

Attachment A - C8

N-SSATS 2006 second mailing cover letter

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service



Substance Abuse and Mental
Health Services Administration
Rockville, MD 20857

May 2006

Dear Facility Director:

On March 31 we mailed you the 2006 National Survey of Substance Abuse Treatment Services (N-SSATS) questionnaire. In case you did not receive the questionnaire or misplaced it, we are sending you another copy. The N-SSATS is an annual survey of substance abuse treatment facilities sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). Last year, over 96 percent of the nation's substance abuse treatment facilities participated in this survey. You may wonder why this level of participation is so important, and here are some of the main reasons:

N-SSATS provides the only comprehensive national data on the types of treatment services available and the number of persons in treatment;

N-SSATS responses are used to update the National Directory of Drug and Alcohol Abuse Treatment Programs and the online Substance Abuse Treatment Facility Locator found at <http://findtreatment.samhsa.gov>;

N-SSATS data are used to develop treatment policies.

Please complete the enclosed questionnaire and return it in the postage-paid return envelope provided; or if you prefer, ***complete the questionnaire on the Internet***. The enclosed pink flyer provides this facility's unique User ID and Password for accessing the questionnaire on the Internet. It is important that we receive your response as soon as possible.

If you have any questions about the survey or how to complete the questionnaire on the Internet, please call the N-SSATS helpline at **1-888-324-8337**.

Thank you for your participation in this important survey.

Sincerely,

Charlene Lewis, Ph. D.
Acting Director
Office of Applied Studies

Enclosures

NOTE: The N-SSATS questionnaire is designed to collect information about a single facility at a single location, that is, the facility whose name and address are printed on the questionnaire's cover. If your organization offers treatment services at more than one location and you receive a questionnaire for each one, please complete and return a separate questionnaire for each location.