Practice-Level Survey
Participation 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 [insert program name]. This program and evaluation are funded by the Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB) as part of the [Pediatric Mental Health Care Access (PMHCA)/Screening and Treatment for Maternal Mental Health and Substance Use Disorders (MMHSUD)] program in [insert location]. We recently emailed you about the HRSA MCHB evaluation of the MCHB PMHCA program that is being conducted by JBS International, Inc. (JBS).

About the Survey

As part of the HRSA MCHB evaluation, a survey of practices that have providers who are enrolled/participating in [insert location]'s HRSA [PMHCA/MMHSUD] program is being conducted by JBS and administered by us. The survey is designed to collect information on your practice's experiences with the [PMHCA/MMHSUD] program (e.g., assessing and treating behavioral health conditions, accessing behavioral health care services for your patients, capacity to address behavioral health conditions). Your participation in this survey is important to the HRSA MCHB evaluation.

Directions

Here are the directions for completing the survey:

1. Click on the following link to complete the Practice-Level Survey: [Insert link here].
    a. Please complete the survey by [insert date].
    b. The survey will take you about 20 minutes to complete.
    c. 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.

Kind regards,

[Insert Location/Program Name]