

Attachment J: OTP SURVEY THANK YOU LETTER

[MONTH] 2011

Dear [FIRST NAME, LAST NAME]:

Thank you for completing the **2011 Opioid Treatment Program (OTP) Survey!**

The information that you and other OTP program directors provided will help SAMHSA assess the scope of services currently provided by certified OTPs and how they might address unmet facility and client needs.

Findings from the OTP survey will supplement information collected by the annual N-SSATS and will be published by SAMHSA in a separate report on Opioid Treatment Programs.

Thanks again for your participation.

Sincerely,

Survey Director
2011 Opioid Treatment Program Survey