

Attachment C: OTP COVER LETTER

March 2011

Dear Facility Director:

I am writing to request your participation in the **2011 Opioid Treatment Program (OTP) Survey**. This new survey, sponsored by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Behavioral Health Statistics and Quality (CBHSQ), in conjunction with the Center for Substance Abuse Treatment (CSAT), will collect data from substance abuse treatment facilities recognized by SAMHSA as operating a certified opioid treatment program. Mathematica Policy Research is conducting the OTP Survey under contract to SAMHSA.

**Your participation in the OTP Survey is important.** The number of OTP facilities and the types of services they offer are constantly changing to meet the demands of their clients. The information you provide will add significantly to the knowledge that SAMHSA and other Federal agencies have about types of treatment and services available; staffing and patient characteristics; and organizational features of the approximately 1,200 certified opioid treatment programs. This will help SAMHSA assess the scope of services currently provided and identify ways in which SAMHSA might address unmet facility and client needs.

The survey is designed for easy and efficient completion on the Internet. Simply follow the instructions on the enclosed green flyer. The flyer lists the Internet address for accessing the survey, as well as your facility's unique user ID and password. If you prefer to complete the survey on paper, please fill out the enclosed questionnaire and use the pre-paid envelope provided to return it to us.

We look forward to including your facility's data in this important survey. If you have questions about the survey, please contact the OTP Helpline at 1-xxx-xxx-xxxx or visit <http://info.nssats.com/otp>. Thank you in advance for your participation.

Sincerely,

Peter J. Delany, PhD, LCSW-C  
RADM USPHS  
Director, Center for Behavioral Health  
Statistics and Quality

Enclosures

*NOTE: The OTP questionnaire is designed to collect information about a single OTP, that is, the facility whose name and address is printed on the cover of the questionnaire. If your organization offers treatment services at multiple OTPs and you receive a questionnaire for each, **please complete and return a separate questionnaire for each OTP.***