

# **Health Professional 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 pediatric health professionals 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 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 Health Professional Survey: [Insert link here].
  - a. Please complete the survey by [insert date].
  - b. The survey is expected to take about 20 minutes for you to complete.
  - c. You will have the option to save your progress at any point after the first page of the survey and return to it later.
2. As you complete the survey, please click the "Next" button at the bottom of each page to save your progress.
3. When finished, click the "Done" button 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 of the survey, please notify JBS at [hrsa-mchbfeedback@jbsinternational.com](mailto:hrsa-mchbfeedback@jbsinternational.com).

Kind regards,

[Insert Location/Program Name]