

Attachment A22:

Pediatric Mental Health Care Access Program Program Implementation 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 A22: Pediatric Mental Health Care Access Program
Program Implementation 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 to learn more about the implementation of [insert name of state]'s HRSA PMHCA program is being conducted by JBS. The survey is designed to collect information on your experiences with the PMHCA program (e.g., program implementation activities, health care provider enrollment, health care provider training, behavioral health service delivery, community linkages, sustainability). 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 Program Implementation Survey.
 - 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 [insert email address].

Kind regards,

The HRSA MCHB Evaluation Team