

## **Attachment A18:**

# **Pediatric Mental Health Care Access 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**

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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 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). Your participation in this survey is important to the HRSA MCHB evaluation.

### **Directions**

Here are the directions for completing the survey:

1. Click on the following link to complete the Health Care Provider Survey: [Insert link here].
  - a. Please complete the survey by [insert date].
  - b. The survey is expected to take about 10 minutes for you to complete.
  - c. You will have the option to save your progress at any point and return to the survey later. However, please note that to return to the survey, you must use the same device and web browser that was used to start the survey.
2. As you complete the survey please click the "Next" button at the bottom of each page to save your progress.
3. When finished, click the "Done" button 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 of the survey, please notify JBS at [insert email address].

Kind regards,

[Insert State/Program Name]