

Attachment A.5 (N-MHSS-Locator Cover Letter and Online Questionnaire Access Instructions)

September 2012

Dear Facility Director:

I am writing to request your participation in the **National Mental Health Services Survey (N-MHSS) –Locator Survey**. This survey, sponsored by the Federal government's Substance Abuse and Mental Health Services Administration (SAMHSA), is designed to collect data from all known mental health treatment facilities in the nation. These data will include information about facility characteristics including the type of facility; ownership; service settings, specialty services and specially-designed programs offered; as well as basic contact information.

Your participation in N-MHSS-Locator survey is critically important. The information you provide about your facilities will be used to update SAMHSA's online Mental Health Facility Locator at (<http://store.samhsa.gov/mhloctaor>) and for publication in SAMHSA's 2012 *National Directory of Mental Health Treatment Facilities*. The online Locator is a vital resource for mental health consumers and persons in need of locating mental health treatment services in their local community.

To complete the questionnaire online, simply log onto the Internet and follow the instructions on the pink flyer enclosed with this packet. The flyer provides the Internet address to access the questionnaire as well as your facility's unique user ID and password. It is important that you (or another person knowledgeable about the facility's daily operations) complete the survey questionnaire.

If you have any questions about the survey or cannot complete the questionnaire online, please call the N-MHSS-Locator **survey helpline at 1-866-778-9752**.

Thank you for participating in this important survey.

Sincerely,

H. Westley Clark, MD, JD, MPH
Director,
Center for Behavioral Health Statistics and
Quality

Enclosures

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

**COMPLETE YOUR
2012 N-MHSS-LOCATOR SURVEY QUESTIONNAIRE
ONLINE!!**

1) No worrying about which questions to answer

(you are automatically taken to all the right questions!)

2) No pages to turn (just press the button!)

**3) No going to the post office or the
mailroom**

(just hit the send key!)

IT'S AS EASY AS 1—2—3:

1) *LOG ON AT:* <https://www.nmhss.org> (THIS IS A SECURE SITE)

2) *ENTER YOUR FACILITY'S UNIQUE* **USER ID** *AND* **PASSWORD:**

User ID:

[Field 1]

(ALL NUMBERS)

Password:

[Field 2]

(2 LETTERS; 6 NUMBERS)

3) ***THAT'S IT - YOU'RE READY TO START!***

If you have any questions about the survey or responding online,
please contact us at our toll-free helpline or by e-mail:

Telephone Helpline: (866) 778-9752

E-mail: NMHSS@Mathematica-mpr.com