

SAMSHA LETTERHEAD

June XX, 2014

Dear Director of Mental Health Program(s):

In April, I sent you a letter requesting your participation in the **2014 National Mental Health Services Survey (N-MHSS)**. I am writing to again request your participation in this survey. The N-MHSS, sponsored by the Federal government's Substance Abuse and Mental Health Services Administration (SAMHSA), collects data from all known specialized mental health treatment facilities in the United States and its jurisdictions.

Your voluntary participation in N-MHSS is important. Policymakers at local, state, and federal levels use information from the N-MHSS to determine the extent of services available and what new or expanded services may be needed. Facilities that respond to the survey can choose to be listed in SAMHSA's online Behavioral Health Treatment Services Locator at <http://findtreatment.samhsa.gov>, at no charge to the facility.

To complete the questionnaire online, simply log on to the Internet and follow the instructions on the 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. If for some reason you cannot complete the N-MHSS online, we have enclosed a paper questionnaire that you can complete and return in the enclosed pre-paid envelope.

It is important that you (or another person knowledgeable about the facility's daily operations) complete the questionnaire. If you have any questions about the survey, please call the N-MHSS helpline at **1-866-778-9752**.

Thank you for participating in this important national survey.

Sincerely,

Peter J. Delany, Ph.D., LCSW-C
RADM, U.S. Public Health Service
Assistant Surgeon General
Director
Center for Behavioral Health Statistics and Quality

Enclosures

*NOTE: The N-MHSS 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's cover. If your organization offers treatment services at more than one location and you receive a questionnaire for each, **please complete and return a separate questionnaire for each location.***