**[*If possible, print this letter on your letterhead*]**

Dear ,

The (Agency name) would like to know what you think about the mental health and/or substance use services experienced in (CCS/CST program name). If you complete the enclosed, voluntary survey, you will be providing your community helpful information to improve access to quality care.

All information you provide on the Mental Health Statistical Improvement Program (MHSIP) satisfaction survey is confidential and anonymous. Program staff will not see your responses and your participation in this survey will not directly affect your child’s experience in the program.

When you are filling out the survey:

* Think about your experience with (CCS/CST program name) during the past six (6) months. Do not think about other health and human service programs.
* The word “***staff***” refers to your (CCS counselor, CST coordinator, case manager, etc.).
* The word “***service***” refers to services from (CCS/CST program name).

When you return the survey:

* Do not place your name on the survey or return envelope.
* Return the completed survey in the self-addressed, stamped envelope provided.

If you have any questions about the survey, please feel free to contact (name and phone number). Thank you in advance for thinking about filling out this important survey.

Sincerely,