Bureau of Health Workforce Substance Use Disorder Evaluation

Introductory Email Template with Invitation to Participate in Survey

Dear [SALUTATION (Dr. Ms. Mr.)] [LAST NAME],

Access to high-quality affordable substance use disorder treatment is one of the most important health care challenges in the U.S. The Health Resources and Services Administration (HRSA) is working to expand the nation's capacity to treat substance use disorders and is asking for your help to measure the success of its efforts. The purpose of the *[SURVEY NAME]* is to help HRSA understand how these programs are working and how to improve them to better serve vulnerable populations across the country.

We are writing to ask for your participation in this important survey, which is being conducted by NORC at the University of Chicago on behalf of HRSA. The survey's success depends on participation from all participants of *[PROGRAM NAME]*.

You can take the survey at the link below or you can open the internet browser on your computer, tablet, or smartphone and type in the survey URL indicated below. Then provide your PIN.

Survey URL: XX Your PIN: XX

The questions should take about XX minutes to complete. Please complete the survey by [DATE].

[*For Grantee Sites only*] The survey asks a few questions about the number of patients, visits, and services provided at your site. We encourage you to share these questions with staff at your site who are able to assist with providing these estimates. You may also pull numbers from relevant reports. To see these questions in advance, you may view a PDF version of the survey at our website, linked below.

[For NHSC Sites only]: The survey asks a few questions about the number of patients, visits, and services provided at your site. Your site may have several locations that provide services. We encourage you to share these questions with staff across locations if that will assist with providing these estimates. You may also pull numbers from relevant reports. To see these questions in advance, you may view a PDF version of the survey at our website, linked below.

[*For Grantees only*] NORC will be sharing the combined results of the evaluation with the [*PROGRAM NAME*] grantees. You can use this information to compare your results with the combined results of other grantees.

Your willingness to complete the survey is very important to its success; however, participation is **completely voluntary**. You may choose not to answer any question that you do not wish to answer, and you can end your participation at any time. All information collected for this survey will be kept confidential and will not be used to measure any individual performance.

If you have any questions about the survey, please email us at <u>BHWEval@norc.org</u> or call us toll free at 1-8XX-XXXX. You can also find more information about the survey at norc.org/XX.

Thank you very much for your help with this important work.

Sincerely, Kathy Rowan NORC Evaluation Team, Project Director