

Attachment A27:

**Screening and Treatment for Maternal Depression
and Related Behavioral Disorders Program
Health Care Provider Survey
Follow-up 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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Related Behavioral Disorders Program
Health Care Provider Survey
Follow-up Email**

Thank you for your participation in the Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB) Screening and Treatment for Maternal Depression and Related Behavioral Disorders (MDRBD) program—[insert program name].

[Insert name of state] needs your input! We have not received your response to the Health Care Provider Survey. This is your last chance to participate in and support HRSA MCHB's evaluation to increase access to behavioral health services in your state.

Directions

Here are the directions for completing the survey:

1. Click "Begin Survey" below to complete the Health Care Provider Survey.
 - a. Please complete the survey by [insert date].
 - b. The survey will take you about 10 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