**Health Professional Survey Participation Email**

**JBS 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, JBS is conducting a survey of health professionals who are enrolled/participating in [insert location]’s HRSA [PMHCA/MMHSUD] program. The survey is designed to collect information on your 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 “Begin Survey” below to complete the Health Professional Survey. 
   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,

The HRSA MCHB Evaluation Team