

## **Attachment A31:**

# **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**

**Attachment A31: Screening and Treatment for Maternal Depression and  
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 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 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 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. However, please note that to return to the survey, you must use the same device and web browser (e.g., Chrome, Internet Explorer) that was used to start the survey.
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,

[Insert State/Program Name]