

## **Attachment A16:**

# **Pediatric Mental Health Care Access Program Practice-Level 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 A16: Pediatric Mental Health Care Access Program Practice-  
Level 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 Pediatric Mental Health Care Access (PMHCA) program in [insert state name]. 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 participating in [insert state name]'s HRSA PMHCA program is being conducted by JBS. The survey is designed to collect information on your practice's experiences with the PMHCA program (e.g., assessing and treating behavioral health conditions, accessing behavioral health care services for your patients, and 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 Practice-Level Survey.
  - a. Please complete the survey by [insert date].
  - b. The survey will take you about 15 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