



## National Substance Use and Mental Health Services Survey (N-SUMHSS), 2021:

## Data on Substance Use and Mental Health Treatment Facilities

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## Table of Contents

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<b>List of Figures</b> .....	<b>iv</b>
<b>List of Tables</b> .....	<b>v</b>
<b>Executive Summary</b> .....	<b>1</b>
<b>Section 1. Introduction</b> .....	<b>2</b>
N-SUMHSS Overview and Background.....	2
2021 N-SUMHSS Data Collection Highlights.....	2
Data Presented in this Report .....	2
2021 N-SUMHSS Response Rates .....	3
Key Takeaways.....	4
Note to the Reader.....	4
<b>Section 2. General Profile of Substance Use and Mental Health Facilities</b> .....	<b>5</b>
Key Takeaways.....	7
<b>Section 3. Use of Pharmacotherapies/Medications</b> .....	<b>8</b>
Key Takeaways.....	9
<b>Section 4. Language Assistance Provided</b> .....	<b>10</b>
Key Takeaways.....	10
<b>Section 5. Suicide Prevention Services</b> .....	<b>11</b>
Key Takeaways.....	12
<b>Appendix A. Data Tables Corresponding to Figures Included in the Report</b> .....	<b>A-1</b>
<b>Appendix B. N-SUMHSS Background and Methodology</b> .....	<b>B-1</b>
Introduction .....	B-1
Survey Universe and Coverage.....	B-2
Inclusion/Exclusion Criteria/Guidelines for Substance Use and Mental Health Facilities .....	B-2
Survey Contents.....	B-4
Methods .....	B-6
Quality Assurance .....	B-10
Data Presented in the 2021 N-SUMHSS Annual Report .....	B-10
Data Considerations and Limitations .....	B-11

## List of Figures

---

Figure 1.1: Facilities Included in the Annual Report, 2021 N-SUMHSS.....	3
Figure 1.2: Response Rates, 2021 N-SUMHSS.....	3
Figure 2.1: Treatment Facilities by Operation Type, 2021 N-SUMHSS.....	5
Figure 2.2: Treatment Facilities by Type of Care, 2021 N-SUMHSS.....	5
Figure 2.3: Facilities Offering Tailored Program for Specific Groups, 2021 N-SUMHSS.....	6
Figure 2.4: Utilization Rate and Treatment Capacity, 2021 N-SUMHSS.....	6
Figure 4.1: Language Assistance Provided by Facility Type, 2021 N-SUMHSS.....	10
Figure 5.1: Suicide Prevention Services by Facility Type, 2021 N-SUMHSS.....	11
Figure 5.2: Suicide Prevention Services by Facility Operation Type, 2021 N-SUMHSS.....	11
Figure 5.3: Suicide Prevention Services by Type of Care, 2021 N-SUMHSS.....	12

## List of Tables

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Table 3-1:	Use of Pharmacotherapies and MAT in Substance Use Treatment Facilities, 2021 N-SUMHSS .....	8
Table 3-2:	Top 5 First- and Second-Generation Antipsychotics Used for Treating SMI in Mental Health Treatment Facilities, 2021 N-SUMHSS .....	8
Table A-1:	Response Rates <sup>1</sup> by State, Territory, and the District of Columbia, 2021 N-SUMHSS (Figure 1.2) .....	A-1
Table A-2:	Substance Use and Mental Health Treatment Facilities by Operation Type, 2021 N-SUMHSS (Figure 2.1) .....	A-2
Table A-3:	Substance Use and Mental Health Treatment Facilities by Type of Care, 2021 N-SUMHSS (Figure 2.2) .....	A-2
Table A-4:	Facilities Offering Tailored Program for Specific Groups, 2021 N-SUMHSS (Figure 2.3).....	A-3
Table A-5:	Capacity and Utilization Rates by Facility Type, 2021 N-SUMHSS (Figure 2.4) .....	A-4
Table A-6:	Language Assistance by Facility Type, 2021 N-SUMHSS (Figure 4.1) .....	A-5
Table A-7:	Suicide Prevention Services by Facility Type, 2021 N-SUMHSS (Figure 5.1).....	A-5
Table A-8:	Suicide Prevention Services by Facility Operation and Type, 2021 N-SUMHSS (Figure 5.2) .....	A-6
Table A-9:	Suicide Prevention Services by Type of Care and Facility Type, 2021 N-SUMHSS (Figure 5.3) .....	A-6
Table B-1:	Treatment Facilities by Status, Mode of Response, and Type, 2021 N-SUMHSS .....	B-7
Table B-2:	Survey Completion Status and RR4 Code, 2021 N-SUMHSS .....	B-8
Table B-3:	Example of Unrolled Facility Client Counts .....	B-10

## Executive Summary

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In 2021, SAMHSA combined the National Survey of Substance Abuse Treatment Services (N-SSATS) and National Mental Health Services Survey (N-MHSS) into the National Survey of Substance Use and Mental Health Services Survey (N-SUMHSS), making it the most comprehensive source of data on treatment services provided by substance use and mental health facilities in the United States, its territories<sup>1</sup>, and the District of Columbia. Data from this N-SUMHSS report 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 treatment gaps, and support evidence-based planning.

### Data Collection

- The 2021 N-SUMHSS data were collected from substance use and mental health facilities across 50 states, 7 territories, and D.C.<sup>1</sup> The overall response rate for the 2021 N-SUMHSS was 78.8%.
- Data from 20,622 facilities were analyzed to generate findings for this report, which included 14,010 facilities that provided substance use treatment (SU facilities), 9,050 facilities that provided mental health treatment (MH facilities), and 2,438 facilities that provided both substance use and mental health treatment (SU/MH facilities).<sup>2</sup>

### Facility Characteristics

- Treatment facilities were predominantly operated by private non-profit and private for-profit organizations and most commonly provided outpatient care.
- The inpatient/residential bed utilization rates<sup>3</sup> for MH facilities (144%) and SU/MH facilities (137%) were higher than SU facilities (96%).

### Use of Medication-Assisted Treatment (MAT) and Antipsychotics

- A higher percentage of SU facilities reported using MAT for treating opioid use disorders (55.3%) as compared to using MAT for treating alcohol use disorders (37.9%).
- When comparing the top 5 first-generation antipsychotics (FGAs) and second-generation antipsychotics (SGAs) used by MH facilities to treat serious mental illness, a higher percentage of facilities reported using SGAs (range = 42% to 50%) as compared to FGAs (range = 22% to 44%). Risperidone (SGA) was the most commonly used antipsychotic (50.1% of all MH facilities).

### Language Services

- Facilities of all types provided language assistance. Seventy-nine percent (79%) of SU/MH facilities and 74% of MH facilities provided services in languages other than English (e.g., Spanish) as compared to 54% of SU facilities.

### Suicide Prevention Services

- Facilities of all types provided suicide prevention services. Eighty-five percent (85%) of SU/MH facilities and 70% of MH facilities provided suicide prevention services as compared to 46% of SU facilities.

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<sup>1</sup> In the 2021 N-SUMHSS, territories included American Samoa, Guam, the Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Palau, Puerto Rico, and the U.S. Virgin Islands.

<sup>2</sup> 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.

<sup>3</sup> 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, 2021. The utilization rate can exceed 100% if the number of clients exceed the number of designated beds. Facilities with utilization rates >100% use other beds not designated for SU or MH treatment to meet client demand.

## Section 1. Introduction

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### N-SUMHSS Overview and Background

The N-SUMHSS is the most comprehensive national source of data on substance use and mental health treatment facilities in the United States, its territories, and the District of Columbia. The N-SUMHSS is intended to provide behavioral health services providers; researchers; and federal, state, and local governments with information about the number and characteristics of public and private substance use and mental health treatment facilities nationwide.

For more than two decades, SAMHSA has been collecting data on the substance use and mental health services offered by treatment 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 N-SUMHSS. The primary aim to have the combined survey was to reduce the burden on facilities offering both substance use and mental health services, optimize government resources to collect data, and enhance the quality of data collected on the treatment facilities.

The N-SUMHSS is sponsored by the Center for Behavioral Health Statistics and Quality (CBHSQ) of the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services. The N-SUMHSS collects data on the location, characteristics, and utilization of substance use and mental health treatment services throughout the United States, its territories, and the District of Columbia.<sup>1</sup>

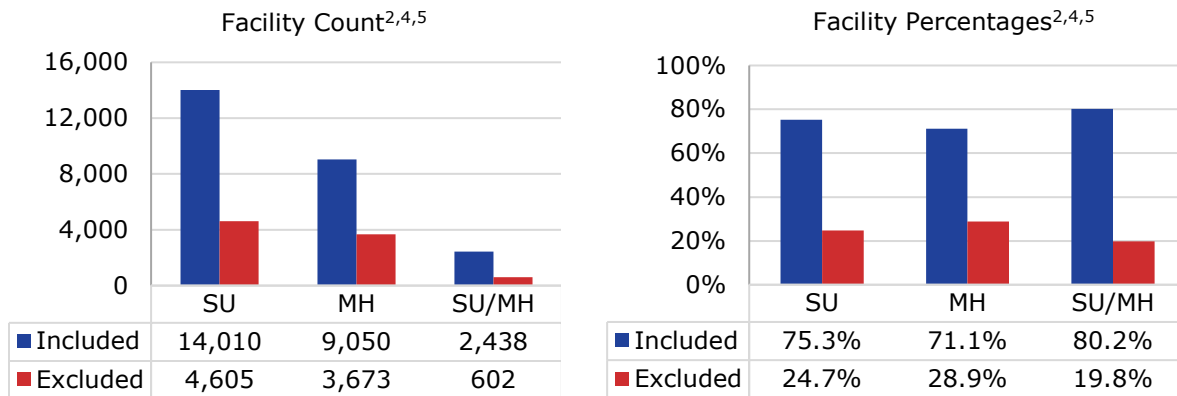
### 2021 N-SUMHSS Data Collection Highlights

The 2021 N-SUMHSS data were collected from April 30, 2021, through January 10, 2022, using three modes: 1) a secure web-based questionnaire, 2) a paper questionnaire sent by mail, and 3) a computer-assisted telephone interview (CATI). There were 32,371 substance use and/or mental health treatment facilities across the United States, its territories, and the District of Columbia in 2021, of which 4,073 were found to be either closed or ineligible. Out of 28,298 facilities eligible for inclusion in the 2021 N-SUMHSS, 18,615 facilities provided substance use treatment (SU facilities), 12,723 facilities provided mental health treatment (MH facilities), and 3,040 facilities provided both substance use and mental health treatment (SU/MH facilities).<sup>2</sup>

### Data Presented in this Report

This report includes data and findings from 20,622<sup>3</sup> facilities, which comprised of 14,010 substance use facilities (75.3% of 18,615 eligible substance use facilities), 9,050 mental health facilities (71.1% of 12,723 eligible mental health facilities), and 2,438 substance use and mental health facilities (80.2% of 3,040 eligible substance use and mental health facilities). Figure 1.1 below provides counts and percentages of facilities included in this report by facility type.

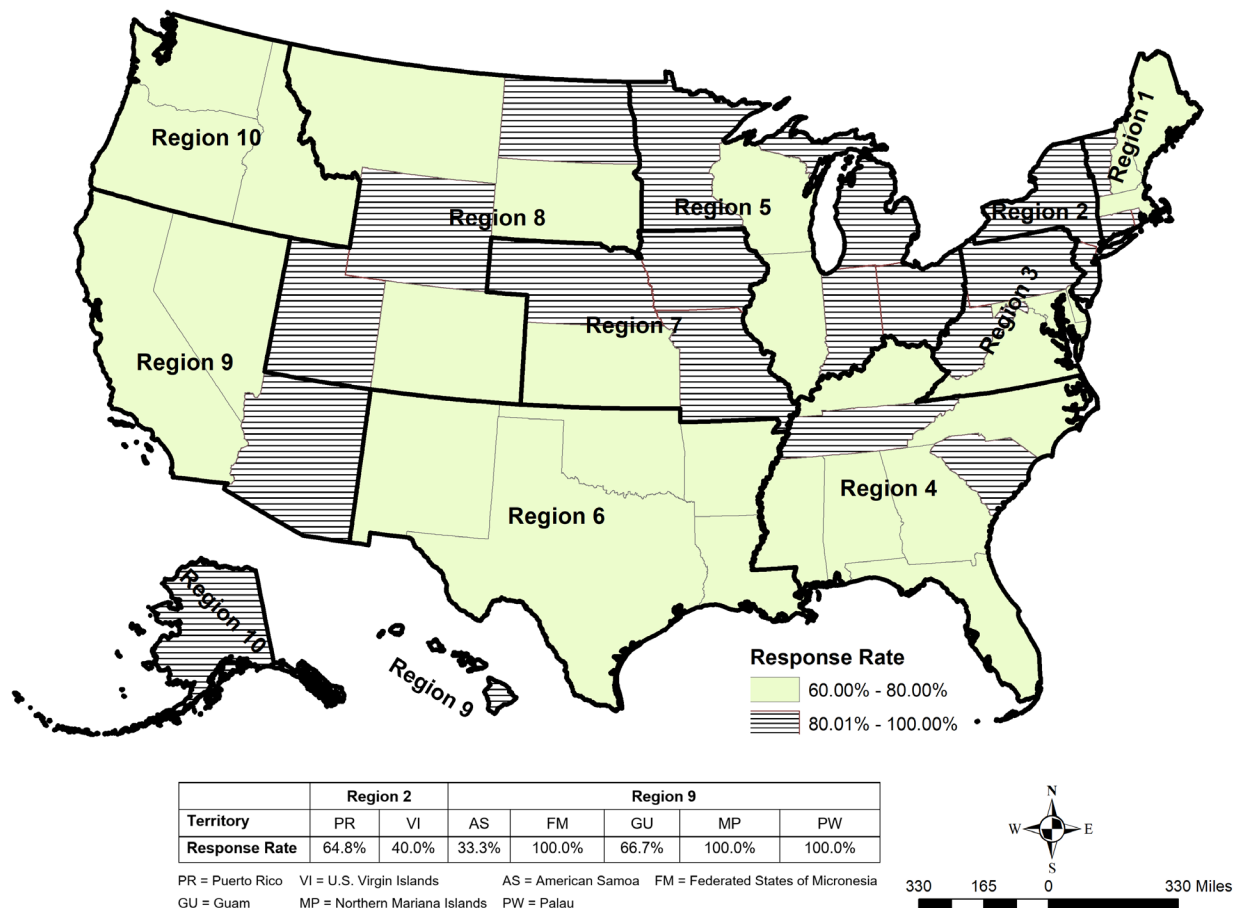
**Figure 1.1: Facilities Included in the Annual Report, 2021 N-SUMHSS**



**2021 N-SUMHSS Response Rates**

The 2021 N-SUMHSS unit response rate among facilities eligible for the survey was 78.8%. The response rate was calculated using the American Association for Public Opinion Research (AAPOR) Response Rate 4 (RR4) standard definition.<sup>6</sup> Figure 1.2 provides a map of the 2021 N-SUMHSS response rates by all of United States, 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 below the map.

**Figure 1.2: Response Rates, 2021 N-SUMHSS**





The 2021 N-SUMHSS response rates for 50 states and D.C. ranged from 64% to 89%, with 21 states achieving a response rate of higher than 80%. The 2021 N-SUMHSS response rates among territories ranged from 33.3% to 100%, with 3 out of 7 territories achieving a response rate of 100%.

## Key Takeaways

The 2021 N-SUMHSS data were collected from substance use and mental health facilities across 50 states, 7 territories<sup>1</sup>, and the District of Columbia with an overall response rate of 78.8%. This report is based on data from 20,622 treatment facilities, which included 14,010 facilities that provided substance use treatment, 9,050 facilities that provided mental health treatment, and 2,438 facilities that provided both substance use and mental health treatment<sup>2,3,4</sup>.

## Note to the Reader

Wherever feasible, this report provides both counts (in thousands) and within facility percentages of SU, MH, and SU/MH facility<sup>4</sup> characteristics. Since the overall facility counts vary (i.e., SU = 14,010, MH = 9,050, and SU/MH = 2,438), readers should use both counts and percentages to interpret findings on SU, MH, and SU/MH facility characteristics. Caution should be exercised while adding, comparing, and interpreting findings across facility types as they are not mutually exclusive.<sup>2</sup> Data footnotes corresponding to the figures/tables are provided at the end of each section. Data tables corresponding to the figures/tables are included in Appendix A. More details on the N-SUMHSS methodology, background, data collection methods, eligibility criteria/guidelines, and response rate calculations are provided in Appendix B.

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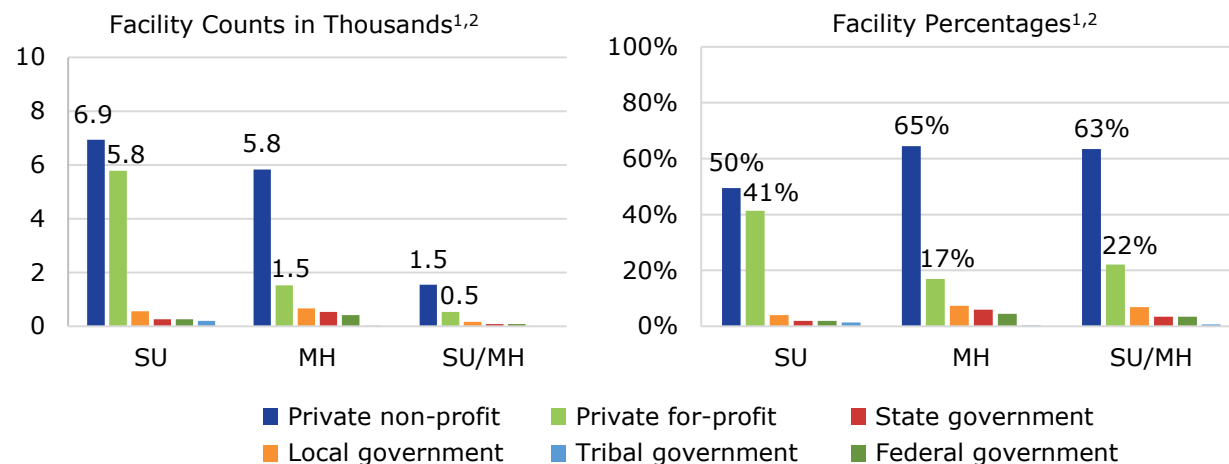
### Data footnotes:

1. In the 2021 N-SUMHSS, the territories included Puerto Rico, American Samoa, Guam, the Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Palau, and the U.S. Virgin Islands.
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. Caution should be exercised while adding, comparing, or interpreting counts and percentages across facility types.
3. Unique facilities included in this report were calculated as:  $(14,010 - 2,438) + (9,050 - 2,438) + 2,438 = 20,622$ , as facilities offering both substance use and mental health services were only counted once.
4. SU – Facilities providing substance use services, MH – Facilities providing mental health services, SU/MH – Facilities providing substance use and mental health services.
5. 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.
6. 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 2021 N-SUMHSS response rate calculations, please refer to Appendix B.

## Section 2. General Profile of Substance Use and Mental Health Facilities

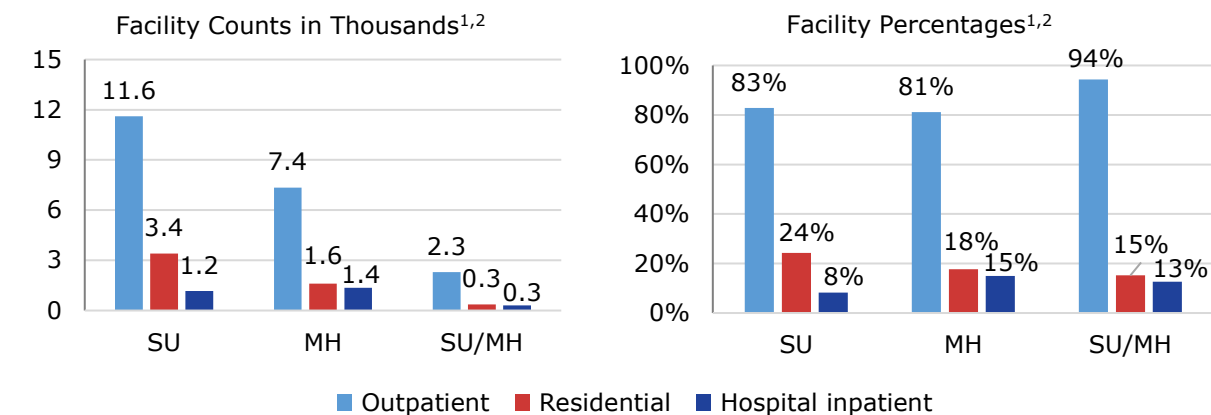
This section provides data by key operational characteristics of 20,622 substance use and mental health treatment facilities from the 2021 N-SUMHSS. Key findings from the substance use and mental health operational characteristics are summarized at the end of the section along with data footnotes corresponding to graphs. For data tables corresponding to figures presented in this section, please refer to Appendix A.

**Figure 2.1: Treatment Facilities by Operation Type, 2021 N-SUMHSS**



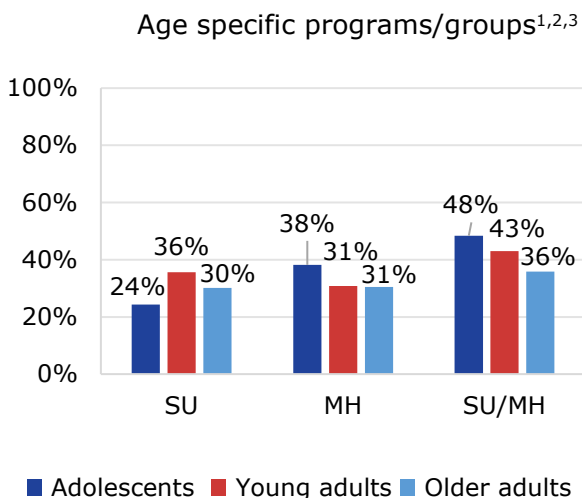
Substance Use (SU) and Mental Health (MH) services were operated predominantly by private entities. Private non-profit organizations account for half of SU facilities (N = 6,932, 50% of all SU facilities), around two-thirds of MH facilities (N = 5,835, 65% of all MH facilities), and around two-thirds of facilities offering both SU/MH services (N = 1,546, 63% of all SU/MH facilities).

**Figure 2.2: Treatment Facilities by Type of Care, 2021 N-SUMHSS**

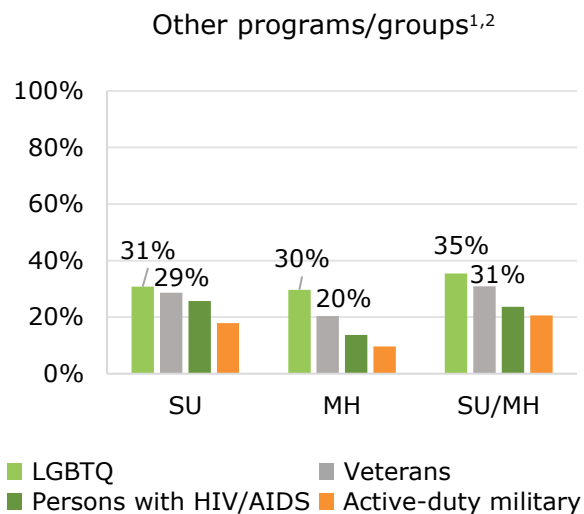


Outpatient care was the most frequent type of service provided across all facility types. A higher percentage of SU facilities offered residential care (24%, as compared to 18% for MH and 15% for SU/MH), and a higher percentage of MH facilities offered inpatient care (15%, as compared to 8% for SU and 13% for SU/MH).

**Figure 2.3: Facilities Offering Tailored Program for Specific Groups, 2021 N-SUMHSS**

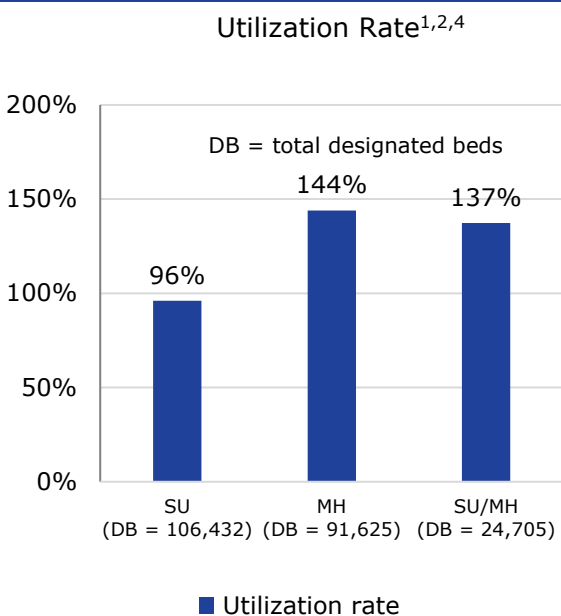


A higher percentage of MH and SU/MH facilities provided services tailored to adolescents as compared to other age categories. A higher percentage of SU facilities provided services tailored to young adults as compared to other age categories.

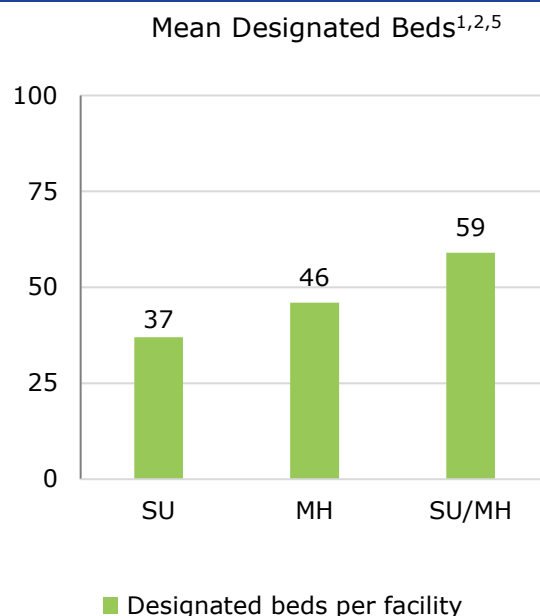


Across all facility types, LGBTQ and veterans were the top two non-age-specific groups that were offered tailored programs.

**Figure 2.4: Utilization Rate and Treatment Capacity, 2021 N-SUMHSS**



SU facilities had the highest (DB = 106,432) total designated bed count compared to MH or SU/MH facilities. The utilization rates for MH facilities (144%) and SU/MH facilities (137%) were higher than SU facilities (96%).



SU facilities had the lowest number of mean designated beds per facility (mean = 37) as compared to MH facilities (mean = 46). SU/MH facilities had the highest mean designated beds per facility (mean = 59).

## Key Takeaways

More than 80% of substance use, mental health and substance use/mental health facilities were operated by private entities. Over 80% of services provided by facilities of all types were outpatient care. Substance use facilities had a higher total designated bed count (106,432) as compared to mental health facilities (count = 91,625) and substance use/mental health facilities (count = 24,705). However, substance use/mental health facilities had a higher mean designated beds per facility (mean = 59) as compared to mental health facilities (mean = 46) and substance use facilities (mean = 37). Substance use facilities had lower utilization rate (96%) as compared to substance use/mental health facilities (137%) and mental health facilities (144%).

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### Data footnotes:

1. SU – Facilities providing substance use services, MH – Facilities providing mental health services, SU/MH – Facilities providing substance use and mental health services.
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. Caution should be exercised while adding, comparing, or interpreting counts and percentages across facility types. Facility counts are not mutually exclusive, as facilities offering both substance use and mental health treatment are included in the substance use and mental health categories.
3. 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+). 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.
4. 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, 2021. The utilization rate can exceed 100% if the number of clients exceed the number of designated beds. Facilities with utilization rates >100% use other beds not designated for SU or MH treatment to meet client demand.
5. 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/mental health facility types.

## Section 3. Use of Pharmacotherapies/Medications

This section provides data on the use of pharmacotherapies (or medications) by substance use and mental health treatment facilities in 2021. Since medications used for substance use treatment vary from mental health treatment, data are presented separately. For the same reasons, data from facilities offering both substance use and mental health treatment (SU/MH facilities) are not presented in this section. Key findings are summarized at the end of the section along with data footnotes corresponding to tables.

Table 3-1 provides data on the use of pharmacotherapies offered by substance use treatment facilities in 2021. Over two-thirds of substance use treatment facilities (69.5%) offered pharmacotherapies as part of their treatment services. A higher percentage of substance use facilities (55.3%) provided medication-assisted treatment (MAT) for opioid use disorder as compared to MAT for alcohol use disorder (37.9%).

**Table 3-1: Use of Pharmacotherapies and MAT in Substance Use Treatment Facilities, 2021 N-SUMHSS**

Pharmacotherapy Usage	Counts	Percentages <sup>1</sup>
Facilities using any pharmacotherapy	9,738	69.5%
Facilities providing MAT for opioid use disorder <sup>2</sup>	7,753	55.3%
Facilities providing MAT for alcohol use disorder <sup>3</sup>	5,312	37.9%

Table 3-2 provides data on the top 5 first- and second-generation antipsychotics used by mental health treatment facilities for treating serious mental illness (SMI) in 2021. Of these, second-generation antipsychotics were more commonly used (range = 42% to 50%) than first-generation antipsychotics (range = 22% to 44%). Haloperidol and Fluphenazine were the most used first-generation antipsychotics (43.9% and 32.4% respectively), and Risperidone and Olanzapine were the most used second-generation antipsychotics (50.1% and 45.6% respectively).

**Table 3-2: Top 5 First- and Second-Generation Antipsychotics Used for Treating SMI in Mental Health Treatment Facilities, 2021 N-SUMHSS**

Antipsychotics	Reported Using (Counts)	Reported Using <sup>4</sup> (Percentages)	Reported Don't Know <sup>5</sup> (Counts)	Reported Don't Know <sup>5</sup> (Percentages)
<b>First-Generation</b>				
Haloperidol	3,974	43.9%	1,627	18.0%
Fluphenazine	2,932	32.4%	2,104	23.2%
Chlorpromazine	2,882	31.8%	2,090	23.1%
Perphenazine	2,316	25.6%	2,361	26.1%
Loxapine	1,973	21.8%	2,333	25.8%
<b>Second-Generation</b>				
Risperidone	4,536	50.1%	1,436	15.9%
Olanzapine	4,125	45.6%	1,737	19.2%
Aripiprazole	3,950	43.6%	1,896	21.0%
Quetiapine	3,868	42.7%	1,894	20.9%
Clozapine	3,766	41.6%	1,728	19.1%

Note: Many facilities reported not knowing whether they have used these antipsychotics, caution should be exercised while interpreting these counts and percentages.

## Key Takeaways

Over two-thirds of substance use treatment facilities (69.5%) offered pharmacotherapies as part of their treatment services. A higher percentage of substance use facilities reported using MAT for treating opioid use disorder (55.3%) as compared to using MAT for treating alcohol use disorder (37.9%). When comparing the use of top 5 first- and second-generation antipsychotics by mental health facilities for treating SMI, a higher percentage (range = 42% to 50% facilities) reported using second-generation antipsychotics as compared to first-generation antipsychotics (range = 22% to 44% facilities). Risperidone, a second-generation antipsychotic, was the most used drug by mental health treatment facilities (50.1% of facilities) for treating SMI.

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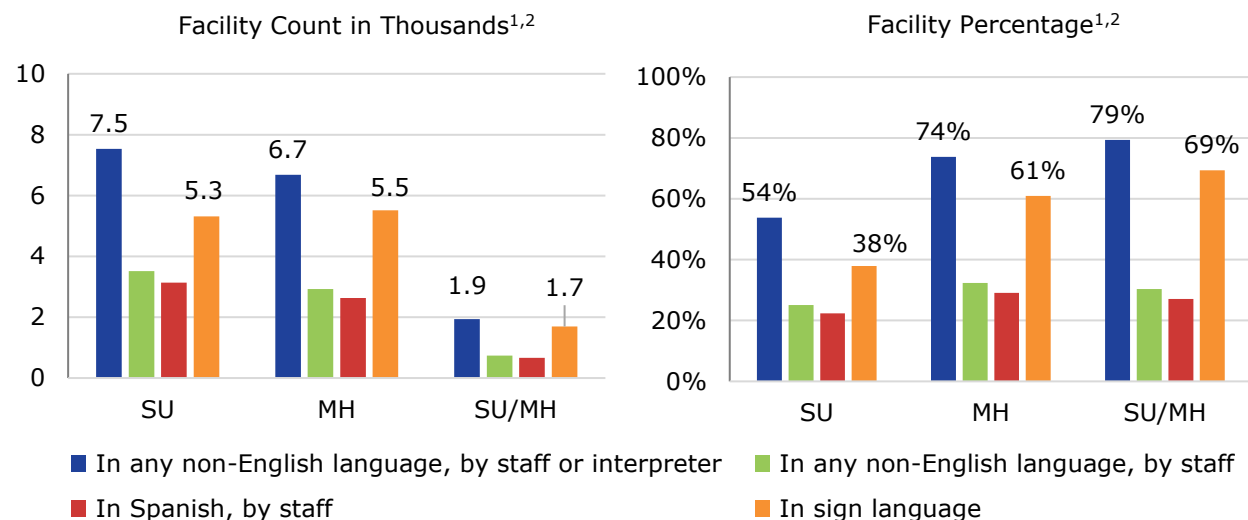
### Data footnotes:

1. Percent of all substance use treatment facilities included in the report (N=14,010). Percentages may exceed 100% as some facilities offer multiple pharmacotherapies for substance use treatment.
2. 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.
3. Facilities reporting providing disulfiram, naltrexone, or acamprosate for AUD. Excludes facilities that report accepting clients using MAT for AUD prescribed by another facility.
4. Percent of all mental health treatment facilities included in the report (N=9,050). Percentages may exceed 100% as facilities may report using more than one antipsychotic drug.
5. 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.

## Section 4. Language Assistance Provided

This section provides data on language assistance provided by substance use and mental health treatment facilities in 2021. For data tables corresponding to figures presented in this section, please refer to Appendix A. Key findings are summarized at the end of the section along with data footnotes corresponding to graphs.

**Figure 4.1: Language Assistance Provided by Facility Type, 2021 N-SUMHSS**



A substantial number of all facility types provided services in languages other than English through staff or interpreter in 2021. A higher percentage of SU/MH (79% of all SU/MH facilities) and MH facilities (74% of all MH facilities) provided language assistance services as compared to SU facilities (54% of all SU facilities). Similarly, a higher percentage of SU/MH (69% of all SU/MH facilities) and MH facilities (61% of all MH facilities) provided services in sign language as compared to SU facilities (38% of all SU facilities).

### Key Takeaways

Facilities of all types provided services in languages other than English. A higher percentage of substance use/mental health facilities (79%) and mental health facilities (74%) provided language assistance services as compared to substance use facilities (54%).

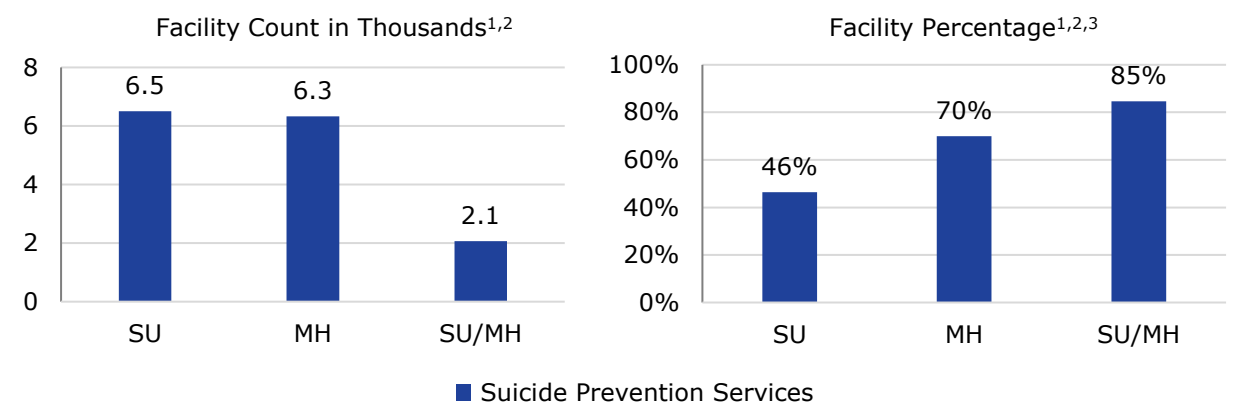
#### Data footnotes:

1. SU – Facilities providing substance use services, MH – Facilities providing mental health services, SU/MH – Facilities providing substance use and mental health services.
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. Caution should be exercised while adding, comparing, or interpreting counts and percentages across facility types.

## Section 5. Suicide Prevention Services

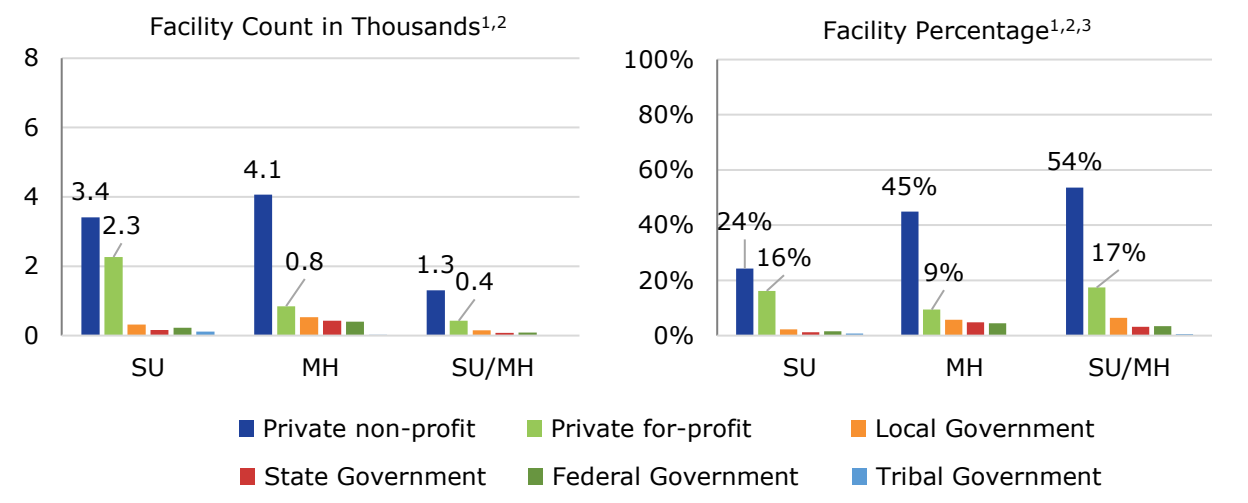
This section provides data on suicide prevention services provided by substance use and mental health treatment facilities in 2021. Key findings are summarized at the end of the section along with data footnotes corresponding to graphs. For data tables corresponding to figures presented in this section, please refer to Appendix A.

**Figure 5.1: Suicide Prevention Services by Facility Type, 2021 N-SUMHSS**



A substantial number of facilities of all types offered suicide prevention services. A higher percentage of SU/MH (85% of all SU/MH facilities) and MH facilities (70% of all MH facilities) offered suicide prevention services as compared to SU facilities (46% of all SU facilities).

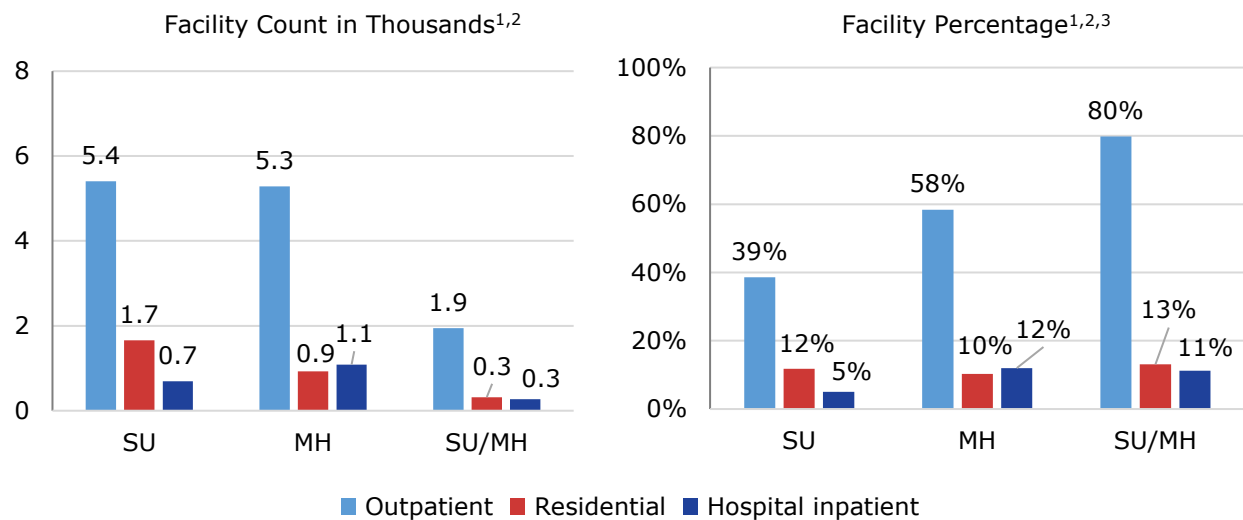
**Figure 5.2: Suicide Prevention Services by Facility Operation Type, 2021 N-SUMHSS**



Consistent with the overall operating structure of treatment facilities (Figure 2.1), suicide prevention services were predominantly provided by facilities operated by private entities. Private non-profit organizations offering suicide prevention services accounted for 24% of all SU facilities, 45% of all MH facilities, and 54% of all SU/MH facilities. Private for-profit organizations offering suicide prevention services accounted for 16% of all SU facilities, 9% of all MH facilities, and 17% of all SU/MH facilities.



**Figure 5.3: Suicide Prevention Services by Type of Care, 2021 N-SUMHSS**



A substantial number of facilities of all types provided suicide prevention services, with outpatient care being the most frequent type of care provided across all facility types. A higher percentage of SU/MH facilities (80% of all SU/MH facilities) and MH facilities (58% of all MH facilities) provided outpatient suicide prevention care as compared to SU facilities (39% of all SU facilities). A higher percentage of MH facilities (12% of all MH facilities) and SU/MH facilities (11% of all SU/MH facilities) provided inpatient suicide prevention care as compared to SU facilities (5% of all SU facilities).

### Key Takeaways

Facilities of all types provided suicide prevention services. A higher percent of substance use/mental health facilities (85%) and mental health facilities (70%) provided suicide prevention services as compared to substance use facilities (46%). Private organizations providing suicide prevention services accounted for more than 40% of all facility types. Suicide prevention services were predominantly offered as outpatient care (range= 39%–80% of all facilities) as opposed to residential and hospital inpatient care (range=10%–13% and 5%–12%, respectively).

#### Data footnotes:

1. SU – Facilities providing substance use services, MH – Facilities providing mental health services, SU/MH – Facilities providing substance use and mental health services.
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. Caution should be exercised while adding, comparing, or interpreting counts and percentages across facility types.
3. Percentages based on total facility count within each facility type. For example, substance use facility percentages are calculated using total substance use facilities (N = 14,010) as the denominator and so forth.

## 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 Rates<sup>1</sup> by State, Territory, and the District of Columbia, 2021 N-SUMHSS (Figure 1.2)**

SAMHSA Region	State/Territory	Rate	SAMHSA Region	State/Territory	Rate	SAMHSA Region	State/Territory	Rate
<b>Overall Response Rate = 78.8%</b>								
4	Alabama (AL)	75.6%	4	Kentucky (KY)	76.8%	6	Oklahoma (OK)	75.5%
10	Alaska (AK)	83.5%	6	Louisiana (LA)	64.7%	10	Oregon (OR)	75.2%
9	American Samoa (AS)	33.3%	1	Maine (ME)	71.6%	9	Palau (PW)	100.0%
9	Arizona (AZ)	80.0%	3	Maryland (MD)	77.4%	3	Pennsylvania (PA)	80.2%
6	Arkansas (AR)	79.6%	1	Massachusetts (MA)	75.7%	2	Puerto Rico (PR)	64.8%
9	California (CA)	77.5%	5	Michigan (MI)	84.6%	1	Rhode Island (RI)	83.6%
8	Colorado (CO)	77.9%	5	Minnesota (MN)	81.1%	4	South Carolina (SC)	83.4%
1	Connecticut (CT)	80.9%	4	Mississippi (MS)	69.6%	8	South Dakota (SD)	79.9%
3	Delaware (DE)	79.8%	7	Missouri (MO)	86.2%	4	Tennessee (TN)	83.6%
3	District of Columbia (DC)	67.9%	8	Montana (MT)	76.6%	6	Texas (TX)	73.1%
9	Fed. States of Micronesia (FM)	100.0%	7	Nebraska (NE)	85.3%	8	Utah (UT)	87.1%
4	Florida (FL)	74.9%	9	Nevada (NV)	76.4%	1	Vermont (VE)	80.6%
4	Georgia (GA)	73.7%	1	New Hampshire (NH)	79.5%	2	U.S. Virgin Islands (VI)	40.0%
9	Guam (GU)	66.7%	2	New Jersey (NJ)	83.8%	3	Virginia (VA)	75.9%
9	Hawaii (HI)	80.9%	6	New Mexico (NM)	70.1%	10	Washington (WA)	79.6%
10	Idaho (ID)	76.3%	2	New York (NY)	82.9%	3	West Virginia (WV)	80.5%
5	Illinois (IL)	78.9%	4	North Carolina (NC)	75.6%	5	Wisconsin (WI)	76.8%
5	Indiana (IN)	89.3%	8	North Dakota (ND)	85.6%	8	Wyoming (WY)	85.7%
7	Iowa (IA)	80.9%	9	No. Mariana Islands (MP)	100.0%			
7	Kansas (KS)	75.4%	5	Ohio (OH)	84.5%			

<sup>1</sup> 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 2021 N-SUMHSS response rate calculations, please refer to Appendix B.

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), 2021.

**Table A-2: Substance Use and Mental Health Treatment Facilities by Operation Type, 2021 N-SUMHSS (Figure 2.1)**

	Substance use facilities <sup>1</sup>		Mental health facilities <sup>1</sup>		Combined SU/MH facilities <sup>1</sup>	
	N	% (N=14,010)	N	% (N=9,050)	N	% (N=2,438)
Private for-profit	5,783	41.3	1,528	16.9	538	22.1
Private non-profit	6,932	49.5	5,835	64.5	1,546	63.4
State government	264	1.9	531	5.9	84	3.4
Local, county, or community government	555	4.0	661	7.3	169	6.9
Tribal government	203	1.4	24	0.3	17	0.7
Federal government	261	1.9	411	4.5	83	3.4
Department of Veterans Affairs	196	1.4	399	4.4	82	3.4
Department of Defense	40	0.3	0	0.0	0	0.0
Indian Health Services	20	0.1	2	0.0	0	0.0
Other	4	0.0	9	0.1	1	0.0

<sup>1</sup> 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), 2021.

**Table A-3: Substance Use and Mental Health Treatment Facilities by Type of Care, 2021 N-SUMHSS (Figure 2.2)**

	Substance use facilities <sup>1</sup>		Mental health facilities <sup>1</sup>		Combined Substance use/Mental health facilities <sup>1</sup>	
	N	% (N=14,010)	N	% (N=9,050)	N	% (N=2,438)
Hospital inpatient	1,162	8.3	1,359	15.0	307	12.6
Residential	3,401	24.3	1,605	17.7	371	15.2
Outpatient	11,615	82.9	7,350	81.2	2,301	94.4

<sup>1</sup> 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. 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), 2021.

**Table A-4: Facilities Offering Tailored Program for Specific Groups, 2021 N-SUMHSS (Figure 2.3)**

	Substance use facilities <sup>1</sup>		Mental health facilities <sup>1</sup>		Combined Substance use/Mental health facilities <sup>1</sup>	
	N	% (N=14,010)	N	% (N=9,050)	N	% (N=2,438)
Adolescents <sup>2</sup>	3,400	24.3	3,461	38.2	1,179	48.4
Young adults <sup>2</sup>	4,983	35.6	2,791	30.8	1,048	43.0
Older adults <sup>2</sup>	4,222	30.1	2,758	30.5	873	35.8
LGBTQ	4,311	30.8	2,685	29.7	863	35.4
Persons with HIV or AIDS	3,604	25.7	1,243	13.7	578	23.7
Veterans	4,023	28.7	1,842	20.4	754	30.9
Active-duty military	2,507	17.9	873	9.6	503	20.6

<sup>1</sup> 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. Caution should be exercised while adding, comparing, or interpreting counts and percentages across facility types.

<sup>2</sup> 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+). 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), 2021.

**Table A-5: Capacity and Utilization Rates by Facility Type, 2021 N-SUMHSS (Figure 2.4)**

	Substance use facilities <sup>1</sup>	Mental health facilities <sup>1</sup>	Combined Substance use/Mental health facilities <sup>1</sup>
Number of designated beds	106,432	91,625	24,705
Overall utilization rate <sup>2</sup>	96	144	137
Designated mean beds per facility <sup>3</sup>	37	46	59

<sup>1</sup> 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. Caution should be exercised while adding, comparing, or interpreting counts and percentages across facility types.

<sup>2</sup> 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, 2021. The utilization rate can exceed 100% if the number of clients exceed the number of designated beds. Facilities with utilization rates >100% use other beds not designated for SU or MH treatment to meet client demand.

<sup>3</sup> Designated mean beds per facilities is calculated by dividing total number of beds with total number of facilities with one or more beds within each substance use, mental health, and substance use/mental health 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), 2021.

**Table A-6: Language Assistance by Facility Type, 2021 N-SUMHSS (Figure 4.1)**

	Substance use facilities <sup>1</sup>		Mental health facilities <sup>1</sup>		Combined Substance use/Mental health facilities <sup>1</sup>	
	N	% (N=14,010)	N	% (N=9,050)	N	% (N=2,438)
Services other than in English (staff or interpreter)	7,537	53.8	6,681	73.8	1,936	79.4
Provided by staff	3,512	25.1	2,924	32.3	742	30.4
Spanish services provided by staff	3,140	22.4	2,636	29.1	661	27.1
Sign language services	5,309	37.9	5,516	61.0	1,692	69.4

<sup>1</sup> 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. 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), 2021.

**Table A-7: Suicide Prevention Services by Facility Type, 2021 N-SUMHSS (Figure 5.1)**

	Substance use facilities <sup>1</sup>		Mental health facilities <sup>1</sup>		Combined Substance use/Mental health facilities <sup>1</sup>	
	N	% (N=14,010)	N	% (N=9,050)	N	% (N=2,438)
	6,503	46.4	6,332	70.0	2,062	84.6

<sup>1</sup> 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. 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), 2021.

**Table A-8: Suicide Prevention Services by Facility Operation and Type, 2021 N-SUMHSS (Figure 5.2)**

	Substance use facilities <sup>1</sup>		Mental health facilities <sup>1</sup>		Combined Substance use/Mental health facilities <sup>1</sup>	
	N	% <sup>2</sup> (N=14,010)	N	% <sup>2</sup> (N=9,050)	N	% <sup>2</sup> (N=2,438)
Private for-profit	2,266	16.2	847	9.4	425	17.4
Private non-profit	3,409	24.3	4,063	44.9	1,306	53.6
State government	163	1.2	430	4.8	79	3.2
Local, county, or community government	319	2.3	528	5.8	155	6.4
Tribal government	116	0.8	20	0.2	13	0.5
Federal government	226	1.6	404	4.5	83	3.4

<sup>1</sup> 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. Caution should be exercised while adding, comparing, or interpreting counts and percentages across facility types.

<sup>2</sup> Percentages based on total facility count within each facility type. For example, substance use facility percentages are calculated using total substance use facilities (N = 14,010) 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), 2021.

**Table A-9: Suicide Prevention Services by Type of Care and Facility Type, 2021 N-SUMHSS (Figure 5.3)**

	Substance use facilities <sup>1</sup>		Mental health facilities <sup>1</sup>		Combined Substance use/Mental health facilities <sup>1</sup>	
	N	% <sup>2</sup> (N=14,010)	N	% <sup>2</sup> (N=9,050)	N	% <sup>2</sup> (N=2,438)
Hospital inpatient	694	5.0	1,088	12.0	274	11.2
Residential	1,659	11.8	928	10.3	320	13.1
Outpatient	5,405	38.6	5,284	58.4	1,946	79.8

<sup>1</sup> 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. Caution should be exercised while adding, comparing, or interpreting counts and percentages across facility types.

<sup>2</sup> Percentages based on total facility count within each facility type. For example, substance use facility percentages are calculated using total substance use facilities (N = 14,010) 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), 2021.

## Appendix B. N-SUMHSS Background and Methodology

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### 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 across the United States, its territories<sup>4</sup>, and the District of Columbia 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)—to ease burden on facilities offering both substance use and mental health services, reduce government resources to collect data, and increase the rate at which data can be produced through one streamlined survey.

The Center for Behavioral Health Statistics and Quality (CBHSQ), SAMHSA, HHS plans and directs the N-SUMHSS. The survey provides a mechanism to quantify the diverse characteristics and composition of the U.S. substance use and mental health treatment delivery systems. The N-SUMHSS collects data on the location, characteristics, and utilization of substance use and mental health treatment facilities throughout the United States, its territories, and the District of Columbia.

The N-SUMHSS collects multipurpose 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, its territories, and the District of Columbia, 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 Abuse Treatment Facilities, a compendium of facilities approved by state substance use agencies for the provision of substance use treatment; 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. The FindTreatment.gov is available at: <https://findtreatment.gov>.

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<sup>4</sup> In the 2021 N-SUMHSS, territories included American Samoa, Guam, the Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Palau, Puerto Rico, and the U.S. Virgin Islands.



## Survey Universe and Coverage

The I-TF is the list frame for the N-SUMHSS. The 2021 N-SUMHSS survey universe included 32,371 facilities across the United States, its territories, and the District of Columbia, of which 4,073 were found to be either closed or ineligible. Out of 28,298 facilities eligible for inclusion in the 2021 N-SUMHSS, 18,615 facilities provided substance use treatment (SU facilities), 12,723 facilities provided mental health treatment (MH facilities), and 3,040 facilities provided both substance use and mental health treatment (SU/MH facilities)<sup>5</sup>.

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.
- 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. 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/Guidelines:

The following types of substance use and mental health treatment facilities were included in the 2021 N-SUMHSS:

- *Psychiatric hospitals* are facilities licensed and operated as either state/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.

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<sup>5</sup> 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.

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*<sup>6</sup> provide mental health services in two or more service settings (non-hospital residential, plus either outpatient and/or partial hospitalization/ 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

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<sup>6</sup> 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.

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/Guidelines:

The 2021 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/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 Abuse 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 2021 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.

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/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, 2021;
- number of inpatient and residential beds designated for substance use disorder treatment on March 31, 2021;
- 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, 2021;
- number of inpatient and residential beds designated for mental health disorder treatment on March 31, 2021;
- number of mental disorder treatment admissions, readmissions, and incoming transfers between April 1, 2020, and March 31, 2021;
- percentage of total admissions that were military veterans.

## Methods

### Field Period and Reference Date

The 2021 N-SUMHSS field period was from April 30, 2021, through January 10, 2022. The survey reference date was March 31, 2021.

### Data Collection Methodology

The 2021 N-SUMHSS 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. 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 April 30, 2021. Non-responding facilities received multiple mail and email reminders, including a hard copy of the questionnaire and postage-paid return envelope in August 2021. 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 August 2021 and ended in late November 2021.

#### Eligibility and unit response rate

Table B-1 presents a summary of eligibility and response rate information. Of the 15,430 mental health treatment facilities in the survey, 17.5% 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 20,687 substance use treatment facilities in the survey, 10% 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, 2021 N-SUMHSS**

	Mental Health		Substance Use		Substance Use and Mental Health <sup>1</sup>	
	Number	Percent	Number	Percent	Number	Percent
Total facilities in survey	<b>15,430</b>	<b>100</b>	<b>20,687</b>	<b>100</b>	<b>3,746</b>	<b>100</b>
Closed/ineligible	2,707	17.5	2,072	10	706	18.8
Eligible	12,723	82.5	18,615	90	3,040	81.2
Total eligible	<b>12,723</b>	<b>100</b>	<b>18,615</b>	<b>100</b>	<b>3,040</b>	<b>100</b>
Non-respondents	3,552	27.9	4,272	22.9	544	17.9
Respondents	9,171	72.1	<b>14,343</b>	77.1	<b>2,496</b>	82.1
Excluded from report <sup>2</sup>	5	0	177	1	40	1.3
Roll-ups <sup>3</sup>	116	1	156	0.8	18	0.6
Eligible for report	9,050	71.1	14,010	75.3	2,438	80.2
Mode of response	<b>9,050</b>	<b>100</b>	<b>14,010</b>	<b>100</b>	<b>2,438</b>	<b>100</b>
Internet	8,929	98.7	13,760	98.2	2,424	99.4
Mail	90	1	100	0.7	11	0.5
Telephone	31	0.3	150	1.1	3	0.1

<sup>1</sup> 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. Caution should be exercised while adding, comparing, or interpreting counts and percentages across facility types. Facility counts are not mutually exclusive, as facilities offering both substance use and mental health treatment are included in the substance use and mental health categories.

<sup>2</sup> Facilities excluded from the substance use counts included 33 non-treatment halfway houses, 78 solo practices not approved by the state agency for inclusion.

<sup>3</sup> 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), 2021.

### Response Rate Calculations

The 2021 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<sup>7</sup>. 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).<sup>8</sup>
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 2021 N-SUMHSS completion status and corresponding RR4 code.

**Table B-2: Survey Completion Status and RR4 Code, 2021 N-SUMHSS**

Final Status	Definition	Count	RR4 Code
001	Complete-telephone	131	1.0
002	Complete-mail	235	1.0
004	Closed-no longer exists	2,078	4.1
006	No participation	7,163	3.0
007	Refused	117	2.1
008	Closed-ineligible/other	51	4.1
009	Complete-web	18,338	1.0

<sup>7</sup> [https://www.aapor.org/AAPOR\\_Main/media/publications/Standard-Definitions20169theditionfinal.pdf](https://www.aapor.org/AAPOR_Main/media/publications/Standard-Definitions20169theditionfinal.pdf)

<sup>8</sup> [2020 National Survey on Drug Use and Health: Methodological Summary and Definitions \(samhsa.gov\)](https://www.samhsa.gov/2k20-national-survey-on-drug-use-and-health-methodological-summary-and-definitions)

Final Status	Definition	Count	RR4 Code
011	Client counts only	254	1.2
015	Client counts unavailable	2,417	1.2
024	Closed-duplicate facility	2,572	4.1
034	Closed-merged	16	4.1
044	Closed-no mental health or substance use treatment	593	4.1
054	Closed-satellite facility	22	4.1
064	Primary focus is substance abuse treatment	32	1.0
072	Halfway house only	27	1.0
073	Administration services only	5	1.0
074	Individual/small group	477	1.0

The overall response rate for the 2021 N-SUMHSS was 78.8%, 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 2021 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/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 2021 N-SUMHSS Annual Report

Of the 12,723 mental health facilities eligible for the survey, 9,171 (72.1%) completed the survey, including 5 facilities that did not provide direct mental health treatment services [Table B-1]. (These 5 facilities, which provided administrative services only, 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 116 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]. After excluding the 5 out-of-scope mental health facilities and the roll-up of 116 mental health facilities, 9,050 eligible respondent mental health facilities were included in the 2021 N-SUMHSS report. Of the respondents that were eligible for the report, 98.7% completed the survey on the web, 1% through the mail, and 0.3% on the telephone.

Of the 18,615 substance use facilities eligible for the survey, 14,343 (77.1%) completed the survey, including 33 facilities that were halfway houses that did not provide substance use treatment, 78 facilities that were solo practitioners, and 66 which did provide administrative services only. These 177 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 156 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 177 out-of-scope substance use facilities and the roll-up of 156 substance use facilities, 14,010 eligible respondent substance use facilities were included in the 2021 N-SUMHSS report. Of the respondents that were eligible for the report, 98.2% completed the survey on the web, 0.7% through the mail, and 1.1% on the telephone.

Of the mental health and substance use facilities eligible for the survey, 3,040 provided both mental health and substance use services. 2,496 (82.1%) of these completed the survey including 40 whose mental health or substance use responses were excluded from the report and 18 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, 2,438 eligible respondent facilities providing both mental health and substance use services were included in the 2021 N-SUMHSS report. Of these 99.4% completed the survey on the web, 0.5% through the mail and 0.1% 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 2021 N-SUMHSS. Some general issues are listed below. Considerations and limitations of specific data items are discussed where the data are presented.

- The N-SUMHSS is a voluntary survey, and while every 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 21% 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, 2021). 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 2021 N-SUMHSS was 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 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.

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***SAMHSA***  
Substance Abuse and Mental Health  
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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.

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