SAMHSA LETTERHEAD

April XX, 2014

Dear Director of Mental Health Program(s):

I am writing to request your participation in the **2014 National Mental Health Services Survey (N-MHSS)**, a national survey sponsored by the federal Substance Abuse and Mental Health Services Administration (SAMHSA). This survey is designed to collect data from all specialty mental health treatment facilities in the United States and its territories. These data include information about facility characteristics, ownership, service settings, programs offered, and the number and characteristics of clients who received mental health services at the facility as of a specific date, <u>April 30, 2014.</u>

Your voluntary participation in the 2014 N-MHSS is critically important. Information collected from the N-MHSS will provide mental health researchers, health care providers, and program decision-makers with a current picture of what services are available, and where resources could be allocated to meet the needs of persons with mental illness. The information you provide will also be used to update SAMHSA's Behavioral Health Treatment Services Locator which can be found at http://findtreatment.samhsa.gov. The Locator is an online tool used by consumers, their families, and mental health professionals 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 flyer enclosed with this letter. The flyer provides the Internet address to access the questionnaire as well as your facility's unique <u>user ID</u> and <u>password</u>. 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 or cannot complete the questionnaire online, 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

Enclosure

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 indicated on the questionnaire. If your

Attachment A.6 – (2014 N-MHSS Cover Letter_First Mailing _and Online Questionnaire Access Instructions_Page 1)

organization offers treatment services at more than one location and you receive a letter and flyer for each location, **please complete a separate questionnaire for each location.**