

Attachment A6:

Pediatric Mental Health Care Access Program Health Care Provider Survey Notification 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

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Provider Survey Notification Email**

Thank you for your participation in the Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB) Pediatric Mental Health Care Access (PMHCA) program—[insert program name]. HRSA funded JBS International, Inc. (JBS) to conduct an evaluation of the MCHB PMHCA program (hereafter referred to as the HRSA MCHB evaluation). JBS is an independent evaluator of the program and is not part of HRSA or any other federal agency.

As part of the HRSA MCHB evaluation, a survey of pediatric health care providers who are participating in [insert state name]'s HRSA PMHCA program is being conducted by JBS and administered by us. The survey is designed to collect information on your experiences with the PMHCA program (e.g., assessing and treating behavioral health conditions, accessing behavioral health care services for your patients, capacity to address behavioral health conditions).

This email is to notify you that we will be sending you the online Health Care Provider Survey within the next 2 weeks. Your participation in this survey is important to the HRSA MCHB evaluation. This online survey will be available for 31 days, and will take you less than 10 minutes to complete.

If you have any questions, please contact [insert email address].

Kind regards,

[Insert State/Program Name]