Attachment A8:

Pediatric Mental Health Care Access Program Practice-Level 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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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 practices that have 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 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).

This email is to notify you that we will be sending you the online Practice-Level 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 less than 15 minutes for you to complete.

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

Kind regards,

[Insert State/Program Name]