

## **Attachment A15:**

# **Screening and Treatment for Maternal Depression and Related Behavioral Disorders Program Health Care Provider Survey Participation Email**

**HRSA Evaluation of the Maternal and Child Health Bureau Pediatric Mental  
Health Care Access and Screening and Treatment for Maternal Depression  
and Related Behavioral Disorders Programs Project**

**October 2019**

**Attachment A15: Screening and Treatment for Maternal Depression and  
Related Behavioral Disorders Program Health Care Provider Survey  
Participation Email**

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 Screening and Treatment for Maternal Depression and Related Behavioral Disorders (MDRBD) program in [insert state name]. We recently emailed you about the HRSA MCHB evaluation of the MCHB MDRBD program that is being conducted by JBS International, Inc. (JBS).

**About the Survey**

As part of the HRSA MCHB evaluation, a survey of maternal health care providers who are participating in [insert state name]'s HRSA MDRBD program is being conducted by JBS. The survey is designed to collect information on your experiences with the MDRBD 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 Care Provider Survey.
  - a. Please complete the survey by [insert date].
  - b. The survey will take you about 10 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 [insert email address].

Kind regards,

The HRSA MCHB Evaluation Team