

Ryan White Care Act Comprehensive Site Visit Baseline Survey

Thank you for taking the time to complete and submit this brief survey. We are interested in learning about your experiences with the Comprehensive Site Visit that you recently received. *Your insight and feedback are very valuable* to the TA evaluation team and HRSA/HAB program personnel in making decisions about the training and technical assistance provided to grantees through the Ryan White HIV/AIDS program.

Only HRSA/HAB program personnel and evaluators will be able to identify and link survey responses to each grantee (that completes the survey). Any reports developed for individuals not involved with the development, management or evaluation of the HRSA/HAB Ryan White Technical Assistance Program will not contain any information identifying individual grantees.

Your participation is highly recommended and your feedback is instrumental to improving the delivery of the Comprehensive Site Visits. There is no penalty for refusal to participate, and you are free to withdraw your consent and participation in this survey at any time.

If you have any questions about the survey, encounter any errors in the online information, or have suggestions for improving this process, please contact your TA Coordinator.

Thank you again for your participation in this survey!

I Agree to participate >

I DO NOT Agree to participate>

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0212. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-29, Rockville, Maryland, 20857.

Screen 2

Grantee Name: _____ Project Code: _____
TA Type: _____ TA Coordinator: _____
Date TA Initiated: _____ Date TA Completed: _____
Consultant Name 1: _____ Grantee Email: _____
Consultant Name 2: _____
Consultant Name 3: _____

Please rate your agreement with the following statements.

1. The comprehensive site visit achieved the agreed upon goals.

Strongly Agree	Agree	Not Sure/ Uncertain	Disagree	Strongly Disagree
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2. The comprehensive site visit met my expectations set from/based on pre-planning project officer guidance and discussions.

Strongly Agree	Agree	Not Sure/ Uncertain	Disagree	Strongly Disagree
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3. The comprehensive site visit followed the agreed upon agenda.

Strongly Agree	Agree	Not Sure/ Uncertain	Disagree	Strongly Disagree
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4. Below are a number of statements. Please indicate whether (or which) of the following systems and operations you anticipated being affected by the site visit. (check all that apply)

() Not Applicable

() Capacity Expansion, such as:

- Increase in number of clients being served
- Increase in the amount and type of services being offered to clients
 - Offering services not previously provided
 - Providing a greater amount of existing services to a greater percentage of existing clients

Professional Development, such as:

- Staff learned new skills, e.g., new methods, modalities
- Staff increased facility with existing skills, e.g., better case management strategies

Systems Improvement, such as:

- Improved use of Management Information Systems, e.g., CAREWare, RSR
- Improved finance and accounting, e.g., tracking program income, unit cost, sliding fee
- Coordination of care, e.g., case management and client flow management

Program Development, such as:

- Access to care

- ADAP
- Comprehensive Planning
- Unmet need
- Other: Please Explain

Other Development. Please explain:

Please respond to the following statements for each consultant who facilitated your comprehensive site visit. Additional statements will be presented if you received assistance from more than one consultant.

5. Consultant 1 (name from above/system) had the professional knowledge and expertise to facilitate the site visit in an effective manner.

Strongly Agree	Agree	Not Sure/ Uncertain	Disagree	Strongly Disagree
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5a. Consultant 2 (name from above/system) had the professional knowledge and expertise to facilitate the site visit in an effective manner.

Strongly Agree	Agree	Not Sure/ Uncertain	Disagree	Strongly Disagree
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5b. Consultant 3 (name from above/system) had the professional knowledge and expertise to facilitate the site visit in an effective manner.

Strongly Agree	Agree	Not Sure/ Uncertain	Disagree	Strongly Disagree
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6. Consultant 1 (name from above/system) completed all the work in a culturally competent manner.

Strongly Agree	Agree	Not Sure/ Uncertain	Disagree	Strongly Disagree
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6a. Consultant 2 (name from above/system) completed all the work in a culturally competent manner.

Strongly Agree	Agree	Not Sure/ Uncertain	Disagree	Strongly Disagree
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6b. Consultant 3 (name from above/system) completed all the work in a culturally competent manner.

Strongly Agree	Agree	Not Sure/ Uncertain	Disagree	Strongly
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		Uncertain		Disagree
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7. GEARS, Inc. effectively coordinated the pre-planning site visit requirements and the logistical needs for the comprehensive site visit.

Strongly Agree	Agree	Not Sure/ Uncertain	Disagree	Strongly Disagree	N/A
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8. My organization has the capacity at this time (i.e., staff, resources, budget) to implement the changes, improvements, and/or information provided during the comprehensive site visit.

Strongly Agree	Agree	Not Sure/ Uncertain	Disagree	Strongly Disagree
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Please provide any other comments, concerns, or suggestions in the space below.

SUBMIT>

Ryan White Care Act Comprehensive Site Visit Follow-up Survey

Thank you for taking the time to complete and submit this brief survey. We are interested in learning about your experiences with the Comprehensive Site Visit your organization received approximately 6-months ago. *Your insight and feedback are very valuable* to the TA evaluation team and HRSA/HAB program personnel in making decisions about the training and technical assistance provided to grantees through the Ryan White HIV/AIDS program.

Only HRSA/HAB program personnel and evaluators will be able to identify and link survey responses to each grantee (that completes the survey). Any reports developed for individuals not involved with the development, management or evaluation of the HRSA/HAB Ryan White Technical Assistance Program will not contain any information identifying individual grantees.

Your participation is highly recommended and your feedback is instrumental to improving the delivery of the Comprehensive Site Visits. There is no penalty for refusal to participate, and you are free to withdraw your consent and participation in this survey at any time.

If you have any questions about the survey, encounter any errors in the online information, or have suggestions for improving this process, please contact your TA Coordinator.

Thank you again for your participation in this survey!

I Agree to participate >

I DO NOT Agree to participate>

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0212. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-29, Rockville, Maryland, 20857.

Screen 2

Grantee Name:

Grantee Email:

Your Name: (Optional)

Are you the person who completed the first survey?

Yes No

Project Code:

TA Type:

TA Coordinator:

Date TA Initiated:

Date TA Completed:

Consultant Name 1:

Consultant Name 2:

Consultant Name 3:

Please rate your agreement with the following statements.

1. The comprehensive site visit achieved the agreed upon goals.

Strongly Agree	Agree	Not Sure/ Uncertain	Disagree	Strongly Disagree
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2. The comprehensive site visit met my expectations set from/based on pre-planning project officer guidance and discussions.

Strongly Agree	Agree	Not Sure/ Uncertain	Disagree	Strongly Disagree
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3. The comprehensive site visit followed the agreed upon agenda.

Strongly Agree	Agree	Not Sure/ Uncertain	Disagree	Strongly Disagree
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4. Below are a number of statements. Please indicate whether (or which) of the following systems and operations you anticipated being affected by the site visit. (check all that apply)

Not Applicable

Capacity Expansion, such as:

- Increase in number of clients being served
- Increase in the amount and type of services being offered to clients
 - Offering services not previously provided
 - Providing a greater amount of existing services to a greater percentage of existing clients

Professional Development, such as:

- Staff learned new skills, e.g., new methods, modalities
- Staff increased facility with existing skills, e.g., better case management strategies

- Systems Improvement, such as:
 - Improved use of Management Information Systems, e.g., CAREWare, RSR
 - Improved finance and accounting, e.g., tracking program income, unit cost, sliding fee
 - Coordination of care, e.g., case management and client flow management

- Program Development, such as:
 - Access to care
 - ADAP
 - Comprehensive Planning
 - Unmet need
 - Other: Please Explain

- Other Development. Please explain:

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5. My organization had the capacity at the time of comprehensive site visit (i.e., staff, resources, budget) to implement the changes, improvements, and/or information provided during the site visit.

Strongly Agree	Agree	Not Sure/ Uncertain	Disagree	Strongly Disagree
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Please respond to the following statements for each consultant who facilitated your comprehensive site visit. Additional statements will be presented if you received assistance from more than one consultant.

6. Consultant 1 (name from above/system) had the professional knowledge and expertise to facilitate the site visit in an effective manner.

Strongly Agree	Agree	Not Sure/ Uncertain	Disagree	Strongly Disagree
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6a. Consultant 2 (name from above/system) had the professional knowledge and expertise to facilitate the site visit in an effective manner.

Strongly Agree	Agree	Not Sure/ Uncertain	Disagree	Strongly Disagree
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6b. Consultant 3 (name from above/system) had the professional knowledge and expertise to facilitate the site visit in an effective manner.

Strongly Agree	Agree	Not Sure/ Uncertain	Disagree	Strongly Disagree
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7. Consultant 1 (name from above/system) completed all the work in a culturally competent manner.

Strongly Agree	Agree	Not Sure/ Uncertain	Disagree	Strongly Disagree
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7a. Consultant 2 (name from above/system) completed all the work in a culturally competent manner.

Strongly Agree	Agree	Not Sure/ Uncertain	Disagree	Strongly Disagree
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7b. Consultant 3 (name from above/system) completed all the work in a culturally competent manner.

Strongly Agree	Agree	Not Sure/ Uncertain	Disagree	Strongly Disagree
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SUBMIT>