National Guidance on Essential Specialty Substance Use Disorder (SUD) Care

SAMHSA

Substance Abuse and Mental Health Services Administration

National Guidance on Essential Specialty Substance Use Disorder (SUD) Care

Recommended Citation

Substance Abuse and Mental Health Services Administration: *National Guidance on Essential Specialty Substance Use Disorder (SUD) Care*. Publication No. PEP25-04-003, Substance Abuse and Mental Health Services Administration, 2025.

Originating Office

Office of the Assistant Secretary, Substance Abuse and Mental Health Services Administration, 5600 Fishers Lane, Rockville, MD 20857. SAMHSA Publication No. PEP25-04-003. Released 2025.

Electronic Access

Products may be downloaded at https://library.samhsa.gov.

Disclaimer

Nothing in this document constitutes a direct or indirect endorsement by SAMHSA or HHS of any non-federal entity's products, services, or policies. Photos used in this publication are copyright of ©iStock, 2025, and are for illustrative purposes only. Any person depicted in a photo is a model.

Public Domain Notice

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).

Publication No. PEP25-04-003
Released 2025

Contents

National Guidance on Essential Specialty Substance Use Disorder (SUD) Care

PROJECT PURPOSE

Provide guidance on a core or essential set of services one should expect from any specialty substance use disorder (SUD) treatment facility within the United States for optimal outcomes for adults with SUDs

INTENDED AUDIENCE

- States and payers
- Accreditation entities
- Adults and families in need of care
- Specialty SUD treatment facility operators/administrators
- Behavioral health professionals
- Researchers
- Local governments

GOAL

For the intended audiences to use this tool to identify treatment gaps and support evidence-based planning

Overview

The purpose of the U.S. Department of Health and Human Services/Substance Abuse and Mental Health Services Administration's (SAMHSA) *National Guidance on Essential Specialty Substance Use Disorder (SUD) Care* is to articulate a core or essential set of services for adults with SUD that should be available at any specialty SUD treatment facility in the United States. The intended audiences are states and payers, accreditation entities, adults and families in need of care, specialty SUD treatment facility operators/administrators, behavioral health professionals, researchers, and local governments. Currently, there is a dramatic lack of consistency in services available to adults in need of specialty SUD treatment. The goal of this guidance is for the intended audiences to use this tool to identify treatment gaps, support evidence-based planning, and improve outcomes for adults with SUD.

This document serves as the first-ever federal guidance detailing a list of services deemed essential for specialty SUD treatment facilities. This guidance does not apply to non-specialty providers who may serve those with SUDs, including community mental health providers, community health centers, and other primary care practices, and seeks to complement other clinical frameworks and models. The services listed below are a subset of those queried in SAMHSA's National Substance Use and Mental Health Services Survey (N-SUMHSS), the only national data source on substance use and mental health treatment facilities. SAMHSA believes anchoring this list of services to the N-SUMHSS captures the array of services delivered in specialty SUD treatment facilities. The services are presented across the following categories, as framed in the N-SUMHSS: language access services; assessment and pretreatment services; testing services; education and counseling services; pharmacotherapy; medical services; recovery support services; transitional services; and ancillary services. The specific selection of services was informed by what is evidence based and feasible, with inputs from a technical expert panel, the National Association of Medicaid Directors, and the National Association of State Alcohol and Drug Agency Directors.

By leveraging the information regarding treatment facilities described in the N-SUMHSS, SAMHSA will be able to track over time whether there are shifts in availability of these essential services. While this guidance in and of itself has no specific regulatory authority, SAMHSA hopes that states, payers, and accreditation entities will consider it when setting standards of care for specialty SUD treatment facilities, and that adults in need of care will be better informed when selecting a care provider.

As the field acquires more evidence on the necessity of non-clinical supports for recovery and as the uptake of medications for SUD treatment remains low, SAMHSA believes there is a need to broaden the scope of services available as part of specialty SUD treatment to include peer support; social service connection, along with various methods of counseling and psychotherapy; increased attention to co-occurring medical and mental health conditions; and expanded access to medications for SUD treatment. As a result, SAMHSA finds it necessary to more clearly define the components of an effective specialty SUD care facility. The resulting services, their meaning (based on published federal definitions as they appear in their cited resource), and their uptake (based on the N-SUMHSS) are delineated in the accompanying tables. The services described track the specific language used in the N-SUMHSS questionnaire, with the goal and intention of comparing the services reflected in this guidance with future N-SUMHSS findings.

This guidance is not intended to replace but to augment other relevant national, state, local, and professional association specialty SUD system frameworks. This guidance also does not address quality measures or how services should be delivered, as the primary goal of the guidance is to define a set of essential services. In alignment with SAMHSA's 2023–2026 Strategic Plan, all services are expected to be person-centered, culturally appropriate, evidence based, and trauma informed.[1] SAMHSA recognizes that the current uniform availability of these services within the specialty SUD treatment system is low; the vision of this guidance is aspirational and can serve as long-term goals for the field. By outlining an essential set of services that meets the comprehensive needs of people with SUDs and their families, SAMHSA's hope is that gaps in care will be better identified and improvements made to their availability.

Background

Access to effective substance use disorder (SUD) treatment services has never been more crucial than today. The most recently available data from the Centers for Disease Control and Prevention (CDC) indicate that drug overdose contributed to more than 90,000 deaths;[2] excessive alcohol use led to more than 178,000 deaths;[3] and cigarette smoking accounted for more than 480,000 deaths annually.[4] These mortality data also point to the critical need to address behavioral health disparities among at-risk adults and families in under-resourced communities by improving access to SUD treatment services. In addition to heightened mortality risk, SUD is associated with lost productivity, workplace injuries, housing instability, legal issues, employee absenteeism, low morale, increased related health conditions, and associated healthcare service utilization and costs.[5]

According to the Substance Abuse and Mental Health Services Administration's (SAMHSA) 2023 National Survey on Drug Use and Health (NSDUH),[6] 48.5 million people ages 12 or older (or 17.1%) had an SUD in the past year, including 28.9 million who had an alcohol use disorder (AUD), 27.2 million who had a drug use disorder (DUD), and 7.5 million people who had both an AUD and a DUD. Unfortunately, many people who could benefit from SUD treatment do not receive it. According to the NSDUH, of the 19.1 percent of people ages 12 or older who had a need for substance use treatment (54.2 million people), only 23.6 percent (12.8 million people) received any substance use treatment in the past year. Insurance and cost barriers, transportation issues, a shortage of and uneven distribution of providers, and administrative requirements have long been cited as reasons for low treatment uptake, and stigma is recognized as a primary barrier to accessing SUD care.[7] In addition, NSDUH data show that people often do not feel they need specialty treatment. As described in SAMHSA's Treatment Improvement Protocol (TIP), many people do not seek treatment because their motivation to change substance use behaviors is low.[8]

The federal government is invested in providing guidance as a means of improving access to high-quality SUD treatment. For example, in 2014, the National Institute on Drug Abuse (NIDA) published the third edition of its *Principles of Drug Addiction Treatment*, which details 13 principles of effective treatment.[9] It also delineates evidence-based approaches to SUD treatment, inclusive of pharmacotherapies and behavioral therapies. The 2021 U.S. Department of Health and Human Services (HHS) Overdose Prevention Strategy[10] (the Strategy) recognizes that all people with SUDs should have access to appropriate care and services needed for reducing the risk of overdose and harm and have an opportunity to experience well-being and thrive. The Strategy identifies four pillars in the process of achieving this goal, one of which encompasses evidence-based treatment. This pillar includes a focus on broadening access to effective, evidence-based care that includes approaches to reduce barriers, encouraging those who might be reluctant to seek care, and improving engagement and retention.

To broaden access to effective, evidence-based care, the 2021 HHS Overdose Prevention Strategy includes approaches to:

- Reduce barriers.
- Encourage those who might be reluctant to seek care.
- Improve engagement and retention.

Similar guidance has been developed for alcohol. For example, the World Health Organization's (WHO) 2010 *Global Strategy To Reduce the Harmful Use of Alcohol* prioritized "increased technical support to, and enhanced capacity of, Member States for preventing the harmful use of alcohol and managing alcohol-use disorders and associated health conditions."[11] This strategy supported the development of WHO's draft *Global Alcohol Action Plan (2022–2030)* to "effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority," and to "enhance the prevention and treatment capacity of health and social care systems for disorders due to alcohol use and associated health conditions."[12]

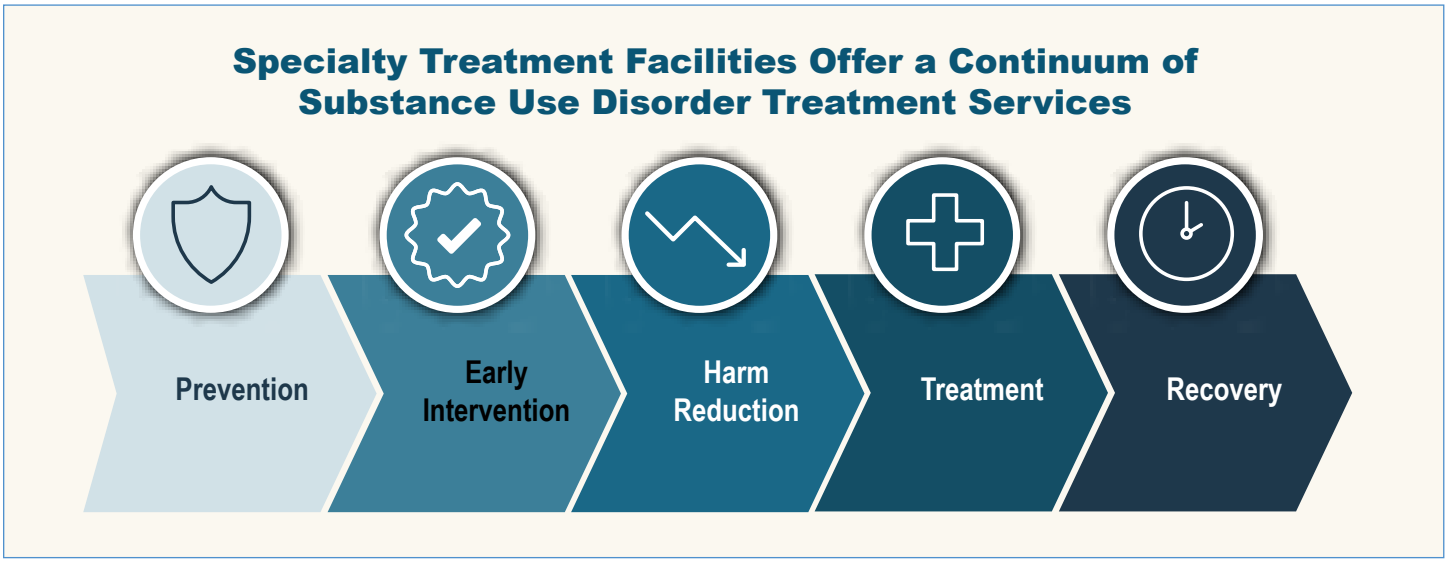
In 2024, HHS published its new Framework to accelerate smoking cessation, with six goals focused on "reducing disparities, increasing knowledge, strengthening and sustaining cessation services, increasing access to and coverage of cessation treatment, advancing and sustaining surveillance and strengthening evaluation, and promoting research."[13] The U.S. Food and Drug Administration's (FDA) 2022 Comprehensive Plan for Tobacco and Nicotine Regulation has three areas of focus as they seek "to better protect youth and help addicted adult smokers quit"—regulatory policies, review of tobacco products, and a youth tobacco prevention plan.[14]

Examples of governmental guidance on improving access to high-quality SUD treatment:

- FDA: Comprehensive Plan for Tobacco and Nicotine Regulation (2022)
- HHS: *Framework to Support and Accelerate Smoking Cessation* (2024)
- HHS: Overdose Prevention Strategy (2021)
- NIDA: *Principles of Drug Addiction Treatment* (2014)
- WHO: *Global Alcohol Action Plan 2022–2030* (2024)
- WHO: *Global Strategy To Reduce the Harmful Use of Alcohol* (2010)

Developing and Providing Guidance on Essential Services

To reach the goal of improved health and recovery for adults with SUD, it is critical that a person knows what to expect when seeking treatment from a specialty SUD treatment facility. Specialty SUD treatment falls into a continuum of substance use services that includes substance use prevention, early intervention, harm reduction, SUD treatment, and recovery. This guidance is not intended to apply to non-specialty SUD treatment facilities, including community mental health providers, community health centers, and other primary care practices. These settings are generally resourced and structured to serve people with mild to moderate SUDs, related problems, or those who exhibit at-risk use, are sustaining remission or recovery, or are at risk of SUD recurrence.



Source: Adapted from *Cultivating Connections*, King County (WA) Department of Community & Human Services. https://dchsblog.com/2023/07/18/substanceuseprevention

As described in Chapter 5 of SAMHSA's Treatment Improvement Protocol (TIP) 24, *A Guide to Substance Abuse Services for Primary Care Clinicians*, individuals in need of care at a specialty SUD treatment facility are more likely to have more severe SUD symptoms, have experienced severe health/legal/social/problems in the past 12 months, and/or have a history of substance use and psychiatric treatment.[15] The TIP also described these as "formal programs that serve patients with more serious alcohol and other drug problems who do not respond to brief interventions or other office-based management strategies."

Currently, there is a dramatic lack of consistency in services available in specialty SUD treatment facilities. This includes the types of screenings and assessments performed, tests conducted, pharmacotherapies and educational or counseling services provided, medical and transitional services offered, and recovery support and ancillary services delivered. It is SAMHSA's goal to provide guidance on the recommended essential set of services a person can expect from any specialty SUD treatment facility within the United States, recognizing each adult seeking care is also in need of other critical services not typically available in these settings, including primary care, dental, and vision care, in addition to social services, such as housing and employment. While this guidance in and of itself has no specific regulatory authority, SAMHSA hopes that states, payers, and accreditation entities will consider it when setting standards of care for specialty SUD treatment facilities, and that adults in need of care will be better informed when selecting a care provider.

This guidance is intended to augment other related national, state, local, and professional association specialty SUD system frameworks, and serves as the first federal guidance on essential SUD services.

This guidance is intended to augment other related national, state, local, and professional association specialty SUD system frameworks, and serves as the first federal guidance on essential SUD services. This guidance does not explicitly frame how these selected services should be provided, but in alignment with SAMHSA's 2023–2026 Strategic Plan, all services should be person-centered, culturally appropriate, evidence based, and trauma informed. This guidance does not address specific quality measures, as the goal is to define a set of essential services. SAMHSA believes that access to this broad array of services is more likely to result in the needs of people with complex SUDs being addressed.

The specialty SUD treatment system can increase the accountability, quality, and trust in this crucial element of the nation's healthcare system by establishing national expectations regarding essential services provided by specialty SUD treatment facilities. By realizing these expectations, the nation can "broaden access to evidence-based care that increases willingness to engage in treatment and increase the uptake of evidence-based treatment delivery that improves engagement and retention in care."[16]

SAMHSA's National Substance Use and Mental Health Services Survey (N-SUMHSS)

The essential services described in this guidance are derived from SAMHSA's National Substance Use and Mental Health Services Survey (N-SUMHSS), the country's only national data source on substance use and mental health treatment facilities. The N-SUMHSS provides information about the number and characteristics of public and private specialty SUD and mental health treatment facilities nationwide. In 2023, SAMHSA gathered data on the location, characteristics, and utilization of more than 17,500 SUD treatment facilities in the United States (e.g., as described in the N-SUMHSS, providers of day treatment or partial hospitalization, methadone/buprenorphine maintenance or naltrexone treatment, and short-term residential treatment), providing an important annual resource for service providers, researchers, and federal, state, and local governments.[17] This information is instrumental in understanding the behavioral health treatment resource landscape, identifying service gaps, and supporting evidence-based planning. The N-SUMHSS annual survey is crucial, as the data gathered inform SAMHSA's FindTreatment.gov website, the country's most comprehensive national treatment directory and source of data on specialty SUD and mental health treatment facilities.

The essential services described in this guidance are derived from SAMHSA's National Substance Use and Mental Health Services Survey (N-SUMHSS), the country's only national data source on substance use and mental health treatment facilities.

The services identified here were extracted from the N-SUMHSS survey, and the language used conforms to that approved by the Office of Management and Budget for data collection purposes. Understandably, as language and terminology in the SUD space evolve, some services quoted from the N-SUMHSS might not match SAMHSA's current phrasing. It is important to note that crisis services, including mobile crisis and short-term stabilization services, are not addressed in this guidance, as these are not part of the N-SUMHSS survey. This should not be interpreted as minimizing the importance of this crucial element of the behavioral health continuum of care.

Most services queried via the N-SUMHSS assume the facility in question is providing the specific service in-house. For purposes of this guidance, a similar assumption has been made, but SAMHSA recognizes that not all providers currently have the resources available to directly offer all the services indicated in this guidance. Some providers might be required to offer such services via referrals, designated collaborating organization arrangements, or other agreements. SAMHSA will better assess how access to such services is changing over time by tracking uptake and availability as reported through the N-SUMHSS.

More detail on the N-SUMHSS can be found in **Appendix A**.

Process for Developing Guidance

Representatives from SAMHSA's Office of the Assistant Secretary, Office of the Chief Medical Officer, Center for Substance Abuse Treatment, Center for Behavioral Health Statistics and Quality, and National Mental Health and Substance Use Policy Laboratory convened over a 12-month period to review the findings of the 2021–2023 N-SUMHSS surveys and assessed which services should be expected of every SUD treatment facility across the United States. This work builds upon SAMHSA's 2018 guidance titled "Five Signs of Quality Treatment," which included accreditation, medication, evidence-based practice, families, and supports.[18]

The workgroup conducted an in-depth review of the N-SUMHSS findings and discussed what services should be considered essential. They focused largely on evidence for the elements of care that best support positive outcomes for a broad population. Feasibility was another consideration, along with current evidence-based and forward-looking practice. The selected services fall into the following categories, as framed in the N-SUMHSS: language access services; assessment and pretreatment services; testing services; education and counseling services; pharmacotherapy services; medical services; recovery support services; transitional services; and ancillary services. Upon assembling a proposed set of essential services, SAMHSA convened a nine-member Technical Expert Panel (TEP) to provide feedback and insight on (1) establishing such guidance and (2) the services listed within. TEP members participated in a day-long discussion focused on various aspects of the guiding components, with the goal of providing SAMHSA with feedback on the proposed set of services.

The selected services fall into the following categories, as framed in the N-SUMHSS: language access services; assessment and pretreatment services; testing services; education and counseling services; pharmacotherapy services; medical services; recovery support services; transitional services; and ancillary services.

The TEP discussion focused on the following themes: service selection components; quality of care; and patient-centered care. A resulting report detailing feedback on the various proposed services informed this iteration of the guidance. Generally, TEP members were very positive about SAMHSA's efforts and supportive of the need for this level of federal guidance. The most consistent piece of feedback was a strong desire for SAMHSA to define each of the included services to ensure consistent understanding of each essential service. Aside from the guidance itself, TEP members noted that SAMHSA must pair this effort with a focus on implementation, specifically on how providers can incorporate these services into their overall work. More details about this TEP are available in **Appendix B**.

SAMHSA also incorporated feedback gleaned from engagements with the National Association of Medicaid Directors (NAMD) and the National Association of State Alcohol and Drug Agency Directors (NASADAD). Similar to the TEP, NAMD and NASADAD members expressed support for this resource and recommended that SAMHSA provide a stronger explanation about connection between N-SUMHSS and the guidance, further clarify that this is specifically for specialty SUD treatment providers, and incorporate flexibility about which services must be provided directly, particular as it relates to rural providers.

Selection of services was informed by what is evidence based and feasible, with inputs from a technical expert panel, the National Association of Medicaid Directors, and the National Association of State Alcohol and Drug Agency Directors.

Summary

This *National Guidance on Essential Specialty Substance Use Disorder (SUD) Care* provides guidance on a core or essential set of services for adults with SUD that should be available at any specialty SUD treatment facility within the United States. As this guidance is rolled out and considered by policy makers, accreditation bodies, and adults in need of SUD treatment, SAMHSA intends to use its annual N-SUMHSS data to track availability of these services over time, with the goal of supporting states and communities to make these services more accessible within any specialty SUD treatment system framework they may be applying. SAMHSA also looks forward to receiving ongoing feedback from stakeholders about changes happening in the specialty SUD treatment field. Considerations of both the data and feedback will inform provision of SAMHSA's training and technical assistance, along with future strategic development and planning. Finally, this work has the added benefit of helping SAMHSA to improve its N-SUMHSS work by making it a more robust national dataset on specialty SUD treatment facilities and the clearly defined, comprehensive services delivered by them.

Ultimately, SAMHSA hopes that this guidance will move the field closer to its vision that people with SUD receive care, achieve well-being, and thrive.

Specialty SUD Treatment, Essential Set of Services

The essential services outlined below are presented across the following categories (as reflected in the N-SUMHSS). A definition of each essential service is provided (based on established federal definitions as they appear in the cited resource), along with historic N-SUMHSS facility responses for the number of specialist SUD treatment facilities that responded affirmatively to providing said service.[a] In a few instances where the service title was deemed sufficient explanation, no definition is provided ("N/A").

- Language access
- Assessment and pretreatment
- Testing
- Education and counseling
- Pharmacotherapies
- Medical
- Recovery support
- Transitional
- Ancillary

Language Access Services

N-SUMHSS Category	Essential Service	Definition	N-SUMHSS Facility Response, Yes		
			2021	2022	2023
Does this facility provide services in sign language?	Sign language	Provision of substance use treatment services in sign language, at this location, for the Deaf and hard of hearing (for example, American Sign Language, Signed English, or Cued Speech) Source: 2022_N-SUMHSS_Questionnaire.pdf (samhsa.gov)	37.9	38.5	39.9
Does this facility provide services in languages other than English?	Other language other than English AND/OR Non-English language provided by staff counselor AND/OR On-call interpreter	Interpreters must have the capacity to work "on the spot" and convey spoken words from one language to another, in both directions. Source: NHANES Interpretation Guidelines 2006 NCHS 09-29-06	53.8	53.7	54.5

[a] Definitions are sourced from federal documents; some definitions may require updating in the future.

Assessment and Pretreatment Services

N-SUMHSS Category	Essential Service	Definition	N-SUMHSS Facility Response, Yes		
			2021	2022	2023
Assessment and pretreatment services	Screening for substance use	... identify individuals who have or are at risk for developing alcohol- or drug-related problems, and within that group, identify patients who need further assessment to diagnose their substance use disorders and develop plans to treat them. Source: Chapter 2—Screening for Substance Use Disorders - A Guide to Substance Abuse Services for Primary Care Clinicians—NCBI Bookshelf (nih.gov)	97.2	97.0	97.8
Assessment and pretreatment services	Screening for mental health disorders	A mental health screening is a standard set of questions that a person answers to help a healthcare provider check for signs of a mental disorder. The questions help the provider learn about a person's mood, thinking, behavior, and memory [and any thoughts of suicide]. Source: Mental Health Screening: MedlinePlus Medical Test	80.7	81.6	82.8
Assessment and pretreatment services	Comprehensive substance use assessment or diagnosis	Assessment comprises a medical and psychological history, along with family, social, sexual, and drug use histories and a physical examination. (The physical examination and the interviews to obtain histories may be split, with a primary care clinician performing the physical and a nonmedical substance abuse specialist conducting the interviews. When this occurs, close collaboration between the two providers is essential.) Assessors use the information compiled during the personal history, interview, physical examination, and other patient-specific assessments, such as the mental status examination, to determine the DSM-[IV] 5 diagnosis. Source: TIP 24, A Guide to Substance Abuse Services for Primary Care Clinicians, Chapter 4: Assessment	94.9	94.7	95.6

N-SUMHSS Category	Essential Service	Definition	N-SUMHSS Facility Response, Yes		
			2021	2022	2023
Assessment and pretreatment services	Screening for tobacco use	All patients should be asked about their tobacco use, whether or not risk factors for use are present, and encouraged to stop using tobacco. Source: Recommendation: Tobacco Smoking Cessation in Adults, Including Pregnant Persons: Interventions | United States Preventive Services Taskforce	79.6	79.8	81.9

Testing Services

N-SUMHSS Category	Essential Service	Definition	N-SUMHSS Facility Response, Yes		
			2021	2022	2023
Testing	Drug and alcohol oral fluid testing AND/OR Drug or alcohol urine screening	Drug testing looks for the presence or absence of specific drugs in a biological sample, such as urine, blood, or hair. Drug testing cannot diagnose a substance use disorder. As a tool in substance use treatment programs, drug testing can monitor a patient's progress and inform their treatment… While multiple test options are available, urine drug screening is most common. Source: Drug Testing | National Institute on Drug Abuse (NIDA) A toxicology screen refers to various tests that determine the type and approximate amount of legal and illegal drugs a person has taken by measuring how much is in their blood, urine, or other bodily fluid. Source: Toxicology Screen: MedlinePlus Medical Encyclopedia	89.4	88.7	89.9
Testing	Breathalyzer or other blood alcohol testing	A blood alcohol test measures the amount of alcohol in a sample of your blood. Source: Blood Alcohol Level: MedlinePlus Medical Test A breath alcohol test determines how much alcohol is in your blood. The test measures the amount of alcohol in the air you breathe out (exhale). Source: Breath Alcohol Test: MedlinePlus Medical Encyclopedia	64.0	62.0	62.5

N-SUMHSS Category	Essential Service	Definition	N-SUMHSS Facility Response, Yes		
			2021	2022	2023
Testing	Testing for hepatitis B	Conducting serologic [or other approved laboratory] tests of people with symptoms or who are identified to be at increased risk for exposure to HBV. Source: Clinical Testing and Diagnosis for Hepatitis B | Hepatitis B | CDC	28.7	29.0	30.0
Testing	Testing for hepatitis C	A blood test, called an HCV antibody test, is used to find out if someone has ever been infected with the hepatitis C virus. The HCV antibody test, sometimes called the anti-HCV test, looks for antibodies to the hepatitis C virus in blood. Antibodies are chemicals released into the bloodstream when someone gets infected. Source: Testing for Hepatitis C | Hepatitis C | CDC	32.9	33.1	34.6
Testing	HIV testing	HIV testing determines if a person is infected with HIV. There are three types of tests used to diagnose HIV infection: antibody tests, antigen/antibody tests, and nucleic acid tests (NATs). Antibody tests check for HIV antibodies in blood or oral fluid. HIV antibodies are disease-fighting proteins that the body produces in response to HIV infection. Most rapid tests and home use tests are antibody tests. Antigen/antibody tests can detect both HIV antibodies and HIV antigens (a part of the virus) in the blood. NATs look for HIV in the blood. A person's initial HIV test will usually be either an antibody test or an antigen/antibody test. NATs are very expensive and not routinely used for HIV screening unless the person had a high-risk exposure or a possible exposure with early symptoms of HIV infection. Source: HIV Testing | NIH	33.4	33.8	34.7

N-SUMHSS Category	Essential Service	Definition	N-SUMHSS Facility Response, Yes		
			2021	2022	2023
Testing	STD [STI] testing	Primary prevention of STIs includes assessment of behavioral risk (i.e., assessing the sexual behaviors that can place persons at risk for infection) and biologic risk (i.e., testing for risk markers for STI and HIV acquisition or transmission). Source: STI-Guidelines-2021.pdf (cdc.gov)	28.0	28.4	29.7

Education and Counseling Services

N-SUMHSS Category	Essential Service	Definition	N-SUMHSS Facility Response, Yes		
			2021	2022	2023
Education and counseling services	HIV or AIDS education, counseling, or support	[Part of] a package service intended to allow people to make informed decisions regarding knowledge of their HIV status and the implications of those decisions. ...individuals should be counselled and provided with information and material that help them remain HIV negative. Individuals with special conditions exposing them to high risk of HIV can be referred to care and support services relevant to their situation (e.g., injecting drug users can be referred to harm reduction services or drug treatment facilities). Source: WHO EMRO | HIV testing and counselling | About | AIDS and sexually transmitted diseases	62.2	61.9	62.1
Education and counseling services	Family counseling	Integrating family counseling into problematic substance use leverages the vital role families can play in helping their family members in their recovery goals. Family counseling approaches help clients, and their family members understand substance use and recovery and their effects on family functioning. Source: TIP 65: Counseling Approaches To Promote Recovery From Problematic Substance Use and Related Issues | SAMHSA Publications and Digital Products	77.1	74.7	72.9

N-SUMHSS Category	Essential Service	Definition	N-SUMHSS Facility Response, Yes		
			2021	2022	2023
Education and counseling services	Marital/couples counseling	Couples-based approaches for problematic substance use work to reduce substance use and support recovery, while also working to enhance relationship quality within intimate partnerships. Clients are taught strategies to maintain recovery and engage in relationship-building practices with their partners to improve relationship quality and functioning. Source: TIP 65: Counseling Approaches To Promote Recovery From Problematic Substance Use and Related Issues | SAMHSA Publications and Digital Products	54.2	51.0	49.4
Education and counseling services	Hepatitis education, counseling, or support	There are a number of ways in which a counselor can help clients. These include: • Talking to clients about their diagnoses and medical treatment with empathy. • Asking about clients' families' responses to their diagnoses and helping clients cope with those responses. • Educating clients about the liver and how to stay healthy with hepatitis and stating that the majority of people who have chronic hepatitis C and who do not use alcohol will not develop life-threatening complications. • Helping clients overcome possible barriers to hepatitis treatment. • Helping to make medical appointments and advocating for clients with medical care providers. • Helping clients devise strategies for remembering medical and other scheduled appointments. Source: TIP 53: Addressing Viral Hepatitis in People With Substance Use Disorders | SAMHSA	57.2	57.2	58.7

N-SUMHSS Category	Essential Service	Definition	N-SUMHSS Facility Response, Yes		
			2021	2022	2023
Education and counseling services	Health education other than HIV/AIDS or hepatitis	...health education helps [individuals] acquire functional health knowledge, strengthen attitudes and beliefs, and practice skills needed to adopt and maintain healthy behaviors throughout their lives. The specific content and skills addressed in health education, including sexual health and other related topic areas (e.g., violence prevention, mental and emotional health, food and nutrition), are commonly organized into a course of study or program and often summarized in a curriculum framework. Source: Quality Health Education | Adolescent and School Health | CDC	61.0	61.1	61.2
Education and counseling services	Substance use education	Psychoeducational groups [and individual sessions], which educate clients about substance abuse, and related behaviors and consequences. Psychoeducational groups [and individual sessions] provide information designed to have a direct application to clients' lives—to instill self awareness, suggest options for growth and change, identify community resources that can assist clients in recovery, develop an understanding of the process of recovery, and prompt people using substances to take action on their own behalf, such as entering a treatment program. Source: TIP 41 Substance Abuse Treatment: Group Therapy	97.1	96.7	97.3
Education and counseling services	Smoking/ tobacco cessation counseling	Tobacco cessation counseling can be delivered in individual, group, or telephone-based sessions. The effectiveness of the counseling is correlated with treatment intensity. When working with clients making a quit attempt, clinicians can offer practical counseling and social support. Source: Implementing Tobacco Cessation Programs in Substance Use Disorder Treatment Settings (samhsa.gov)	69.7	71.8	69.7

N-SUMHSS Category	Essential Service	Definition	N-SUMHSS Facility Response, Yes		
			2021	2022	2023
Education and counseling services	Nicotine replacement	Nicotine replacement therapy, also known as NRT, helps patients quit smoking by gradually providing the body with smaller doses of nicotine over time, without exposing people to the toxic chemicals found in cigarette smoke. In conjunction with a behavioral program, NRTs have been found to increase the success of smoking cessation and are available over-the-counter and by prescription. Over-the-counter NRTs are approved for sale to people ages 18 and older. Source: Want to Quit Smoking? FDA-Approved and FDA-Cleared Cessation Products Can Help | FDA	36.7	37.9	40.1
Education and counseling services	Individual counseling	Individual counseling generally focuses on motivating the person to stop using drugs or alcohol. Treatment then shifts to helping the person stay drug and alcohol free. The counselor attempts to help the person: • See the problem and become motivated to change. • Change his or her behavior. • Repair damaged relationships with family and friends. • Build new friendships with people who don't use alcohol or drugs. • Create a recovery lifestyle. Source: What Is Substance Abuse Treatment? A Booklet for Families | SAMHSA Publications and Digital Products	96.0	95.5	96.1
Education and counseling services	Group counseling	The treatment of multiple patients at once by one or more healthcare providers. It can be used to treat a variety of conditions… Source: Group Therapy—StatPearls—NCBI Bookshelf (nih.gov)	91.5	91.2	91.4

Pharmacotherapy Services

N-SUMHSS Category	Essential Service	Definition	N-SUMHSS Facility Response, Yes		
			2021	2022	2023
Pharmacotherapies	Buprenorphine with naloxone AND/OR Buprenorphine without naloxone AND/OR Buprenorphine AND/OR Methadone AND/OR Naltrexone	There are three FDA-approved medications used to treat OUD: the mu-opioid receptor partial agonist buprenorphine, the mu-opioid receptor full agonist methadone, and the mu-opioid receptor antagonist naltrexone. • Buprenorphine, an opioid receptor partial agonist, is a schedule III controlled medication… at adequate doses, buprenorphine reduces opioid withdrawal and craving and blunts the effects of illicit opioids. • Methadone, a long-acting mu-opioid receptor full agonist, is a schedule II controlled medication ... methadone reduces opioid craving and withdrawal and blunts or blocks the effects of illicit opioids. • Naltrexone is a competitive mu-opioid receptor antagonist with strong receptor affinity. Naltrexone ... exerts no opioid effects. Unlike opioid agonists, naltrexone will not alleviate withdrawal symptoms, will not cause withdrawal when stopped, and cannot be diverted. Source: TIP 63: Medications for Opioid Use Disorder | SAMHSA Publications and Digital Products	56.6	59.2	62.2

N-SUMHSS Category	Essential Service	Definition	N-SUMHSS Facility Response, Yes		
			2021	2022	2023
Pharmacotherapies	Disulfiram (Antabuse®) AND/OR Naltrexone (oral) AND/OR Acamprosate AND/OR Naltrexone (extended-release, injectable)	The medications described here have been shown to be effective in and are approved by the Food and Drug Administration (FDA) for the management of alcohol dependence (alcohol use disorder) or the prevention of relapse to alcohol use. Specifically: • Acamprosate calcium is indicated for the maintenance of abstinence from alcohol in patients dependent on alcohol who are abstinent at treatment initiation. • Disulfiram is an aid in the management of selected patients who want to remain in a state of enforced sobriety so that supportive and psychotherapeutic treatment may be applied to best advantage. • Oral naltrexone (naltrexone hydrochloride tablet) is indicated for the treatment of alcohol dependence. • Extended-release injectable naltrexone is indicated for the treatment of alcohol dependence in patients who have been able to abstain from alcohol in an outpatient setting. Source: Medication for the Treatment of Alcohol Use Disorder: A Brief Guide | SAMHSA Publications and Digital Products	47.3	48.1	51.2
Pharmacotherapies	Non-nicotine smoking/ tobacco cessation medications (for example, bupropion, varenicline)	There are ... medicines approved by the Food and Drug Administration (FDA) to help you quit. They work in different ways. All have been shown to be safe and effective for adults who smoke cigarettes. These quit-smoking medicines include ... medicines (varenicline and bupropion SR). Source: How to Use Bupropion SR | Quit Smoking | Tips From Former Smokers | CDC	31.7	33.0	35.2

N-SUMHSS Category	Essential Service	Definition	N-SUMHSS Facility Response, Yes		
			2021	2022	2023
Pharmacotherapies	Medications for mental disorders	Many clients with co-occurring disorders (CODs) require medication to control their psychiatric symptoms and to stabilize their mental status. Source: TIP 42: Substance Use Treatment for Persons With Co-Occurring Disorders | SAMHSA Publications and Digital Products	51.5	52.7	54.3
Pharmacotherapies	Medications for HIV treatment	An HIV treatment regimen is a combination of HIV medicines used to treat HIV infection. HIV treatment (also called antiretroviral therapy or ART) helps people with HIV live longer, healthier lives and reduces the risk of HIV transmission. The U.S. Food and Drug Administration (FDA) has approved more than 30 HIV medicines to treat HIV infection. ART treatment begins with choosing a regimen, some are available in combination pills (in other words, two or more different HIV medicines combined in one pill) and some are given by injection. Source: What to Start: Choosing an HIV Treatment Regimen | NIH	10.3	11.1	12.2
Pharmacotherapies	Medications for hepatitis C (HCV) treatment	Hepatitis C virus is treated with all-oral medications. These pills, called antiviral medications, are usually taken once per day. These antiviral medications are extremely good at attacking the virus and preventing it from multiplying. Source: Hepatitis C Medications: An Overview for Patients – Viral Hepatitis and Liver Disease (va.gov)	12.2	13.1	15.1

Medical Services

N-SUMHSS Category	Essential Service	Definition	N-SUMHSS Facility Response, Yes		
			2021	2022	2023
Medical services	Detoxification/ medical withdrawal	Refers to the medical and psychological care of patients who are experiencing withdrawal symptoms as a result of ceasing or reducing use of their drug of dependence. Patients who are opioid dependent and consent to commence methadone [or buprenorphine] maintenance treatment do not require [withdrawal management] WM; they can be commenced on methadone [or buprenorphine] treatment immediately (see opioid withdrawal protocol for more information). Source: Withdrawal Management—Clinical Guidelines for Withdrawal Management and Treatment of Drug Dependence in Closed Settings—NCBI Bookshelf	23.9	21.7	20.4
Medical services	Hepatitis A (HAV) vaccination	The best way to prevent hepatitis A is through vaccination with the hepatitis A vaccine. To get the full benefit of the hepatitis A vaccine, more than one shot is needed. The number and timing of these shots depends on the type of vaccine you are given. Source: Hepatitis A Vaccination | CDC	11.6	11.6	11.6
Medical services	Hepatitis B (HBV) vaccination	Hepatitis B vaccine is available for all age groups. The hepatitis B vaccine is recommended for all infants, all children or adolescents younger than 19 years of age who have not been vaccinated, all adults ages 19 through 59 years, and adults ages 60 years or older with risk factors for hepatitis B infection. Adults who are 60 years or older without known risk factors for hepatitis B may also receive hepatitis B vaccine. Source: Hepatitis B Vaccination | CDC	11.6	11.7	12.0

Recovery Support Services

N-SUMHSS Category	Essential Service	Definition	N-SUMHSS Facility Response, Yes		
			2021	2022	2023
Recovery support services	Assistance in locating housing for clients	N/A	66.8	67.4	69.2
Recovery support services	Employment counseling or training for clients	Clients may need help with: Setting expectations and plotting a strategy; Completing education and training to achieve their initial employment goals; Finding and applying for jobs; Creating a résumé; Using mobile technology; Practicing interview skills. Source: Integrating Vocational Services into Substance Use Disorder Treatment—Advisory 38 (samhsa.gov)	48.2	49.2	47.9
Recovery support services	Vocational training or educational support	The process of facilitating an individual in the choice of or return to a suitable vocation. When necessary, assisting the patient to obtain training for such a vocation. Vocational rehabilitation can also mean to preparing an individual regardless of age, status (whether U.S. citizen or immigrant) or physical condition… to cope emotionally, psychologically, and physically with changing circumstances in life, including remaining at school or returning to school, work, or work equivalent (homemaker). Source: Glossary | CMS	20.7	22.4	23.2
Recovery support services	Assistance with obtaining social services (for example, Medicaid, WIC, SSI, SSDI)	N/A	72.0	72.9	74.4

N-SUMHSS Category	Essential Service	Definition	N-SUMHSS Facility Response, Yes		
			2021	2022	2023
Recovery support services	Recovery coach AND/OR Mentoring/peer support	Recovery coach services are also offered as a form of peer support. The recovery coach is a person with lived SUD experience who acts as a guide and advocate for beneficiaries in recovery.[19] Source: Recovery-Support-Services-for-Medicaid-Beneficiaries-with-a-Substance-Use-Disorder.pdf The range of services designed, developed, and delivered by peer workers who have lived experience in recovery from problematic substance use and can fill a range of roles to support other people in recovery. Peer support services (PSS) are nonclinical recovery support services that can be used to enhance substance use disorder (SUD) treatment, extend related services, and improve outcomes for people in or seeking recovery. Source: TIP 64: Incorporating Peer Support Into Substance Use Disorder Treatment Services | SAMHSA Publications and Digital Products	67.9	69.4	72.4

Transitional Services

N-SUMHSS Category	Essential Service	Definition	N-SUMHSS Facility Response, Yes		
			2021	2022	2023
Transitional services	Discharge planning	A process used to decide what a patient needs for a smooth move from one level of care to another. Source: Glossary | CMS	95.4	94.4	95.1
Transitional services	Aftercare/ continuing care	... continuing care, is the stage following discharge, when the client no longer requires services at the intensity required during primary treatment. Aftercare can occur in a variety of settings, such as periodic outpatient aftercare, relapse/recovery groups, 12-Step and self-help groups, and halfway houses. Source: TIP 27: Comprehensive Case Management for Substance Abuse Treatment	87.2	86.5	87.7

N-SUMHSS Category	Essential Service	Definition	N-SUMHSS Facility Response, Yes		
			2021	2022	2023
Transitional services	Naloxone and overdose education	Active [Overdose Education and Naloxone Distribution] OEND is proactive distribution of overdose prevention and response education and naloxone rescue kits to higher risk populations and their social networks (Tool 3). Source: Opioid-Overdose Reduction Continuum of Care Approach (ORCCA) Practice Guide 2023	68.0	72.0	77.5

Ancillary Services

N-SUMHSS Category	Essential Service	Definition	N-SUMHSS Facility Response, Yes		
			2021	2022	2023
Ancillary services	Case management services	Case management is framed around screening to identify a patient's medical, psychosocial, behavioral, and functional needs, and then working directly and/or through community resources to address these needs while the SUD is treated. Source: TIP 27: Comprehensive Case Management for Substance Abuse Treatment | SAMHSA Publications and Digital Products	83.7	83.1	84.3
Ancillary services	Social skills development	An intervention that has been developed to enhance interpersonal skills with the goal of improving community adjustment, quality of life, and pursuit of personal goals. SST involves an initial individual goal setting session followed by group sessions. Before the first group session, group members meet in an initial individual session with a group leader to identify a personal goal or goal(s) to work on in the group. SST interventions are tailored to meet the real-life, current-day difficulties that affect the social experiences of each [Veteran] person, but several common core elements are present regardless of which specific skills are being taught. SST is a structured format for teaching interpersonal skills that incorporates modeling, role plays, and other behavioral learning activities. Source: VISN 5 MIRECC—VA Social Skills Training for Serious Mental Illness (SST) Training Program—MIRECC/CoE	73.5	72.1	72.1

N-SUMHSS Category	Essential Service	Definition	N-SUMHSS Facility Response, Yes		
			2021	2022	2023
Ancillary services	Domestic violence—family or partner violence services (physical, sexual, and emotional abuse)	Screening for domestic violence in substance abuse treatment settings is undertaken to identify both survivors and batterers. The domestic violence assessment, like the other elements of a substance abuse assessment, gathers the specific and detailed information needed to design appropriate treatment or service plans.[20] While the Consensus Panel believes that addictions counselors can be trained relatively easily to screen clients for domestic violence, assessment services are more complex and require in-depth knowledge and skill. Assessment should be conducted by a domestic violence expert if possible. Once it is determined that a client is a victim of domestic violence, a provider must determine the client's needs for violence-related services such as medical care and legal advocacy. In addition to identifying violence as an issue affecting substance abuse treatment planning, another important purpose of screening for domestic violence is to ensure the safety—both physical and psychological—of a survivor client. Source: TIP 25: Substance Abuse Treatment and Domestic Violence | SAMHSA Publications and Digital Products	35.8	34.1	33.2

N-SUMHSS Category	Essential Service	Definition	N-SUMHSS Facility Response, Yes		
			2021	2022	2023
Ancillary services	Transportation assistance to treatment	Includes a broad range of transportation service options designed to meet the needs of transportation disadvantaged populations including older adults, disabled persons and/or those with lower income. Individuals have different needs and may require a set of different services depending on their abilities, their environment, and the options available in their community. Examples may include dial-a-ride (responding to individual door-to-door transportation requests), the use of bus tokens and/or transit passes for fixed route scheduled services, accessing taxi vouchers and/or mileage reimbursement to volunteers or program participants. Source: What Is Human Services Transportation? | FTA	49.6	49.0	50.5

N-SUMHSS Category	Essential Service	Definition	N-SUMHSS Facility Response, Yes		
			2021	2022	2023
Ancillary services	Mental health services	There are many treatment options and support services to address mental health needs, as well as drug or alcohol use. • Outpatient, meaning you have an appointment and leave the same day. This is usually for ongoing treatment or maintenance of your condition. Outpatient appointments can be short or last most of the day. • Inpatient, meaning you stay at a hospital or treatment program overnight for a few days or weeks. • Residential, meaning a treatment program where you live there for at least a few weeks. Treatment and support services are provided by licensed health care professionals, like doctors and social workers, or by community health workers, peer support specialists, or crisis counselors. In addition to treatment, there are support groups and local programs. Source: About treatment for mental health, drugs, alcohol | SAMHSA	70.9	70.8	72.2

Appendix A: N-SUMHSS Overview and Methodology

The N-SUMHSS is the sole national data source on substance use (SU) and mental health (MH) treatment facilities. It gathers data on the location, characteristics, and utilization of SU and MH treatment services in the United States, providing a crucial resource for behavioral health service providers, researchers, and federal, state, and local governments. This information is instrumental in understanding the SU and MH treatment resource landscape, identifying service gaps, and supporting evidence-based planning.

The Inventory of Substance Use and Mental Health Treatment Facilities (I-TF), an electronic national inventory of substance use and mental health facilities, is meticulously maintained by SAMHSA. It contains all SU and MH facilities in the United States and its territories known to SAMHSA and serves as the frame for the N-SUMHSS. This careful curation ensures the reliability and credibility of the data collection process. All active and eligible facilities listed in the I-TF are contacted to complete the annual N-SUMHSS. The I-TF contained 29,113 unique behavioral health facilities in the United States and its territories, of which 3,965 unique facilities were found to be either closed or ineligible for the N-SUMHSS. Out of 25,148 facilities eligible for inclusion in the 2023 N-SUMHSS, 17,561 facilities provided SU treatment (SU facilities), 12,012 facilities provided MH treatment (MH facilities), and 4,425 facilities provided both SU and MH treatment (SU/MH facilities).

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

- **Facility List Updated Through States:** Information about new facilities, closed facilities, and changes in facility information in the I-TF is provided primarily by the Single State Agencies (SSAs) and the State Mental Health Agencies (SMHAs). State Representatives designated by the SSAs and SMHAs review, add, and/or update the facility list and information for their states in the I-TF system as they identify license, certify/decertify facilities, and learn of facilities that no longer provide SU and/or MH treatment services, have physically closed or moved to a different location.
- **Facility List Updated Through the N-SUMHSS:** When responding to the survey, N-SUMHSS respondents are asked to report all the treatment facilities in their administrative networks. Facilities identified by the N-SUMHSS respondents are compared against the existing I-TF facility list. Currently, facilities determined not to exist in the I-TF are added.

- **Facility List Updated Through I-TF Augmentation:** SAMHSA conducts annual augmentation activities to continuously identify new SU and MH facilities that are not currently included. SAMHSA searches for and obtains source files of behavioral health facilities from an array of nationally recognized behavioral health organizations that maintain facility listings, such as the American Hospital Association. Facilities listed in these sources are compared against the existing I-TF facility list. Facilities determined not to exist in the I-TF currently are added to the I-TF and called by SAMHSA to undergo a screening process to determine their eligibility for inclusion in the N-SUMHSS using an Augmentation Screener Questionnaire.
- **Facility List Updated Through Individual Facilities:** A facility can request to be registered and added to the I-TF by contacting their State Representatives for review and approval or contacting SAMHSA directly by submitting a Facility Registration Application Form. SAMHSA reviews facility registration applications annually and compares the submitted facility information against the existing I-TF facility list. Depending on the time of the year, self-registered facilities that are determined not to exist in the I-TF currently will be added to the I-TF after receiving approval from their State Representatives, completing the screening process, or being invited for and submitting N-SUMHSS responses as special cases, whichever is completed sooner.

Eligibility Criteria

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

- Psychiatric hospitals are facilities licensed and operated as either state and/or public psychiatric hospitals or 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 SU and/or psychiatric unit are licensed general hospitals (public or private) that provide inpatient SU and MH services in separate units. These units must have specifically allocated staff and space for the treatment of persons with SU problems and/or mental illness. The units may be located in the hospital itself or a separate building owned by the hospital.
- State hospitals are hospitals funded and operated by the government of a state.
- Veterans Affairs (VA) medical centers are facilities operated by the U.S. Department of Veterans Affairs, including general hospitals with separate SU and/or psychiatric inpatient units, residential treatment programs, and/or outpatient clinics.
- Certified community behavioral health clinics are responsible for directly providing (or contracting with partner organizations to offer) nine types of services, emphasizing 24-hour crisis care, utilization of evidence-based practices, care coordination, and integration with physical health care.
- Partial hospitalization/day treatment facilities provide only partial day SU and MH services to ambulatory clients, typically in sessions of 3 or more hours on a regular schedule.
- Outpatient facilities provide only outpatient SU and/or MH services to ambulatory clients, typically for less than 3 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 the age of 18 years. (Some RTCs for children may also treat young adults.) RTCs for children must have a clinical program directed by a psychiatrist, psychologist, social worker, or psychiatric nurse with a master's or doctoral degree.
- 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 provide mental health services in two or more service settings (nonhospital residential, plus either outpatient and/or partial hospitalization or day treatment). They are not classified as psychiatric hospitals, general hospitals, medical centers, or residential treatment centers.
- Community mental health centers (CMHCs) provide either (1) outpatient services, including specialized outpatient services for children, older adults, individuals who chronically have a mental illness, 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. Their primary purpose is to provide individually planned mental health treatment services programs in a residential care setting; such facilities are not specifically for children or adults only.

Exclusion Criteria

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

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

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

N-SUMHSS Outreach

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

In late February of the reference year, approximately 6 weeks before the survey's launch, advance letters and emails announcing the upcoming N-SUMHSS administration were sent to treatment facilities. The advance contact served as an introduction to the N-SUMHSS to encourage treatment facilities' participation and reinforce that the effort is nationwide.

The first invitation packet was mailed and emailed in late March 2023. The invitation packet included a personalized cover letter, an N-SUMHSS invitation letter, a personalized web survey access flyer with instructions and help desk contact information, frequently asked questions, and a Client Counts Worksheet. Facilities that had yet to respond by around late May 2023 and by mid-July 2023 were sent a second and third packet, including a cover letter, a Letter of Support, a personalized web survey access flyer, a Client Counts Worksheet, and a brochure. A hard copy of the paper survey, along with a postage-paid business reply envelope, was also included in the third packet.

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

SAMHSA used computer-assisted telephone interviewing to follow up with facilities that still needed to complete the N-SUMHSS, starting around July of the reference year and continuing through the end of October of the reference year.

The calls occurred in two phases:

- **Phase 1:** Call facilities that have not completed the N-SUMHSS to verify the best point of contact for the facility, confirm receipt of the survey materials, and remind them to complete the survey. The N-SUMHSS was administered on the phone if the facility requested it during this reminder call.
- **Phase 2:** Calls made to complete the N-SUMHSS over the phone. Throughout the survey fielding period, resources were available to help facilities complete the survey, such as a toll-free N-SUMHSS hotline, a designated N-SUMHSS email address, and a dedicated N-SUMHSS information website. In addition, the N-SUMHSS Support Team communicated directly with facilities to answer questions, relayed facility updates to the data team, and helped troubleshoot technical issues. The N-SUMHSS Support Team's ability to pivot from technical support to survey administration, as appropriate, resulted in a better customer service experience and delivered more immediate resolution for participating facilities.

Appendix B: Technical Expert Panel

Members

The Technical Expert Panel (TEP) was comprised of nine members with diverse backgrounds and experiences, as shown in **Table 1.**

Table 1. TEP Members

Member	Background
Dita Bhargava	Parent Advocate
Shannon Biello, MPH	Vice President of Treatment Quality and Strategy, Shatterproof
Laura Garcia	Director, Illinois Department of Human Services (IDHS) Division of Substance Use Prevention and Recovery (SUPR)
Rhonda Hill-McFadden	Certified Peer Recovery Specialist
Greg Hobelmann, MD	Co-CEO, Ashley Addiction Treatment
Michael Johnson, MA	Senior Managing Director for Behavioral Health, CARF International
Cara Poland, MD	Addiction Medicine Physician
Traylor Rains, JD	State Medicaid Director, Oklahoma Health Care Authority
Zachary Talbot, LADAC, LMSW, QCS	President, Talbott Legacy Centers (TLC)

In addition to the TEP members, six members of the SAMHSA Working Group attended, joined by five members of an external support team. Biographies for all key attendees can be found in **Appendix C**.

Table 2. SAMHSA Working Group Members

Member	Background
Carter Roeber, PhD	Social Science Analyst, National Mental Health and Substance Use Policy Laboratory
Naomi Tomoyasu, PhD	Senior Advisor, Office of the Chief Medical Officer
Neeraj Gandotra, MD	Director, Office of the Chief Medical Officer
Suparna Das, PhD	Division Director, Office of Treatment Services, Center for Behavioral Health Statistics and Quality (CBHSQ)

Member	Background
Trina Dutta, MPH, MPP	Chief of Staff to the Assistant Secretary for Mental Health and Substance Use
Yngvild Olsen, MD, MPH	Director, Center for Substance Abuse Treatment (CSAT)

Table 3. External Support Team Members

Member	Background
Alicia McCoy, MPH	Project Director, Behavioral Health Services Information System (BHSIS), Hendall Inc.
Megan Brooks, MA	Senior Director of Research Science, ICF
Ellen Vermes, MPH	Quantitative and Qualitative Research Specialist, ICF
Kristin Dwan, MA	Survey Methodologist, ICF
Susan Winckler, RPh, Esq	CEO, Reagan-Udall Foundation for the Food and Drug Administration

Panel Methods

TEP members participated in a guided discussion on a variety of topics at SAMHSA headquarters in Rockville, MD. The discussion was facilitated by Susan Winckler, CEO of the Reagan-Udall Foundation for the U.S. Food and Drug Administration and divided into topics as illustrated in **Exhibit 1.**

Exhibit 1. Technical Expert Panel Agenda—Monday, July 31, 2023

9:00–9:15 a.m.	Welcome
9:15–9:45 a.m.	Introductions
9:45–10:15 a.m.	Overview of N-SUMHSS
10:15–10:30 a.m.	Review of Guidance
10:30–10:45 a.m.	Break
10:45–11:45 a.m.	Discuss “Assessment and pre-treatment services” and “Transitional services”
11:45 a.m.–12:45 p.m.	Lunch
12:45–1:45 p.m.	Discuss “Recovery support services” and “Education and counseling services”
1:45–2:00 p.m.	Break
2:00–3:00 p.m.	Discuss “Testing” and “Pharmacotherapies”
3:00–3:15 p.m.	Break
3:15–4:00 p.m.	Discuss “Ancillary services” and “Language Access”
4:00–4:45 p.m.	Discuss potential applications for this guidance
4:45–5:00 p.m.	Close/Adjourn

Appendix C: Technical Expert Panel and Participant Biographies

Dita Bhargava

Dita Bhargava is a parent advocate living in Cos Cob, Connecticut, with her two children and husband. In 2018, Dita lost her oldest son, Alec, to fentanyl poisoning while he was living in a sober home in Canaan, Connecticut. Since his passing, Dita has been working on creating awareness around substance use and mental health disorders. Through her nonprofit work with Shatterproof, Connecticut Women's Consortium, and Liberation Programs, she brought together federal and state legislators, public health officials, law enforcement, and residents across Connecticut to offer education and solutions to the opioid pandemic. She has also actively worked with the Connecticut legislature to help enact policy around SUD and mental health issues. Dita helped to bring Atlas to Connecticut, a Shatterproof program that provides essential resources to help families find the best care and treatment for their loved ones.

Dita has served as an advisor on several committees, including the Human Services Policy Transition Committee for Governor Lamont and the Medscape Advisory Board for Mental Wellness. Recently, she joined an intimate parent advocate meeting with Vice President Kamala Harris at the White House on the multipronged aspects of the opioid pandemic, including the fentanyl crisis, standards of care in treatment centers, and the need for better education and awareness.

Shannon Biello, MPH

Shannon Biello is the Vice President of Treatment Quality and Strategy at Shatterproof, where she oversees the Atlas platform, a quality measurement system for addiction treatment facilities, as well as leads all data-related efforts. She also provides strategic direction for the continued implementation and expansion of the Atlas platform. Before joining Shatterproof, she worked as a public health professional for various research and practice projects, including telehealth programs for veterans and their caregivers at the Atlanta Veterans Health Administration and Project Healthy Moms, a maternal mental health program at Mental Health America of Georgia. Most recently, she was an evaluation fellow at Centers for Disease Control and Prevention (CDC), where she worked on evaluation projects for a national sexual violence prevention program and a youth violence prevention program to monitor progress, generate program recommendations, and drive strategic improvements.

Laura Garcia

Laura Garcia is the Director of the Illinois Department of Human Services (IDHS) Division of Substance Use Prevention and Recovery (SUPR). For two decades, she has worked to expand behavioral health services that improve the social determinants of health for individuals, families, and communities that are socially and systematically disenfranchised. She previously served as the Director of Clinical Programs for the Salvation Army and Program Administrator for Healthcare Alternative Systems. She completed a master's degree from DePaul University, a second master's degree in counseling from Governors State University, and is a Licensed Professional Counselor and Certified Alcohol and Drug Counselor. She is committed to IDHS/SUPR's mission to provide a system of prevention, treatment, and recovery where individuals with substance use disorders (SUDs), those in recovery, and those at risk are valued, treated with dignity, and where stigma and accompanying attitudes are eliminated.

Rhonda Hill-McFadden

Rhonda Hill-McFadden is a compassionate and understanding Certified Peer Recovery Specialist and has a solid understanding of substance use disorder recovery. She brings a unique perspective to living with a co-occurring disorder and maintaining success to the clients she serves. She also has an excellent understanding of the medications used to treat opioid use disorder and understands the stigma associated with those medications and works diligently with her clients to dispel the myths around medication assisted treatment.

She has a high school diploma, as well as years of experience, and is working on her bachelor's degree and full certification as a Certified Peer Specialist.

Gregory Hobelmann, MD

Dr. Greg Hobelmann currently serves as a Co-Chief Executive Officer of Ashley Addiction Treatment. In this role, he oversees the clinical, medical, and nursing staff for both the inpatient and outpatient clinics, in addition to general operations. He previously worked as an interventional pain specialist as well as a staff psychiatrist after completing his psychiatry residency at Johns Hopkins School of Medicine. He completed an anesthesiology residency and pain medicine fellowship at Johns Hopkins in 2006 and has an MPH from the Johns Hopkins Bloomberg School of Public Health. His treatment interests include SUDs and chronic pain.

Michael Johnson, MA

Michael Johnson is currently the Senior Managing Director for Behavioral Health at CARF International, a role he has held since 2013. In this role, he is responsible for the development of standards in behavioral health to maintain currency with the field, interfacing with regulatory entities and payers, consultation and training, and market development.

He has more than 40 years of experience in the behavioral healthcare field. He began his career in in behavioral health as a technician on a psychiatric inpatient unit in 1981, and since that time he has worked in a variety of clinical, management, and C-level roles in both mental health and substance use agencies. He has been a leader in the industry, providing expertise to national and state initiatives in quality, ethics, training, accreditation, and electronic medical record adoption. He is passionate about the use of data and technology in our industry and is

a tireless advocate for increasing performance in behavioral health. He has a master's degree in communications and a bachelor's degree in interpersonal communications from the University of Central Florida, and he is a Certified Addictions Professional in the state of Florida. He is also a veteran of the U.S. Air Force.

Cara Poland, MD

Dr. Cara Poland trained in internal medicine at St. Joseph Mercy Hospital in Ann Arbor, Michigan, and in addiction medicine at Boston Medical Center in Boston, Massachusetts. She has a master's degree in education, which she uses to educate healthcare providers and providers-in-training to improve care for patients with SUDs and alcohol use disorder through her work on MI CARES and with various professional organizations. She is the Past President of the Michigan Society of Addiction Medicine. Clinically, she oversees and collaborates with other providers in Spectrum Health's GREAT MOMs program to treat pregnant people with SUDs.

Traylor Rains, JD

Traylor Rains currently serves as the State Medicaid Director at the Oklahoma Health Care Authority. After earning his law degree from Baylor University, he began his now 18-year career in public service with the State of Oklahoma, which has included leadership roles within the Department of Mental Health and Substance Abuse Services and the Department of Human Services. In his current role, Traylor is a driver of innovation within Oklahoma's Medicaid program and is responsible for directing several divisions within the Oklahoma Health Care Authority, including Health Policy, Quality Assurance/Quality Improvement, the Office of the Statewide Health Information Exchange, the Medical Services Division, and Long-Term Services and Supports.

He has led the planning and implementation efforts for several state health service initiatives including Oklahoma's Health Homes, the Certified Community Behavioral Health Clinic Model, Oklahoma's Medicaid Expansion, and Oklahoma's transition to managed care. He serves on several boards and committees, including the National Association of Medicaid Directors Board and the State Board of Behavioral Health Licensure.

Zachary C. Talbot, LADAC, LMSW, QCS

Zachary C. Talbott is the President of Talbott Legacy Centers, a private company that operates federally certified and accredited opioid treatment programs in Tennessee and Georgia. He is a native of Eastern Tennessee, a Licensed Alcohol and Drug Abuse Counselor, Licensed Master Social Worker, and Qualified Clinical Supervisor in the State of Tennessee. He is also concurrently credentialed in Georgia and nationally board certified as a Master Addiction Counselor through the National Certification Commission for Addiction Professionals.

Zac serves as the current President of the National Alliance for Medication Assisted Recovery, the oldest and largest national advocacy organization specifically focused on the rights of and advocacy for individuals whose recovery journeys are supported by methadone or buprenorphine treatment. Zac also currently serves as the President and Chairman of the Board of Directors of the Alcohol and Drug Abuse Certification Board of Georgia), the Georgia International Certification and Reciprocity Consortium affiliate and statewide credentialing board for addiction and recovery professionals. Zac has provided operational, policy, compliance, and clinical consulting for office based opioid treatment providers and opioid treatment programs across six U.S. states and is proficient in the behavioral health accreditation standards of The Joint Commission and CARF International.

SAMHSA Workgroup Members

Suparna Das, PhD

Dr. Suparna Das, Division Director for Office of Treatment Services, Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration (SAMHSA), overseeing the Drug Abuse Warning Network and Behavioral Health Services Information Systems, which includes the National Substance Use and Mental Health Services Survey—(N-SUMHSS), FindTreatment.gov, the Treatment Episode Data, Mental Health Client Level Data, Uniform Reporting Systems, and the Inventory of Treatment Facilities. Suparna has more than 16 years of experience as a spatial scientist and demographer with a demonstrated history of working in academia and the government. She joined SAMHSA in 2021. Before that she was with the Washington, D.C., Department of Health with the HIV/AIDS, Hepatitis, Sexually Transmitted Disease, and Tuberculosis Administration as statistician and viral hepatitis epidemiologist for 7 years.

Trina Dutta, MPH, MPP

Trina Dutta serves as Chief of Staff to the U.S. Department of Health and Human Services (HHS)/SAMHSA's Assistant Secretary for Mental Health and Substance Use. In her role, Trina provides policy and programmatic guidance to SAMHSA leadership to advance the behavioral health of the nation and support SAMHSA's mission. Prior to this position, Trina spent 6 years in the Washington, D.C., as Policy Director for the Department of Behavioral Health and as special projects officer to D.C.'s Medicaid Director prior to that. Before joining D.C.'s government, Trina spent 8 years with SAMHSA, focused on behavioral health integration and health equity. She joined SAMHSA in 2006 as a Presidential Management Fellow.

Trina grew up in Columbus, Ohio, and graduated from the Ohio State University in 2000. After serving in the Peace Corps/Nepal as a water sanitation coordinator, Trina received a Master of Public Health–Master of Public Policy dual degree from the University of California, Berkeley. She resides with her family in Mount Pleasant, D.C.

Neeraj Gandotra, MD

Dr. Neeraj Gandotra serves as the Chief Medical Officer for SAMHSA. Dr. Gandotra has been actively partnering with federal partners and national and regional organizations. Previously, Neeraj served as the Chief Medical Officer for a large nationwide addiction treatment network, where he developed national strategies specifically aimed at reducing risk and improving outcomes. He is familiar with the development and utilization of medical services budgets, nuances of regulations, and code across various states. He supervised providers across facilities and provided expertise to elected and appointed officials in local markets. He began his addiction career in public health serving an underserved community in Washington, D.C., where he developed his perspective of how a nationwide approach to addiction treatment is greatly needed. As Medical Director of Addiction Treatment Services at Johns Hopkins School of Medicine, he directed patient care through implementation of department initiatives and medical center resources. He has also worked as a Medical Director for federally qualified health centers where it was necessary to develop policies mindful of specific catchment-area needs. He has worked with the Maryland State Attorney General on cases of physician misconduct, specifically those involving prescriptions of controlled substances. He also has been a consultant for the National Football League player's assistance program for SUDs. He received his medical degree from the Universidad Iberoamericana School of Medicine and completed his psychiatric residency at Howard University. He completed an addiction psychiatry fellowship at Yale University School of Medicine.

Yngvild Olsen, MD, MPH

Dr. Yngvild Olsen serves as the Director for the Center for Substance Abuse Treatment at SAMHSA. She has a long history of working within the addiction treatment field to expand access to care and enhance quality. She has held numerous senior volunteer leadership positions in the field of addiction medicine. These have included Vice President of the American Society of Addiction Medicine, President of the Maryland Association for the Treatment of Opioid Dependence, and President of the Maryland/D.C. Society of Addiction Medicine. She also has served on the boards of the National Council on Alcohol and Drug Dependence–Maryland and Stop Stigma Now and as a clinical expert to the Providers Clinical Support System.

After graduating from Harvard Medical School, she completed residency training in internal medicine and served as primary care chief resident at Boston Medical Center. She completed a fellowship in general internal medicine at Johns Hopkins School of Medicine, during which time she received an MPH degree from the Johns Hopkins Bloomberg School of Public Health. Dr. Olsen has written and lectured extensively on opioid use disorder and its treatments, the stigma of addiction, the integration of behavioral health and medical care, and clinical and policy solutions to the overdose epidemic. She draws inspiration from the opportunity to provide care for people with SUDs as an addiction medicine specialist and general internist.

Karran Phillips, MD

Dr. Karran Phillips is the Deputy Director of SAMHSA's Center for Substance Abuse Treatment.

Carter Roeber, PhD

Dr. Carter Roeber is a Social Science Analyst in SAMHSA's National Mental Health Substance Use Policy Laboratory. He has 23 years of experience as a program evaluator, consultant, and researcher, and a particular interest in the development and dissemination of evidence-based behavioral health interventions through the use of evidence-based registries and clearinghouses. Prior to joining SAMHSA, he worked for 13 years as a program evaluator and applied anthropologist on a wide range of behavior health topics. Since joining SAMHSA, he has worked on revising and improving the National Registry of Evidence-Based Programs and Practices and has worked as the task lead for the Evidence-Based Practices Resource Center website and the alternate Contracting Officer's Representative for the Evidence-Based Practices Resource Center contract. In addition, he has been a SAMHSA liaison for the Healing Communities study.

Naomi Tomoyasu, PhD

Dr. Naomi Tomoyasu is a Senior Advisor in SAMHSA's Office of the Chief Medical Officer. Previously, she served as director of SAMHSA's Center for Behavioral Health Statistics and Quality, and before that, she was the Deputy Director of the U.S. Department of Veterans Affairs Health Services Research and Development Service, where she oversaw high-priority portfolios including mental health and substance use to improve the quality of care for veterans. She was also the Deputy Director of the Preventive and Population Health Care Models Group at the Innovation Center at the Centers for Medicare & Medicaid Services, where she developed and implemented new service delivery and payment models for Medicare patients. She has served in various management roles at other HHS agencies, including at SAMHSA in the Center for Substance Abuse Treatment and at the Health Resources and Services Administration in the Bureau of Primary Health Care.

She served in state government at the Maryland Department of Health and Mental Hygiene in the AIDS Administration, where she managed clinical and prevention programs, as well as the AIDS Drug Assistance and Insurance Assistance programs. Very early in her career, she conducted basic research on the neuroendocrine mechanisms of food intake and body weight regulation. Later, she began implementing more applied research in behavioral medicine and health psychology at the Baltimore Veterans Health Administration Medical Center and the University of Maryland School of Medicine. She earned her undergraduate degree in biological sciences at the University of California, Berkeley, and her PhD in psychology at the University of Washington in Seattle.

External Support

Megan Brooks, MA

Megan Brooks is a Senior Director of Research Science at ICF with more than 15 years of research and evaluation experience in public health and behavioral health. She has served as project manager, task manager, and data management lead across numerous projects, focusing primarily on quantitative data collection, management, and analysis. She has served in management roles on several large projects for SAMHSA, including for the Behavioral Health Services Information System project, the Zero Suicide program evaluation, the evaluation of the Garrett Lee Smith Memorial Suicide Prevention Program, the Community Support Evaluation, the Safe Schools/Health Students program, the National Child Traumatic Stress Initiative evaluation, and the evaluation of the Children's Mental Health Initiative. Before working for ICF, Ms. Brooks worked as a Program Evaluator for Georgia's behavioral health agency, where she managed the collection and analysis of outcomes data and supported data reporting to SAMHSA.

Kristin Dwan, MA

Kristin Dwan is a Survey Methodologist at ICF with more than 7 years of experience in the social science research industry. She has considerable experience in both quantitative and qualitative research, including designing questionnaires, developing protocols and outreach materials for interviews and focus groups, and analyzing data using statistical analysis programs such as SAS and SPSS. She has managed and moderated more than 40 focus groups and conducted more than 30 cognitive and in-depth interviews. She is also well-versed in disseminating data and information and has prepared internal and public-facing reports, abstracts, memos, presentations, tables, and charts for a variety of federal and non-federal entities.

Alicia McCoy, MPH

Alicia McCoy is a State Data Submission Director at Hendall Inc. with extensive professional experience building and managing user support teams, database, and project management. For more than 20 years, she has provided SAMHSA's Center for Behavioral Health Statistics and Quality with her expertise and recommendations in the execution of the Behavioral Health Services Information Systems project that connects people with substance use and mental health treatment through FindTreatment.gov.

She is responsible for ensuring the timeliness, cost-effectiveness, and quality of all database tasks and for directing the user support team regarding responses to public inquiries and requests. She has expertise in guiding technical teams and articulating business needs and determining scope and limitations to achieve project milestones. She directs the business processes for the integration of substance use and mental health facility data into public-facing portals such as web-based surveys and FindTreatment.gov. She develops comprehensive

project plans and ensures the project team understands all aspects of their responsibilities and the budgetary schedule, including developing training material for staff and informing state representatives on behavioral health data collection relative to SAMHSA's policies and priorities.

Ellen Vermes, MPH

Ms. Vermes specializes in quantitative and qualitative research methodology, including analyzing data from multifaceted surveys, developing methodology for a complex range of study designs, conducting thorough data analysis, and writing results for publication. She currently serves as a Data Analyst and Study Statistician at ICF for several federal contracts with SAMHSA and CDC. Prior to joining ICF, she worked on chronic disease program evaluation for the National Diabetes Prevention Program. She specializes in mixed methods.

Susan Winckler, RPh, JD

Susan Winckler is Chief Executive Officer of the Reagan-Udall Foundation for the U.S. Food and Drug Administration (FDA). The Foundation is the nonprofit organization created by Congress to advance the mission of the FDA. Prior to accepting the Foundation post, she served as President of Leavitt Partners Solutions, a national healthcare strategy firm founded by Governor Michael O. Leavitt, former Secretary of HHS. A pharmacist and attorney by training, she was the Chief Executive Officer of the Food and Drug Law Institute, which serves nearly all major law firms' food and drug practices; government regulators; leaders of pharmaceutical, device, food and tobacco companies; and consumers with class-leading legal and regulatory resources, analyses, updates, journals, and conferences.

She has 30 years of experience in the FDA and healthcare community and has worked with members of regulated industry across FDA's portfolio; with healthcare professionals, associations, patient organizations, consultants in this community; and other governmental and quasi-governmental organizations. She has served as Chief of Staff at the agency, helping the Commissioner and FDA navigate routine and emergent situations; leading the Food and Drug Law Institute to speak, write, and convene discussions of food and drug law issues; driving the policy, regulatory, and communications agenda of the American Pharmacists Association; and advising regulated industry (drug, device, biologic, and food companies) and others in the healthcare sector while at Leavitt Partners. She earned a bachelor's degree from the University of Iowa College of Pharmacy and a law degree magna cum laude from Georgetown University Law Center.

Endnotes

[1] Substance Abuse and Mental Health Services Administration. *Strategic Plan: Fiscal Year 2023–2026.* US Dept of Health and Human Services; 2023. https://www.samhsa.gov/about-us/strategic-plan

[2] Ahmad FB, Cisewski JA, Rossen LM, Sutton P. *Provisional Drug Overdose Death Counts.* National Center for Health Statistics. 2024. https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm

[3] Alcohol use: facts about U.S. deaths from excessive alcohol use. Centers for Disease Control and Prevention. August 6, 2024. Accessed December 23, 2024. https://www.cdc.gov/alcohol/facts-stats/index.html

[4] Smoking and tobacco use: cigarette smoking. Centers for Disease Control and Prevention. September 17, 2024. Accessed December 23, 2024. https://www.cdc.gov/tobacco/about/index.html

[5] Bush DM, Lipari RN. *Substance Use and Substance Use Disorder by Industry*. Substance Abuse and Mental Health Services Administration. US Dept of Health and Human Services; 2013. https://www.samhsa.gov/data/sites/default/files/report_1959/ShortReport-1959.html

[6] Substance Abuse and Mental Health Services Administration. *Key Substance Use and Mental Health Indicators in the United States: Results From the 2023 National Survey on Drug Use and Health*. US Dept of Health and Human Services; 2024. https://store.samhsa.gov/product/results-2023-nsduh/pep24-07-021

[7] Becker WC, Fiellin DA, Merrill JO, Schulman B, Finkelstein R, Olsen Y, Busch SH. Opioid use disorder in the United States: insurance status and treatment access. *Drug Alcohol Depend.* 2008;94(1-3):207-213. doi: 10.1016/j.drugalcdep.2007.11.018

[8] Substance Abuse and Mental Health Services Administration. *Treatment Improvement Protocol (TIP) 35, Enhancing Motivation for Change in Substance Use Disorder Treatment*. US Dept of Health and Human Services; October 2019. HHS Publication No. PEP19-02-01-003. https://store.samhsa.gov/product/tip-35-enhancing-motivation-change-substance-use-disorder-treatment/pep19-02-01-003

[9] National Institute on Drug Abuse. *Principles of Drug Addiction Treatment: A Research-Based Guide.* 3rd ed. January 17, 2018. https://nida.nih.gov/sites/default/files/podat-3rdEd-508.pdf

[10] Overdose prevention strategy: evidence-based treatment. US Dept of Health and Human Services. Accessed December 23, 2024. https://www.hhs.gov/overdose-prevention/treatment

[11] World Health Organization. *Global Strategy To Reduce the Harmful Use of Alcohol.* May 31, 2010. https://www.who.int/teams/mental-health-and-substance-use/alcohol-drugs-and-addictive-behaviours/alcohol/governance/global-alcohol-strategy

[12] World Health Organization. *Global Alcohol Action Plan 2022–2030.* June 20, 2024. https://www.who.int/teams/mental-health-and-substance-use/alcohol-drugs-and-addictive-behaviours/alcohol/our-activities/towards-and-action-plan-on-alcohol

[13] US Dept of Health and Human Services. *HHS Framework to Support and Accelerate Smoking Cessation 2024.* March 8, 2024. hhs-framework-support-accelerate-smoking-cessation-2024.pdf

[14] FDA's comprehensive plan for tobacco and nicotine regulation. US Food and Drug Administration. Accessed December 23, 2024. https://www.fda.gov/tobacco-products/ctp-newsroom/fdas-comprehensive-plan-tobacco-and-nicotine-regulation

[15] Substance Abuse and Mental Health Services Administration. *Quick Guide for Clinicians Based on TIP 24: A Guide to Substance Abuse Services for Primary Care Clinicians.* US Dept of Health and Human Services; 1997. HHS Publication No. SMA01-3581. https://store.samhsa.gov/sites/default/files/sma12-3581.pdf

[16] Overdose prevention strategy: evidence-based treatment. US Dept of Health and Human Services. Accessed December 23, 2024. https://www.hhs.gov/overdose-prevention/treatment

[17] Substance Abuse and Mental Health Services Administration. *National Substance Use and Mental Health Services Survey (N-SUMHSS) 2023: Data on Substance Use and Mental Health Treatment Facilities.* US Dept of Health and Human Services; October 30, 2024. HHS Publication No. PEP24-07-027. https://www.samhsa.gov/data/report/2023-n-sumhss-annual-report

[18] Substance Abuse and Mental Health Services Administration. *Finding Quality Treatment for Substance Use Disorders.* US Dept of Health and Human Services; April 2018. HHS Publication No. PEP18-TREATMENT-LOC https://store.samhsa.gov/product/Finding-Quality-Treatment-for-Substance-Use-Disorders/PEP18-TREATMENT-LOC

[19] Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services. Section 1115 of the Social Security Act Medicaid Demonstration: Amendment to the MassHealth Program. 2017.

[20] Sackett DL, Haynes B, Tugwell P. *Clinical Epidemiology: A Basic Science for Clinical Medicine*, 2nd ed. Little, Brown; 1991

Publication No. PEP25-04-003
Released 2025

SAMHSA
Substance Abuse and Mental Health Services Administration

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