

 Substance Abuse and Mental

Health Services Administration

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

[DATE]

# [Respondent] [or Current Facility Director]:

[Facility Name 1]

[Facility Name 2]

Attn:[Attn Name]

[Address1] [Address2]

[City], [State] [Postal Code]

# Dear [Respondent] [or Current Facility Director]:

I am writing to personally thank you for your facility’s participation in the **2021 National Substance Use and Mental Health Services Survey (N-SUMHSS)**.

Your participation helps assure that the results of the 2021 survey are complete and accurate. The information you provided will help SAMHSA, other Federal, state, and local agencies, and behavioral health care professionals assess the current availability of substance use and mental health treatment and services, as well as identify unmet behavioral health client needs in the United States.

We appreciate your support and commitment of time and effort involved in responding to this important national survey.

Thank you again, and we count on your continued participation in the future.

Sincerely,

[SAMHSA Contact/Title]

Center for Behavioral Health Statistics and Quality

SAMHSA