities provided mental health treatment, and 3,935 facilities provided both substance use and mental health treatment.^{2,6} The 2022 N-SUMHSS was conducted in both English and Spanish.

Data Presented in the 2022 N-SUMHSS Annual Report

This report includes data and findings from 21,160 facilities, which is comprised of 14,854 SU facilities (86% of 17,353 eligible SU facilities), 9,586 MH facilities (82% of 11,647 eligible MH facilities), and 3,280 SU/MH facilities (83% of 3,935 eligible SU/MH facilities).³ Figure 1.1 below provides counts and percentages of facilities included in this report by facility type.

Data tables corresponding to the figures and tables in the report are included in Appendix A. More details on the N-SUMHSS methodology, background, data collection methods, eligibility criteria and guidelines, and response rate calculations are provided in Appendix B.

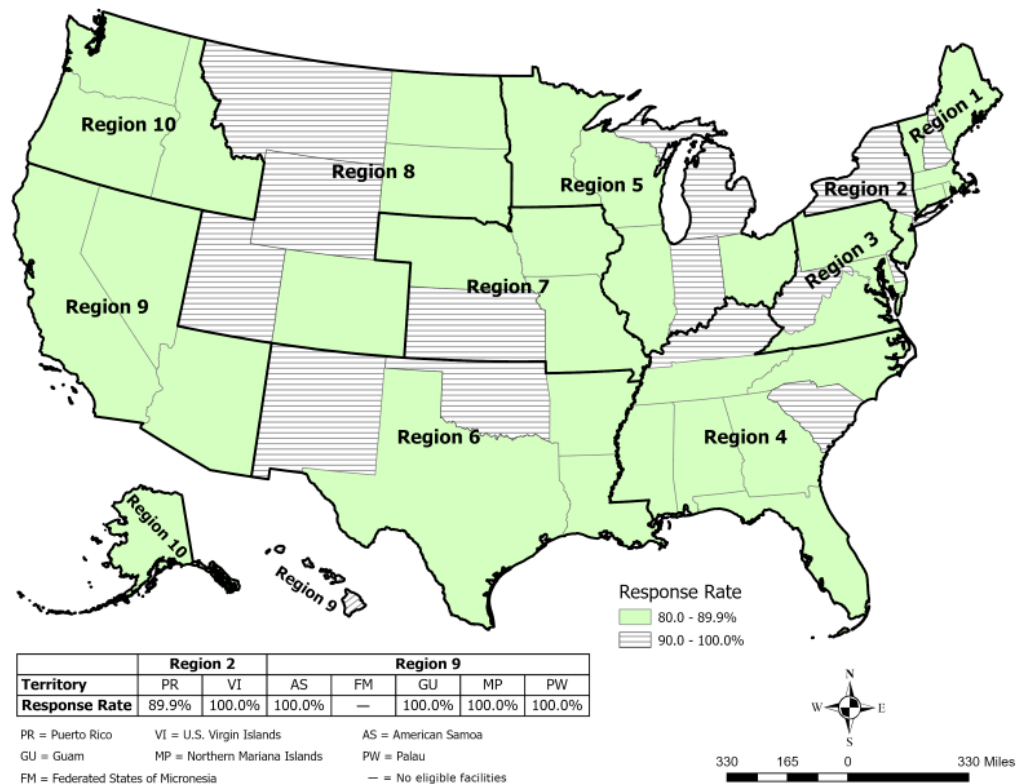
Figure 1.1: Facilities Included in the Annual Report, 2022 N-SUMHSS



2022 N-SUMHSS Response Rates

The 2022 N-SUMHSS overall response rate among facilities eligible for the survey was 88%. The response rate was calculated using the American Association for Public Opinion Research (AAPOR) Response Rate 4 (RR4) standard definition. Figure 1.2 provides a map of the 2022 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, 2022 N-SUMHSS



The 2022 N-SUMHSS response rates for 50 states ranged from 81.3% (Washington) to 94.1% (West Virginia). Fifteen states achieved response rates above 90%. The response rate for the District of Columbia was 80.9%. Five out of seven U.S. territories achieved a response rate of 100%.

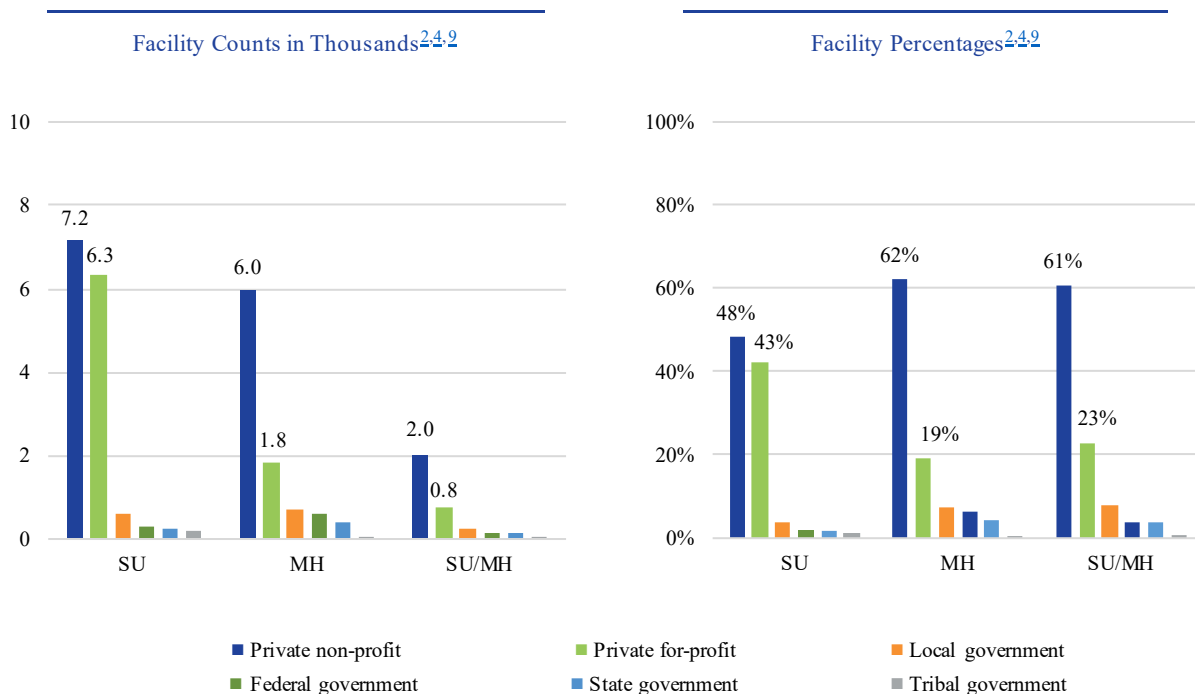
Section 2. Key Operational Characteristics of Substance Use and Mental Health Treatment Facilities

This section provides data by key operational characteristics of 21,160 SU, MH, and SU/MH treatment facilities from the 2022 N-SUMHSS.

Key Takeaways

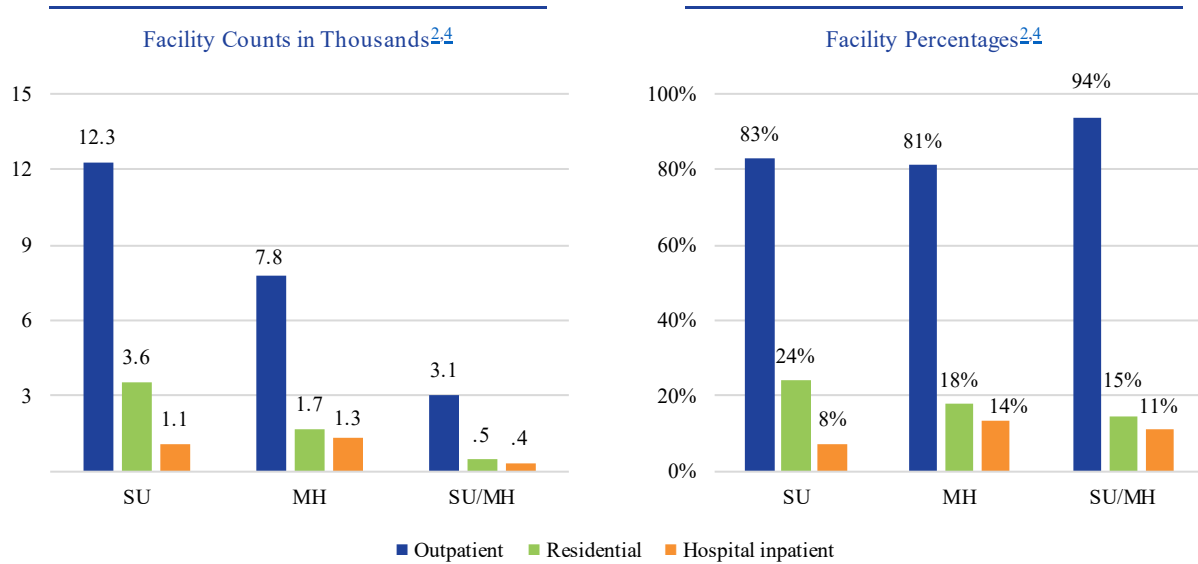
- Ninety-one percent (91%) of SU facilities, 81% of MH facilities, and 84% of SU/MH facilities were operated by private organizations.
- Outpatient care was the most frequent type of service provided among SU facilities (83%), MH facilities (81%), and SU/MH facilities (94%).
- Twenty-four percent (24%) of SU facilities, 38% of MH facilities, and 48% of SU/MH facilities provided specially tailored programs for adolescents.
- Thirty-four percent (34%) of SU facilities, 33% of MH facilities, and 41% of SU/MH facilities offered tailored programs for LGBTQ clients.
- Designated bed utilization rates for SU facilities, MH facilities, and SU/MH facilities were 97%, 127% and 146% respectively.⁵

Figure 2.1: Treatment Facilities by Operation Type, 2022 N-SUMHSS



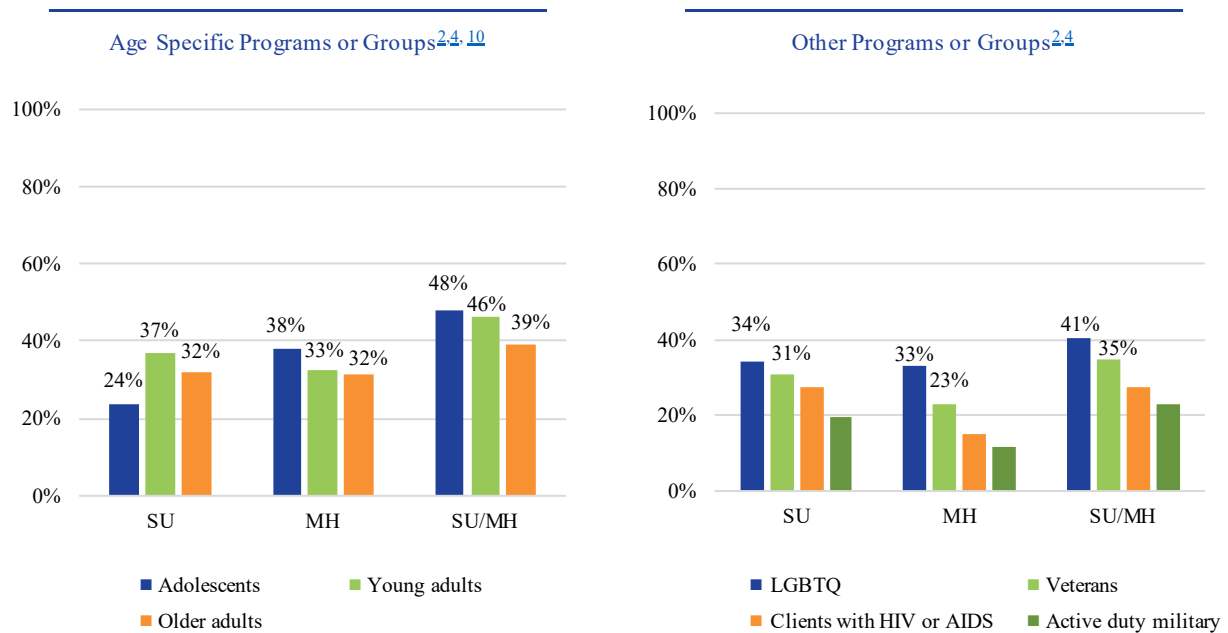
SU and MH services were operated predominantly by private entities. Private non-profit organizations accounted for nearly half of SU facilities (N=7,170, 48% of all SU facilities), approximately two-thirds of MH facilities (N=5,966, 62% of all MH facilities), and approximately two-thirds of facilities offering both SU/MH services (N=1,993, 61% of all SU/MH facilities).

Figure 2.2: Treatment Facilities by Type of Care, 2022 N-SUMHSS



Eighty-three percent (83%) of SU facilities, 81% of MH facilities, and 94% SU/MH facilities offered outpatient care. Twenty-four percent (24%) of SU facilities, 18% of MH facilities, and 15% of SU/MH facilities offered residential care. Fourteen percent (14%) of MH facilities, 8% of SU facilities, and 11% of SU/MH facilities offered inpatient care.

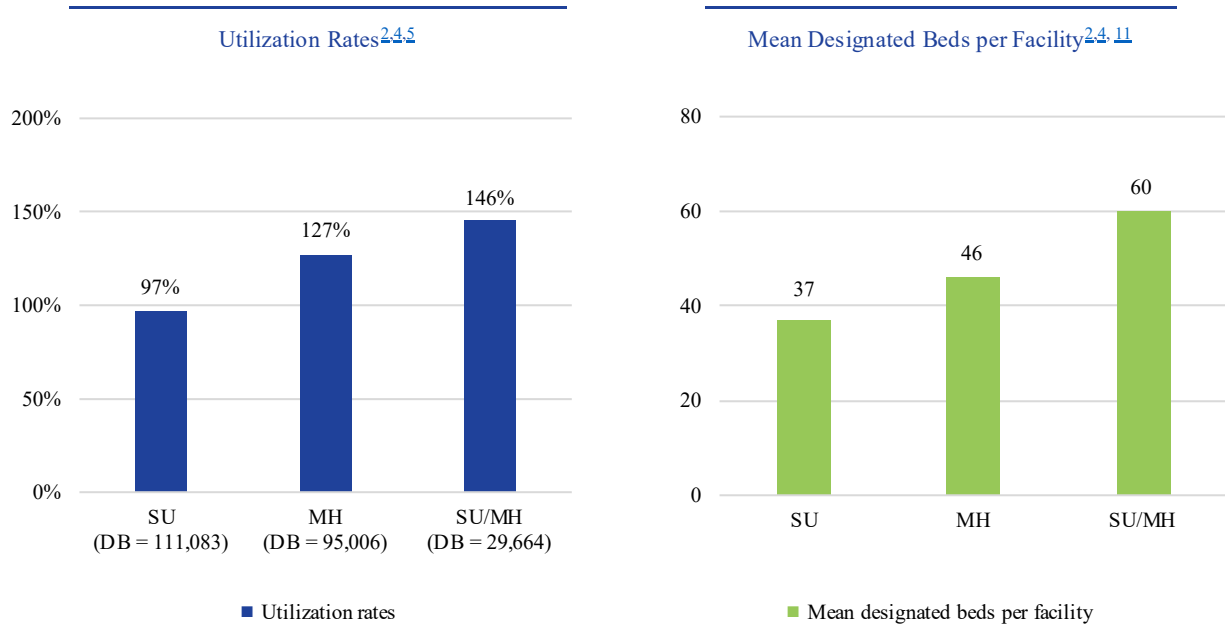
Figure 2.3: Facilities Offering Tailored Program for Specific Groups, 2022 N-SUMHSS



Thirty eight percent (38%) of MH facilities and 48% of SU/MH facilities provided services tailored to adolescents, compared to 24% of SU facilities. SU/MH facilities provided services tailored to young adults (46%), compared to 37% of SU facilities and 33% of MH facilities. Approximately one third of all types of facilities provided tailored programs to older adults.

Facilities provided tailored programs to various non-age-specific client categories. Thirty-four percent (34%) of SU facilities, 33% of MH facilities, and 41% of SU/MH facilities offered tailored programs to LGBTQ clients. Thirty-one percent (31%) of SU facilities and 35% of SU/MH facilities offered programs designed exclusively for veterans.

Figure 2.4: Utilization Rate and Treatment Capacity, 2022 N-SUMHSS



SU facilities had a total of 111,083 designated beds (DBs), MH facilities had a total of 95,006 beds, and SU/MH facilities had a total of 29,664 beds. Designated bed utilization rates for SU, MH and SU/MH facilities were 97%, 127% and 146%, respectively.

The mean DBs per facility was 37 for SU facilities, 46 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 2022. Since medications used for substance use treatment vary from those used for mental health treatment, data are presented separately. Accordingly, data from SU/MH facilities are not presented in this section.

Key Takeaways

- Approximately 72% of SU facilities offered pharmacotherapies as part of their treatment services.
- Fifty-seven percent (57%) of SU facilities reported using medication assisted treatment (MAT) for treating opioid use disorder, approximately 42% reported using MAT for treating a alcohol use disorder, and approximately 42% reported providing pharmacotherapies for tobacco cessation.
- Haloperidol (42%) and Risperidone (47%) 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 2022. Over two-thirds of SU facilities (71.5%) offered pharmacotherapies as part of their treatment services. Fifty-seven percent (57%) of SU facilities provided MAT for treating opioid use disorder and 41.9% provided MAT for treating a alcohol use disorder (41.9%).

Table 3-1: Use of Pharmacotherapies in Substance Use Treatment Facilities, 2022 N-SUMHSS

Pharmacotherapy Usage	Counts	Percentages ¹²
Facilities using any pharmacotherapy	10,627	71.5
Facilities providing MAT for opioid use disorder ¹³	8,468	57.0
Facilities providing MAT for a alcohol use disorder ¹⁴	6,221	41.9
Facilities providing pharmacotherapies for tobacco cessation ¹⁵	6,225	41.9

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 2022. The percentage of MH facilities that reported using at least one of the top 5 FGAs for treating SMI ranged from 20.6% to 42.1%. Haloperidol and Fluphenazine were among the most used FGAs (42.1% and 30.9%, respectively). The percentage of MH facilities that reported using at least one of the top 5 second-generation antipsychotics for treating SMI ranged from 38.7% to 46.8%. Risperidone and Olanzapine were among the most used SGAs (46.8% and 42.7% respectively).

Table 3-2: Top 5 First- and Second-Generation Antipsychotics Used for Treating Serious Mental Illness in Mental Health Treatment Facilities, 2022 N-SUMHSS

Antipsychotics	Reported Using ^{1,2}		Reported Don't Know ^{1,2}	
	(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	1,976	20.6	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

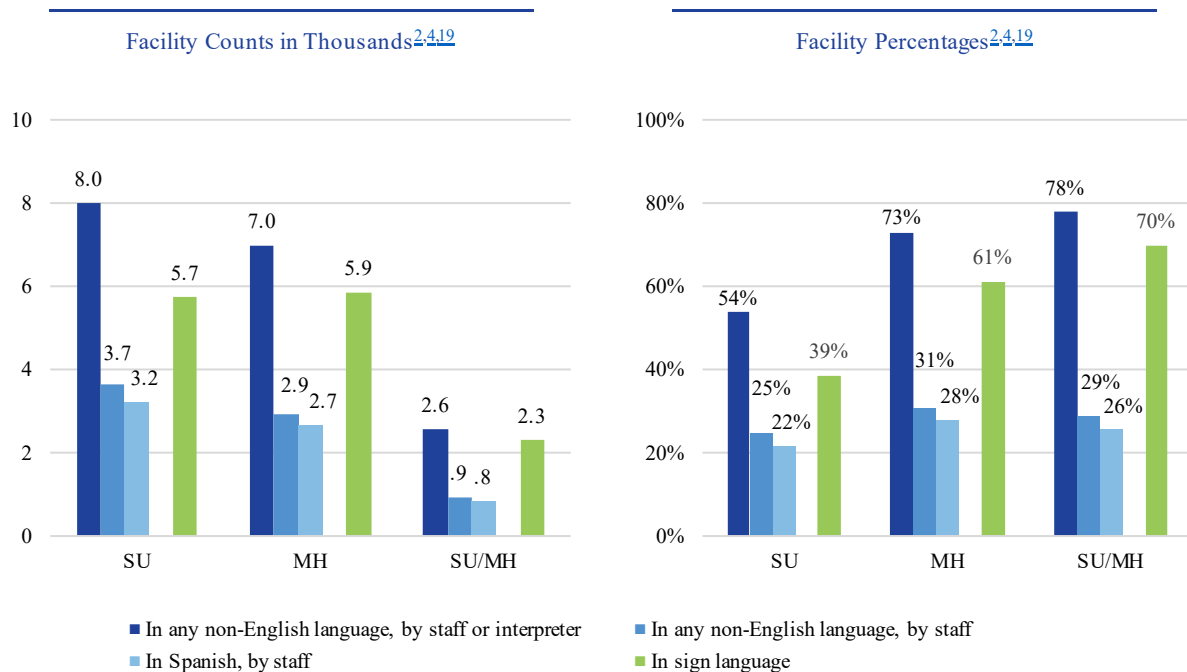
Section 4. Language Assistance Provided

This section provides data on language assistance provided by SU, MH, and SU/MH treatment facilities in 2022.

Key Takeaways

- Fifty-four percent (54%) of SU facilities, 73% of MH facilities, and 78% of SU/MH facilities provided language assistance services by staff counselor or on-call interpreter.
- Thirty-nine percent (39%) of SU facilities, 61% of MH facilities, and 70% of SU/MH facilities provided services in sign language.

Figure 4.1: Language Assistance Provided by Facility Type, 2022 N-SUMHSS



Fifty-four percent (54%) of SU facilities, 73% of MH facilities, and 78% of SU/MH facilities provided services in languages other than English through staff or an on-call interpreter. Thirty-nine percent (39%) of SU facilities, 61% of MH facilities, and 70% of SU/MH facilities provided services in sign language.

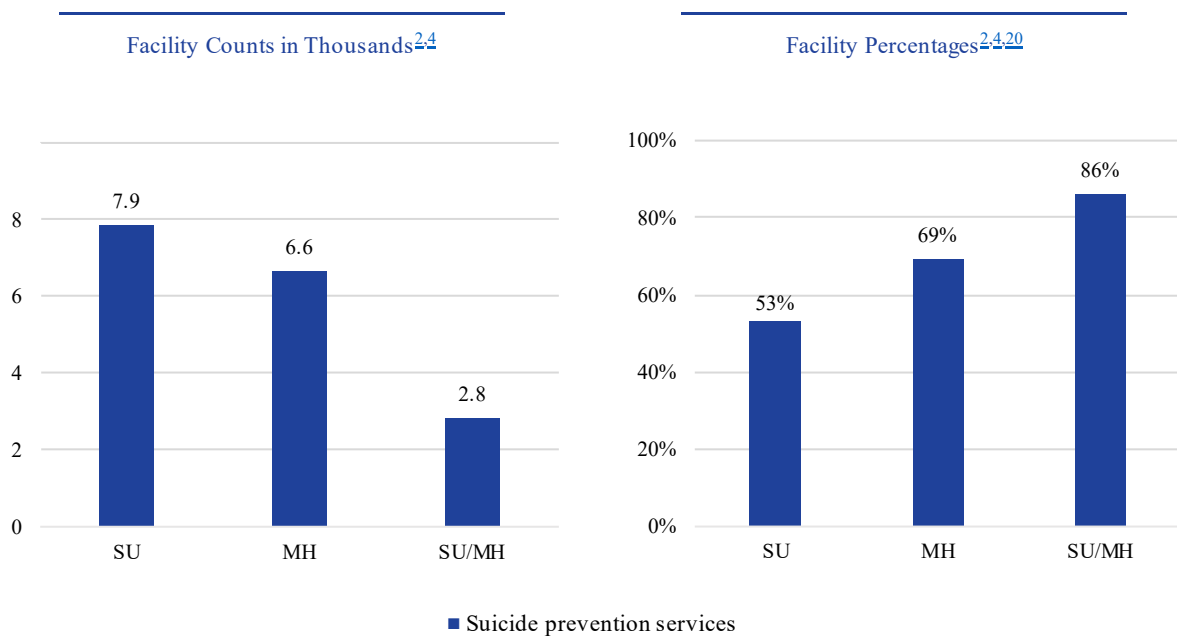
Section 5. Suicide Prevention Services

This section provides data on suicide prevention services provided by SU, MH, and SU/MH treatment facilities in 2022.

Key Takeaways

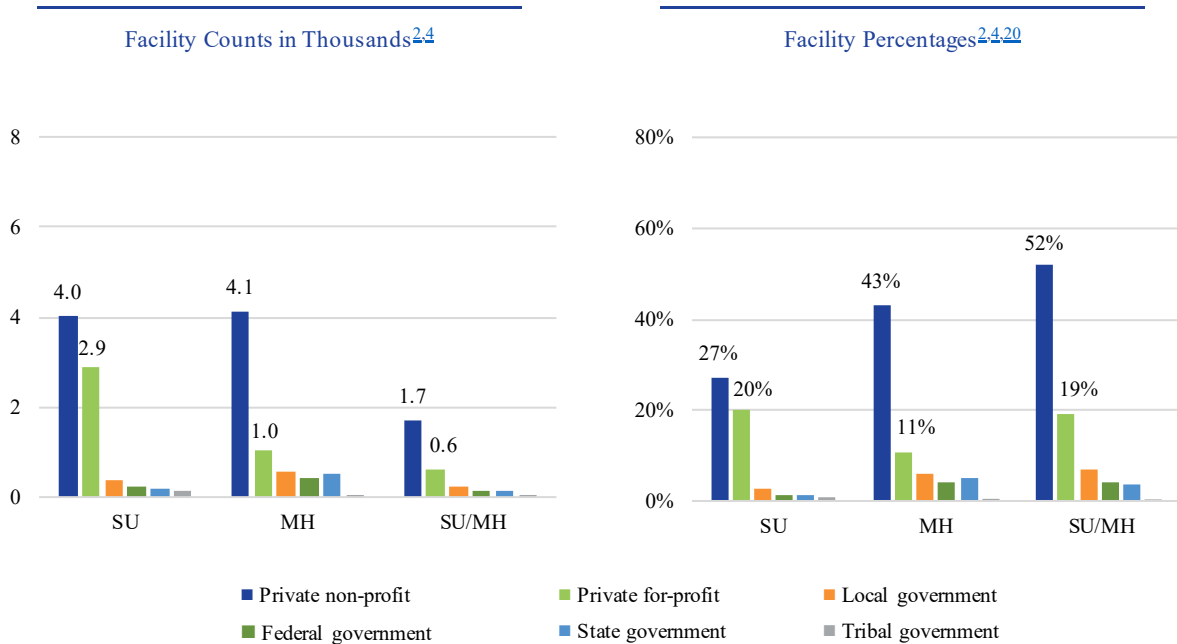
- Suicide prevention services were offered at 53% of SU facilities, 69% of MH facilities, and 86% of SU/MH facilities.
- Private organizations providing suicide prevention services accounted for 47% of SU facilities, 54% of MH facilities, and 71% of SU/MH facilities.
- Suicide prevention services were offered as outpatient care among 44% of SU facilities, 58% of MH facilities, and 81% of SU/MH facilities.

Figure 5.1: Suicide Prevention Services by Facility Type, 2022 N-SUMHSS



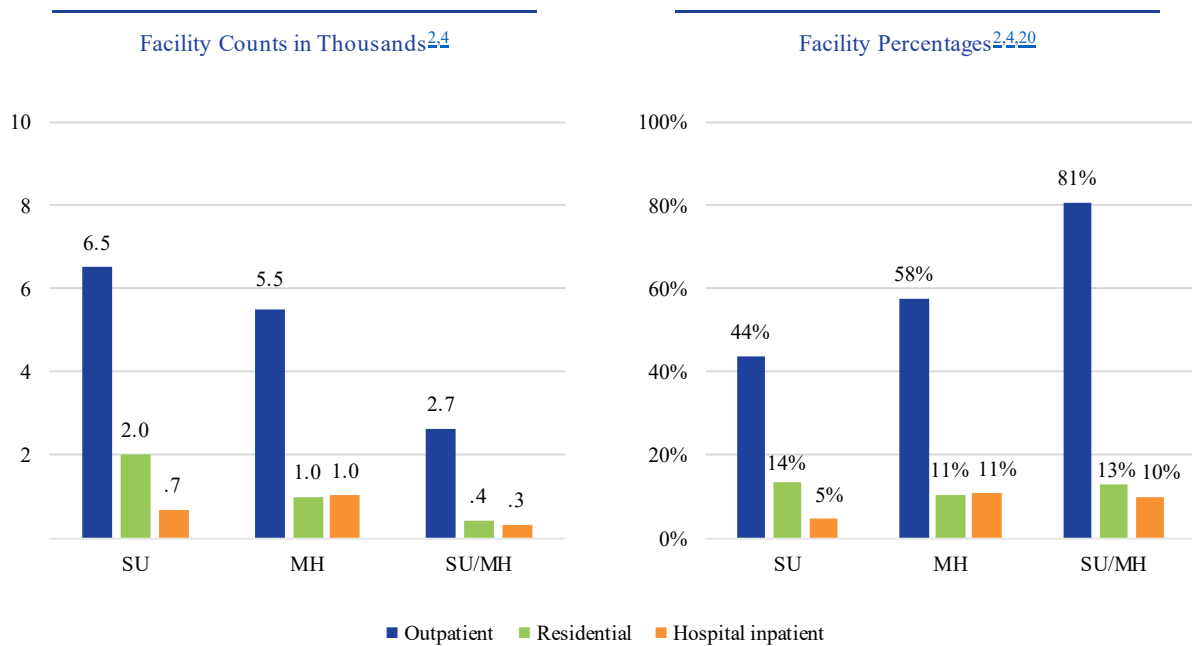
Fifty-three percent (53%) of SU facilities, 69% of MH facilities, and 86% of SU/MH facilities offered suicide prevention services.

Figure 5.2: Suicide Prevention Services by Facility Operation Type, 2022 N-SUMHSS



Twenty-seven percent (27%) of SU facilities providing suicide prevention services were private non-profit organizations, compared to 43% of MH facilities and 52% of SU/MH facilities. Twenty percent (20%) of SU facilities offering suicide prevention services were private for-profit organizations, compared to 11% of MH facilities and 19% of SU/MH facilities.

Figure 5.3: Suicide Prevention Services by Type of Care, 2022 N-SUMHSS



Across facility types, suicide prevention services were most frequently provided in an outpatient setting. Forty-four percent (44%) of all SU facilities, 58% of all MH facilities, and 81% of all SU/MH facilities provided outpatient suicide prevention services.

Endnotes

- 1 The 2022 N-SUMHSS was a voluntary facility survey and it collected data from substance use and mental health treatment facilities across 50 states, 7 territories, and the District of Columbia. The territories included American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Palau, Puerto Rico, and the U.S. Virgin Islands. In 2022, the Federated States of Micronesia did not have any eligible facilities.
- 2 Facility counts and percentages are not mutually exclusive because facilities offering both substance use and mental health treatment services are included in substance use and mental health facility counts. Since the overall facility counts vary (i.e., SU = 14,854, MH = 9,586, and SU/MH = 3,280), readers should use both counts and percentages when interpreting the findings on SU, MH, and SU/MH facility characteristics. Caution should be exercised while adding, comparing, and interpreting findings across facility types.
- 3 Unique facilities included in this report were calculated as: $(14,854 - 3,280) + (9,586 - 3,280) + 3,280 = 21,160$ as facilities offering both substance use and mental health services were only counted once.
- 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 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 is the sum of available inpatient and residential beds reported by facilities as of March 31, 2022. The utilization rate can exceed 100% if the number of clients exceeds 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.
- 6 Eligibility criteria can be found in the Inclusion, Exclusion Criteria, Guidelines for Substance Use and Mental Health Facility section in Appendix B.
- 7 Excluded facilities include 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.
- 8 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 2022 N-SUMHSS response rate calculations, please refer to Appendix B.
- 9 Excluded from the figure and tables were 75 MH facilities with unknown or missing data.
- 10 The N-SUMHSS does not operationally define adolescents, young adults, and older adults age categories for 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 while interpreting findings, as facilities may define these age groups differently. For example, some facilities define 18-year-olds as adolescents while some identify them as young adults.

-
- 11 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 substance use, mental health, and substance use and mental health facility types.
 - 12 Percent of all substance use treatment facilities included in the report (N=14,854). Percentages may exceed 100% as some facilities offer multiple pharmacotherapies for substance use treatment.
 - 13 Facilities reporting providing methadone, buprenorphine, or injectable naltrexone for opioid use disorder (OUD). Methadone is only available at Opioid Treatment Programs (OTP) certified by SAMHSA's Center for Substance Abuse Treatment (CSAT). Excludes facilities that report accepting clients using MAT for OUD prescribed by another facility.
 - 14 Facilities reporting providing disulfiram, naltrexone, or a camprosate for alcohol use disorder (AUD). Excludes facilities that report accepting clients using MAT for AUD prescribed by another facility.
 - 15 Facilities reporting providing nicotine replacement pharmacotherapies or non-nicotine smoking/tobacco cessation medications.
 - 16 Percent of all mental health treatment facilities included in the report (N=9,586). Percentages may exceed 100% as facilities may report using more than one antipsychotic drug.
 - 17 Counts and percentages of facilities reporting 'Don't Know' on use of specific antipsychotics. For example, 18% of facilities reported 'Don't know' on whether they used Haloperidol for treating serious mental illness.
 - 18 Many facilities reported not knowing whether they have used these antipsychotics, therefore, caution should be exercised while interpreting these counts and percentages.
 - 19 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.
 - 20 Percentages based on total facility count within each facility type. For example, substance use facility percentages are calculated using total substance use facilities (N= 14,854).

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. For each table included here, the corresponding figure number is included in parentheses.

Table A-1: Response Rates¹ by State, Territory, and the District of Columbia, 2022 N-SUMHSS (Figure 1.2)

SAMHSA Region	State/Territory	Rate	SAMHSA Region	State/Territory	Rate	SAMHSA Region	State/Territory	Rate
Overall Response Rate = 88.0%								
4	Alabama (AL)	89.1%	4	Kentucky (KY)	92.6%	6	Oklahoma (OK)	90.8%
10	Alaska (AK)	87.6%	6	Louisiana (LA)	89.4%	10	Oregon (OR)	88.0%
9	American Samoa (AS)	100.0%	1	Maine (ME)	83.3%	9	Palau (PW)	100.0%
9	Arizona (AZ)	88.9%	3	Maryland (MD)	85.7%	3	Pennsylvania (PA)	87.6%
6	Arkansas (AR)	83.4%	1	Massachusetts (MA)	84.2%	2	Puerto Rico (PR)	89.0%
9	California (CA)	87.2%	5	Michigan (MI)	91.1%	1	Rhode Island (RI)	84.0%
8	Colorado (CO)	84.3%	5	Minnesota (MN)	89.4%	4	South Carolina (SC)	91.1%
1	Connecticut (CT)	86.8%	4	Mississippi (MS)	84.5%	8	South Dakota (SD)	89.7%
3	Delaware (DE)	90.9%	7	Missouri (MO)	88.9%	4	Tennessee (TN)	89.4%
3	District of Columbia (DC)	80.9%	8	Montana (MT)	91.2%	6	Texas (TX)	88.7%
9	Fed. States of Micronesia (FM) ²	—	7	Nebraska (NE)	88.1%	8	Utah (UT)	92.2%
4	Florida (FL)	88.0%	9	Nevada (NV)	85.4%	1	Vermont (VT)	88.7%
4	Georgia (GA)	87.5%	1	New Hampshire (NH)	91.1%	2	U.S. Virgin Islands (VI)	100.0%
9	Guam (GU)	100.0%	2	New Jersey (NJ)	86.9%	3	Virginia (VA)	88.3%
9	Hawaii (HI)	94.0%	6	New Mexico (NM)	91.4%	10	Washington (WA)	81.3%
10	Idaho (ID)	83.1%	2	New York (NY)	92.0%	3	West Virginia (WV)	94.1%
5	Illinois (IL)	86.6%	4	North Carolina (NC)	84.8%	5	Wisconsin (WI)	86.1%
5	Indiana (IN)	91.5%	8	North Dakota (ND)	84.0%	8	Wyoming (WY)	91.6%
7	Iowa (IA)	89.2%	9	No. Mariana Islands (MP)	100.0%			
7	Kansas (KS)	91.1%	5	Ohio (OH)	87.8%			

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 2022 N-SUMHSS response rate calculations, please refer to Appendix B.

²The Federated States of Micronesia did not have any eligible facilities in 2022.

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) 2022.

Table A-2: Substance Use and Mental Health Treatment Facilities by Operation Type, 2022 N-SUMHSS (Figure 2.1)

	Substance Use Facilities ¹		Mental Health Facilities ¹		Combined Substance Use and Mental Health Facilities ¹	
	N	% (N=14,854)	N	% ² (N=9,586)	N	% (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
Department of Veterans Affairs	184	1.2	410	4.3	124	3.8
Department of Defense	40	0.3	1	0.0	1	0.0
Indian Health Services	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 substance use and mental health treatment services are included in substance use and mental health facility counts. Therefore, caution should be exercised while adding, comparing, or interpreting counts and percentages across facility types.

² Excluded from the table and figure were 75 MH facilities with unknown or missing data.

³ Examples of other federal government agencies include the Health Resources and Services Administration and National Institutes of Health.

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) 2022.

Table A-3: Substance Use and Mental Health Treatment Facilities by Type of Care, 2022 N-SUMHSS (Figure 2.2)

	Substance Use Facilities ¹		Mental Health Facilities ¹		Combined Substance Use and Mental Health Facilities ¹	
	N	% (N=14,854)	N	% ² (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 substance use and mental health treatment services are included in substance use and mental health facility counts. Therefore, caution should be exercised while adding, comparing, or interpreting counts and percentages across facility types.

² Excluded from the table and figure 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) 2022.

Table A-4: Facilities Offering Tailored Program for Specific Groups, 2022 N-SUMHSS (Figure 2.3)

	Substance Use Facilities ¹		Mental Health Facilities ¹		Combined Substance Use and Mental Health Facilities ¹	
	N	% (N=14,854)	N	% (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 substance use and mental health treatment services are included in substance use and mental health facility counts. Therefore, caution should be exercised while 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 substance use 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 while interpreting findings, as 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) 2022.

Table A-5: Utilization Rate and Treatment Capacity, 2022 N-SUMHSS (Figure 2.4)

	Substance Use Facilities ¹	Mental Health Facilities ¹	Combined Substance Use and Mental Health Facilities ¹
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 substance use and mental health treatment services are included in substance use and mental health facility counts. Therefore, caution should be exercised while adding, comparing, or interpreting counts and percentages across facility types.

² The utilization rate is calculated for facilities reporting designated beds 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, 2022. 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) 2022.

Table A-6: Language Assistance by Facility Type, 2022 N-SUMHSS (Figure 4.1)

	Substance Use Facilities ¹		Mental Health Facilities ¹		Combined Substance Use and Mental Health Facilities ¹	
	N	% (N=14,854)	N	% (N=9,586)	N	% (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 substance use and mental health treatment services are included in substance use and mental health facility counts. Therefore, caution should be exercised while adding, comparing, or interpreting counts and percentages across facility types.

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) 2022.

Table A-7: Suicide Prevention Services by Facility Type, 2022 N-SUMHSS (Figure 5.1)

Substance Use Facilities ¹		Mental Health Facilities ¹		Combined Substance Use and Mental Health Facilities ¹	
N	% (N=14,854)	N	% (N=9,586)	N	% (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 substance use and mental health treatment services are included in substance use and mental health facility counts. Therefore, caution should be exercised while adding, comparing, or interpreting counts and percentages across facility types.

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) 2022.

Table A-8: Suicide Prevention Services by Facility Operation and Type, 2022 N-SUMHSS (Figure 5.2)

	Substance Use Facilities ¹		Mental Health Facilities ¹		Combined Substance Use and Mental Health Facilities ¹	
	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 substance use and mental health treatment services are included in substance use and mental health facility counts. Therefore, caution should be exercised while adding, comparing, or interpreting counts and percentages across facility types.

² Percentages based on total facility count within each facility type. For example, substance use facility percentages are calculated using total substance use facilities (N = 14,854) 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) 2022.

Table A-9: Suicide Prevention Services by Type of Care and Facility Type, 2022 N-SUMHSS (Figure 5.3)

	Substance Use Facilities ¹		Mental Health Facilities ¹		Combined Substance Use and Mental Health Facilities ¹	
	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 substance use and mental health treatment services are included in substance use and mental health facility counts. Therefore, caution should be exercised while adding, comparing, or interpreting counts and percentages across facility types.

² Percentages based on total facility count within each facility type. For example, substance use facility percentages are calculated using total substance use facilities (N = 14,854) 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) 2022.

Appendix B. N-SUMHSS Background and Methodology

Introduction

For more than two decades, the Substance Abuse and Mental Health Services Administration (SAMHSA) has been collecting data on the substance use and mental health services offered by treatment facilities in the United States¹ using two surveys – the National Survey of Substance Use 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), SAMHSA plans and directs the N-SUMHSS. The survey provides a mechanism to quantify the diverse characteristics and composition of substance use and mental health treatment delivery systems nationwide. The N-SUMHSS collects data on the location, characteristics, and utilization of substance use and mental health treatment facilities in the United States.

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

- Assist SAMHSA and state and local governments in assessing the nature and extent of services provided in state-supported, state-operated, and private non-profit and for-profit substance use and mental health treatment facilities, and in forecasting substance use and mental health treatment resource requirements;
- Update SAMHSA’s Inventory of Substance Use and Mental Health Treatment Facilities (I-TF), an inventory of all known substance use and mental health treatment facilities in the United States, which can be used as a foundation for future surveys of these facilities;
- Describe the nature and scope of substance use and mental health treatment services and conduct comparative analyses about the nation, regions, and states;
- Generate the National Directory of Drug and Alcohol Use Treatment Facilities, a compendium of facilities approved by state substance use agencies for the provision of substance use treatment;
- Generate the the National Directory of Mental Health Treatment Facilities; and
- Update the information in SAMHSA’s FindTreatment.gov, a searchable database of public and private facilities for the provision of substance use and mental health treatment. FindTreatment.gov is available at: <https://findtreatment.gov>.

Survey Universe and Coverage

The I-TF is the list frame for the N-SUMHSS. The 2022 N-SUMHSS survey universe included 31,010 facilities in the United States, of which 5,945 were found to be either closed or ineligible. Out of 25,065 facilities eligible for inclusion in the 2022 N-SUMHSS, 17,353 facilities provided substance use treatment (SU facilities), 11,647 facilities provided mental health treatment (MH facilities), and 3,935 facilities provided both substance use and mental health treatment (SU/MH facilities)².

Below are the major activities undertaken to ensure the most complete and accurate universe of facilities:

- The survey database was updated to be comprised of (1) facilities that were included in the most recent survey and are in-scope, and (2) newly identified facilities that became known during the previous survey collection and are identified as eligible. Facilities that closed or were subsequently found to be out-of-scope were excluded.

¹ In the 2022 N-SUMHSS, territories included American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Palau, Puerto Rico, and the U.S. Virgin Islands. In 2022, the Federated States of Micronesia did not have any eligible facilities.

² Facility counts are not mutually exclusive because facilities offering both substance use and mental health treatment services are included in substance use and mental health facility counts. Therefore, caution should be exercised while adding, comparing, or interpreting counts and percentages across facility types.

- State mental health authorities (SMHA) and state substance abuse agencies (SSA) are contacted annually and asked to either (1) update and edit their state listing of known facilities, or (2) submit a new state listing of known facilities, using the I-TF online application. The information collected through these state listings was processed and cross-checked with the database of facilities in the I-TF; newly identified facilities were screened for eligibility before being added to the survey database.
- Current facility listings are compiled annually from Data Axle (formerly the American Business Index) and the American Hospital Association (AHA). These listings were cross-checked against the existing I-TF database. Any new facilities were screened through an augmentation telephone questionnaire to determine their eligibility for inclusion in the N-SUMHSS data collection process. The augmentation screener was also used to screen facilities that were newly identified through the previous survey and through the state listings.

Inclusion, Exclusion Criteria, Guidelines for Substance Use and Mental Health Facilities

Inclusion Criteria and Guidelines:

The following types of substance use and mental health treatment facilities were included in the 2022 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.
- *General hospitals with a separate inpatient substance use and/or psychiatric unit* are licensed general hospitals (public or private) that provide inpatient substance use and mental health services in separate units. These units must have specifically allocated staff and space for the treatment of persons with substance use 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 substance use 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 substance use and mental health services to ambulatory clients, typically in sessions of three or more hours on a regular schedule.
- *Outpatient facilities* provide only outpatient substance use and/or mental health 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*³ provide mental health services in two or more service settings (non-hospital 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.

Exclusion Criteria and Guidelines:

The 2022 N-SUMHSS survey universe excluded: (1) Department of Defense (DoD) military mental health treatment facilities; (2) individual private practitioners or small group practices not licensed as a substance use and/or mental health clinic or center; and (3) jails or prisons.

Mental health facilities are not eligible for inclusion in the survey universe if they only provide one or more of the following services: crisis intervention services, psychosocial rehabilitation, cognitive rehabilitation, intake, referral, mental health evaluation, health promotion, psychoeducational services, transportation services, respite services, consumer-run and peer support services, housing services, or legal advocacy. Residential facilities whose primary function is not to provide specialty mental health treatment services are also not eligible for inclusion in the survey universe for the N-SUMHSS.

Beginning in 2000, halfway houses that did not provide substance use treatment were included in the I-TF and survey universe so that they could be listed in the National Directory of Drug and Alcohol Use Treatment Facilities and on SAMHSA's FindTreatment.gov (<https://findtreatment.gov>). These facilities are excluded from analyses and public use data files.

Survey Contents

The 2022 N-SUMHSS questionnaire contained 68 numbered questions. The survey consisted of two introductory questions and four separate modules. The introductory questions requested information on the primary treatment focus of the facility and whether the facility was a jail. These two questions indicated which sections of the survey each facility would be asked to complete. Facilities providing both substance use and mental health treatment services were asked to complete all four modules, while those providing only substance use were asked to complete Modules A, C, and a portion of Module D. Mental health treatment facilities that did not also offer substance use treatment services were asked to complete Modules B, C, and a portion of D. In addition, facilities operated by the Department of Veteran's Affairs (VA) were asked to complete additional questions regarding VA services offered. These addenda included an additional seven questions for substance use facilities and twelve questions for mental health facilities.

Introductory topics included:

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

³ 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.

Topics included in the substance use portion of the survey (Module A) included:

- substance use 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 available for opioid use disorder;
- treatment 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;
- payment type or insurance accepted;

Topics included in the mental health portion of the survey (Module B) 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 mental health facility (e.g., psychiatric hospital, separate inpatient unit of a general hospital, state hospital, residential treatment center for children, etc.);
- treatment modalities for mental health 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;
- licensure, certification, or accreditation agencies or organizations;

Topics in the treatment facility information portion of the survey (Module C) 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 Directory;
- parent organization information, if applicable;

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

- number of facilities included in the counts;
- number of clients receiving inpatient, residential, and outpatient substance use disorder treatment services on March 31, 2022;
- number of inpatient and residential beds designated for substance use disorder treatment on March 31, 2022;
- 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 substance use clients with diagnosed co-occurring mental disorder and substance use disorder;
- number of substance use disorder treatment admissions for the most recent 12-month period;
- number of clients receiving inpatient, residential, and outpatient mental health treatment on March 31, 2022;
- number of inpatient and residential beds designated for mental health disorder treatment on March 31, 2022;
- number of mental disorder treatment admissions, readmissions, and incoming transfers between April 1, 2020, and March 31, 2022;
- percentage of total admissions that were military veterans.

Methods

Field Period and Reference Date

The 2022 N-SUMHSS field period was from March 31, 2022, through December 4, 2022. The survey reference date was March 31, 2022.

Data Collection Methodology

The 2022 N-SUMHSS was a multimode survey. Data collection included three modes: a secure web-based questionnaire, a paper questionnaire sent by mail, and a computer-assisted telephone interview (CATI). Approximately three weeks before the survey launch date, SAMHSA mailed letters to the attention of the facility directors of all eligible facilities to alert them to expect the survey and to request their participation in the N-SUMHSS.⁴ The letter also served to update records with new address information received from the U.S. Postal Service. A data collection packet (including SAMHSA cover letter, state-specific letter of support, web survey access flyer, frequently asked questions fact sheet, and client counts worksheet) was mailed to each facility on March 31, 2022. Non-responding facilities received multiple mail and email reminders, including a hard copy of the questionnaire and postage-paid return envelope in August 2022. Throughout fielding, contract personnel were available by telephone and email to answer facilities’ questions. Facilities completing the survey online had access to hyperlinks to an information site containing definitions of survey terms. To increase the survey response rate, state substance use and mental health agency representatives were contacted to inform them of their state’s progress and to request additional help in encouraging responses. CATI non-response follow-up (assisted telephone interviews) began in July 2022 and ended in November 2022.

⁴ Eligibility criteria can be found in the Inclusion, Exclusion Criteria, Guidelines for Substance Use and Mental Health Facility section in Appendix B.

Eligibility and unit response rate

Table B-1 presents a summary of eligibility and response rate information. Of the 15,624 mental health treatment facilities in the survey, 25.5% were found to be ineligible for the survey because they did not provide mental health treatment services; had a primary treatment focus of substance use services or general health care; provided treatment for incarcerated persons only (i.e., in jails or prisons); were an individual or small group mental health practice not licensed or certified as a mental health center or clinic; or were closed. Of the 20,898 substance use treatment facilities in the survey, 17.0% were found to be ineligible because they had closed or did not provide substance use treatment or detoxification.

Table B-1: Treatment Facilities by Status, Mode of Response, and Type, 2022 N-SUMHSS

	Substance Use Facilities		Mental Health Facilities		Combined Substance Use and Mental Health Facilities ⁵	
	N	%	N	%	N	%
Total facilities in survey	20,898	100.0	15,624	100.0	5,512	100.0
Closed or ineligible	3,545	17.0	3,977	25.5	1,577	28.6
Eligible	17,353	83.0	11,647	74.5	3,935	71.4
Total eligible	17,353	100.0	11,647	100.0	3,935	100.0
Non-respondents	2,283	13.2	1,995	17.1	621	15.8
Respondents	15,070	86.8	9,652	82.9	3,314	84.2
Excluded from report ⁶	44	0.3	0	0.0	7	0.2
Roll-ups ⁷	172	1.0	66	0.6	27	0.7
Eligible for report	14,854	85.6	9,586	82.3	3,280	83.4
Mode of response	14,854	100.0	9,586	100.0	3,280	100.0
Internet	14,590	98.2	9,459	98.7	3,246	99.0
Mail	146	1.0	77	0.8	25	0.8
Telephone	118	0.8	50	0.5	9	0.3

⁵ Facility counts and percentages are not mutually exclusive because facilities offering both substance use and mental health treatment services are included in substance use and mental health facility counts. Therefore, caution should be exercised while adding, comparing, or interpreting counts and percentages across facility types.

⁶ Facilities excluded from the substance use counts included 22 non-treatment halfway houses, 4 solo practices not approved by the state agency for inclusion.

⁷ Facilities whose client counts were included in or “rolled into” other facilities’ counts and whose facility characteristics were not reported separately.

SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, National Substance Use and Mental Health Services Survey (N-SUMHSS) 2022.

Response Rate Calculations

The 2022 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.⁸ AAPOR is the industry standard-bearer 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 produced by an industry standard-bearer and commonly used to calculate survey response rates in surveys of establishments and individuals, including SAMHSA’s National Survey on Drug Use and Health (NSDUH).⁹
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 businesses, 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 2022 N-SUMHSS completion status and corresponding RR4 code.

Table B-2: Survey Completion Status and RR4 Code, 2022 N-SUMHSS

Final Status	Definition	Count	RR4 Code
001	Complete – Telephone	162	1.0
002	Complete – Mail	205	1.0
004	Closed – No longer exists	847	4.1
006	No participation	3,325	3.0
007	Refused	332	2.1
008	Closed – Ineligible or other	3,187	4.1
009	Complete – Web	19,031	1.0
011	Client counts only	211	1.2
015	Client counts unavailable	2,044	1.2
024	Closed – Duplicate facility	566	4.1
034	Closed – Merged	8	4.1

⁸ https://www.aapor.org/AAPOR_Main/media/publications/Standard-Definitions20169theditionfinal.pdf

⁹ [2020 National Survey on Drug Use and Health: Methodological Summary and Definitions \(samhsa.gov\)](https://www.samhsa.gov/2020-national-survey-on-drug-use-and-health-methodological-summary-and-definitions)

Final Status	Definition	Count	RR4 Code
044	Closed – No mental health or substance use treatment	720	4.1
054	Closed – Satellite facility	36	4.1
064	Primary focus is substance use treatment	23	1.0
071	Jail only	2	4.1
072	Halfway house only	16	1.0
074	Individual or Small group	463	1.0

The overall response rate for the 2022 N-SUMHSS was 88.0%, which was calculated by applying the RR4 codes outlined in the table B-1 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 2022 N-SUMHSS, facilities had the option to (1) report substance use and mental health 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 substance use and mental health client counts and was conditional on the service setting or settings in which the facility provides substance use or mental health treatment.

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

Table B-3 is an example that best illustrates how to distribute or unroll parent facility substance use or mental health 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

Quality Assurance

All completed mail questionnaires underwent a manual review for consistency and missing data. Calls to facilities clarified questionable responses and obtained missing data. After data entry, 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.

Data Presented in the 2022 N-SUMHSS Annual Report

Of the 11,647 mental health facilities eligible for the survey, 9,652 (82.9%) completed the survey, including 66 mental health facilities whose client counts were included in or “rolled into” other facilities’ counts and whose facility characteristics were not reported separately [Table B-1]. (These 66 facilities were excluded from the report). After excluding the roll-up of 66 mental health facilities, 9,586 eligible respondent mental health facilities were included in the 2022 N-SUMHSS report. Of the respondents that were eligible for the report, 98.7% completed the survey on the web, 0.8% through the mail, and 0.5% on the telephone.

Of the 17,353 substance use facilities eligible for the survey, 15,070 (86.8%) completed the survey, including 22 facilities that were halfway houses that did not provide substance use treatment, 4 facilities that were solo practitioners, and 18 which did provide administrative services only. These 44 facilities were excluded from the report but have been included in SAMHSA’s [FindTreatment.gov](#). In addition to the facilities that were excluded from the report, there were 172 substance use facilities whose client counts were included in or “rolled into” other facilities’ counts and whose facility characteristics were not reported separately [Table B-1]. After excluding the 44 out-of-scope substance use facilities and the roll-up of 172 substance use facilities, 14,854 eligible respondent substance use facilities were included in the 2022 N-SUMHSS report. Of the respondents that were eligible for the report, 98.2% completed the survey on the web 1.0% through the mail, and 0.8% on the telephone.

Of the mental health and substance use facilities eligible for the survey, 3,935 provided both mental health and substance use services. 3,314 (84.2%) of these completed the survey including 7 whose mental health or substance use responses were excluded from the report and 27 whose client counts were included or “rolled into” other facilities’ counts and whose facility characteristics were not reported separately. After the exclusion of these facilities, 3,280 eligible respondent facilities providing both mental health and substance use services were included in the 2022 N-SUMHSS report. Of these 99.0% completed the survey on the web, 0.8% through the mail and 0.3% on the telephone.

Data Considerations and Limitations

As with any data collection effort, certain procedural considerations and data limitations must be considered when interpreting data from the 2022 N-SUMHSS, as discussed below.

- The N-SUMHSS is a voluntary survey, and while substantial effort is made to obtain responses from all known substance use and mental health treatment facilities within the scope of the survey, some facilities did not respond. There was no adjustment for the 12.0% facility non-response.
- The N-SUMHSS is a point-prevalence survey. It provides information on the substance use and mental health treatment system and its clients as of a pre-selected reference date (March 31, 2022). Client counts reported here do not represent annual totals. Rather, the N-SUMHSS provides a snapshot of substance use and mental health treatment facilities and clients on an average day or month.
- 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 includes percentage values of greater than 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 mental health or substance use treatment services. However, if that patient had a co-occurring substance use or mental health 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 substance use or mental health clients, but will offer co-occurring treatment, 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.

Publication No. PEP23-07-00-002



SAMHSA's mission is to lead public health and service delivery efforts that promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes.

1-877-SAMHSA-7 (1-877-726-4727) • 1-800-487-4889 (TDD) • www.samhsa.gov