**Practice-Level Survey**

**Reminder Email**

**Awardee Administered**

**Health Resources and Services Administration Evaluation of the Maternal and Child Health Bureau Pediatric Mental Health Care Access and Screening and Treatment for Maternal Mental Health and Substance Use Disorders Programs Project**

**June 2024**

Thank you for your participation in the Health Resources and Services Administration’s (HRSA) Maternal and Child Health Bureau (MCHB) [Pediatric Mental Health Care Access (PMHCA)/Screening and Treatment for Maternal Mental Health and Substance Use Disorders (MMHSUD)] program, [insert program name].

[Insert name of location] needs your input! We have not received your response to the Practice-Level Survey. This is your last chance to participate in and to support HRSA MCHB’s evaluation to increase access to behavioral health services in [insert program location].

**Directions**

Here are the directions for completing the survey:

1. Click on the following link to complete the Practice-Level Survey: [Insert link here].
   1. Please complete the survey by [insert date].
   2. The survey will take you about 20 minutes to complete.
   3. You will have the option to save your progress at any point and return to the survey later.
2. As you complete the survey, please click “Next” at the bottom of each page to save your progress.
3. When finished, click "Done" at the bottom of the final page to record your responses.
4. If you are having difficulty accessing the web-based survey or would prefer to complete a fillable and printable PDF version of the survey, please notify JBS at [hrsa-mchbfeedback@jbsinternational.com](mailto:hrsa-mchbfeedback@jbsinternational.com).

Kind regards,

[Insert Location/Program Name]