Health Resources and Services Administration

HIV/AIDS Bureau (HRSA – HAB)

Grantee Satisfaction Survey

Survey to be administered via the web. Questionnaire section headers, bolded instructions and question numbers will not appear on screen. All rated questions will include a "don't know/not applicable" option.

E-Mail Invitation

As you may be aware, the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) is conducting a survey of our grantees' satisfaction with our program operations and processes, as well as our available technical assistance resources. Our goal is to use the survey feedback we receive from you to help fulfill our commitment to continuously improve our program operations.

We would appreciate it if you would take a few minutes to complete the survey via the Internet by clicking on the link below.

[link]

The survey will take approximately 15 minutes to complete. CFI Group, an independent research and consulting firm, is conducting this survey. The survey is hosted via a secure server and your responses will remain strictly confidential and anonymous. If you have any questions, please contact suryeyhelp@cfigroup.com.

This information will be vital for HAB to improve our operations and guide our future actions and we hope you can take the time to complete the questionnaire. Thank you in advance for your participation!

Sincerely,
Deborah Parham Hopson
Associate Administrator, HIV/AIDS Bureau

Survey Introduction

The Health Resources and Service Administration (HRSA) HIV/AIDS Bureau (HAB) is committed to continuous performance improvement. As part of this effort, we are requesting feedback on your experiences with the HAB and our technical assistance partners in the past year. The survey is hosted via a secure server and your responses will remain strictly confidential and anonymous. This survey is authorized by Office of Management and Budget Control No. xxxxxxxx.

Thank you in advance for completing the survey. If you experience any technical difficulties while taking the survey, please write surveyhelp@cfigroup.com.

Please click on the "Next" button below to begin.

Screening/Demographic Questions

Q1. Please select the type(s) of Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) grant that you currently receive <u>direct funding</u> for: (Select all that apply.)

1. Part A Eligible Metropolitan Area/Transitional Grant Area
2. Part B
3. Part C Early Intervention Services
4. Part C Capacity Development
5. Part D

6. Part D Youth
7. Part F AIDS Education and Training Center
8. Part F Special Projects of National Significance
9. Part F Community Based Dental Partnership Program
10. National Cooperative Agreement
11. None [Terminate]

Q2. Please select your state or territory from the list below. [Drop down to be provided]

Application Process

Please consider your organization's experience with *applications* for HAB Funding in the past year.

Q3. In the past 12 months, which of the following applications have you submitted? (Please check all that apply)
   a. Part A, B, C, D, or F New Competition Application [ASK Q4a – Q4d]
   b. Part A, B, C, D, or F Continuation Application [ASK Q5a – Q5d]
   c. Part A, B, C, D, or F Non-competing Progress Report [ASK Q6a – Q6d]
   d. Supplemental Competition Application [ASK Q7a – Q7d]
   e. One time Competition Application [ASK Q8a – Q8d]
   f. Ongoing Competition Application [ASK Q9a – Q9d]
   g. National Cooperative Agreement Competing Application [ASK Q10a – Q10d]
   h. National Cooperative Agreements Continuation Application/Progress Report [SKIP to Q11a-11d]
   i. None of the above **[End Survey]**

Q4. Thinking about Part A, B, C, D or F New Competition funding opportunity announcement (FOA), and using a scale from 1 to 10 where 1 is *Poor* and 10 is *Excellent*, please rate

   a. The ease of completing the application
   b. The clarity of the language used
   c. How well it captures everything that is needed
   d. The ease of submitting the application electronically

Q5. Thinking about Part A, B, C, D or F Continuation funding opportunity announcement (FOA), and using a scale from 1 to 10 where 1 is *Poor* and 10 is *Excellent*, please rate

   a. The ease of completing the application
   b. The clarity of the language used
   c. How well it captures everything that is needed
   d. The ease of submitting the application electronically

Q6. Thinking about Part A, B, C, D or F Non-competing Progress Report announcement, and using a scale from 1 to 10 where 1 is *Poor* and 10 is *Excellent*, please rate

   a. The ease of completing the application
   b. The clarity of the language used
   c. How well it captures everything that is needed
   d. The ease of submitting the application electronically

Q7. Thinking about the Supplemental Competition funding opportunity announcement (FOA), and using a scale from 1 to 10 where 1 is *Poor* and 10 is *Excellent*, please rate

   a. The ease of completing the application
   b. The clarity of the language used
   c. How well it captures everything that is needed

    d.   The ease of submitting the application electronically

Q8. Thinking about the One Time Competition funding opportunity announcement (FOA), and using a scale from 1 to 10 where 1 is *Poor* and 10 is *Excellent*, please rate

    a.   The ease of completing the application
    b.   The clarity of the language used
    c.   How well it captures everything that is needed
    d.   The ease of submitting the application electronically

Q9. Thinking about the Ongoing Competition funding opportunity announcement (FOA), and using a scale from 1 to 10 where 1 is *Poor* and 10 is *Excellent*, please rate

    a.   The ease of completing the application
    b.   The clarity of the language used
    c.   How well it captures everything that is needed
    d.   The ease of submitting the application electronically

Q10. Thinking about the National Cooperative Agreement Competing funding opportunity announcement (FOA), and using a scale from 1 to 10 where 1 is *Poor* and 10 is *Excellent*, please rate

    a.   The ease of completing the application
    b.   The clarity of the language used
    c.   How well it captures everything that is needed
    d.   The ease of submitting the application electronically

Q11. Thinking about the National Cooperative Agreement Continuation Progress Report announcement, and using a scale from 1 to 10 where 1 is *Poor* and 10 is *Excellent*, please rate

    a.   The ease of completing the application
    b.   The clarity of the language used
    c.   How well it captures everything that is needed
    d.   The ease of submitting the application electronically

Q12. In your opinion, how can HAB improve the grantee application process for New or Competitive funding? **[Ask if Q3=a,d,e,f,g] (Capture verbatim)**

Q13. In your opinion, how can HAB improve the application process for Continuation funding? **[Ask if Q3=b,c,h] (Capture verbatim)**

Program and Data Reporting Requirements [Ask only if Q1 = 1,2,3,5 or 6]

Q14. Which, if any, of the following reports does your organization prepare? (Check all that apply)
    a.   Quarterly and/or Annual Progress reports
    b.   Allocation and Expenditure reports
    c.   AIDS Drug Assistance Program (ADAP) Quarterly Report/ADAP Data Report
    d.   Part A Minority AIDS Initiative (MAI) Report
    e.   Dental Services Report
    f.   Ryan White Services Report (RSR)

Please think about reporting requirements you have completed during the past year. Using the same 1 to 10 scale where 1 means *Poor* and 10 means *Excellent*, please rate the following:

Q15. **[Ask only if Q14 = a-e]**

a. The ease of filling out the report
b. The clarity of the instructions for completing the report
c. The ease of sending the report electronically

Please think specifically about reporting requirements you have completed during the past year for Ryan White Services Report (RSRs). Using the same 1 to 10 scale where 1 means *Poor* and 10 means *Excellent*, please rate the following:

Q16. **[Ask only if Q14 =f]**
a. The ease of filling out the report
b. The clarity of the instructions for completing the report
c. The ease of submitting the report electronically

Q17. **[Ask only if Q14=f]** In your opinion, how can HAB improve the RSR program reporting system? **(Optional) (Capture Verbatim)**

HAB Program Policies

Still using a 1 to 10 scale where 1 means *Poor* and 10 means *Excellent*, please rate HAB Policy Notices on the following:

Q18. Ease of understanding
Q19. Clarity of the language used
Q20. Thoroughness of information provided
Q21. Effectiveness in assisting your organization in meeting program requirements
Q22. Extent to which the information provided influences your organization's operational decision-making

Q23. On which, if any, program policy areas would you like additional HAB information? (Select all that apply)

a. Scope of Ryan White Program by Part
b. Definitions of Required Services
c. Sliding Fee Discount Program Requirements
d. Service Area Overlap
e. Sub-recipient and Contractual Arrangements
f. Monitoring Standards
g. Quality Management/Quality Improvement
h. Outreach/Services to Special Populations
i. Housing
j. None
k. Other (Please specify)

Q24. In your opinion, how can HAB improve its Policy Notices? **(Optional) (Capture verbatim)**

Grantee-Project Officer Relationship
Please think about your relationship with your HAB Project Officer.

Q25. How frequently did you communicate (e.g., emails, phone conversations, site visits) with your HAB Project Officer in the past 12 months:

a. Weekly
b. Monthly
c. Quarterly
d. Twice per year
e. Once per year

f.   Not at all **[Skip to Q28]**

Q26. On a scale from 1 to 10 where 1 is *Poor* and 10 is *Excellent*, please rate your HAB Project Officer on the following:

a.   Understanding of your program's issues
b.   Knowledge of HAB program and policy requirements
c.   Knowledge of policy and program issues specific to your state/region
d.   Timeliness in responding to your programmatic questions/issues
e.   Keeping you informed about upcoming changes or issues that will affect your program
f.   Timeliness and helpfulness in the approval of carryover request based on the Federal Financial Report unobligated balance

Q27. How can your HAB Project Officer better serve you and your organization? **(Optional) (Capture Verbatim)**

HAB Biweekly Informational Emails

Q28. Does your organization receive the HAB Biweekly Informational Emails?
a. Yes
b. No **(Skip to Q30)**

Q29. Still using a 1 to 10 scale where 1 means *Poor* and 10 means *Excellent*, please rate HAB Biweekly Informational Emails on the following:

a. Ease of understanding
b. Clarity of the language used
c. Thoroughness of information provided
d. Effectiveness in assisting your organization in meeting program requirements
e. Extent to which the information provided influences your organization's operational decision-making

Customer Service and Support

Q30. Which, if any, of the following resources did your organization use to help you with your application, program reporting requirements, policy notices, or HAB Informational Emails? (Check all that apply.)

a.   HAB-sponsored conference calls
b.   Individual email/phone conversations with a Project Officer (PO)
c.   Individual email/phone conversations with a Grants Management Specialist
d.   Individual email/phone conversations with other HAB staff
e.   HRSA Website
f.   HRSA Contact Center
g.   Other (please specify)
h.   None **(Skip to Q34)**

Q31. **[Ask only if Q30=a-g]** Using a scale from 1 to 10 where 1 is *Poor* and 10 is *Excellent*, please rate the HAB customer service and support your organization received on:

a.   Being professional
b.   Providing answers that were useful/helpful for your organization
c.   Providing timely responses
d.   Providing relevant information

Q32. **[Ask only if Q30=a]** Still using a 1 to 10 scale where 1 means *Poor* and 10 means *Excellent*, please rate HAB-sponsored conference calls on:

    a. Conducting conference calls at a date/time that were convenient for your schedule

Q33. What additional Technical Assistance resources or tools would enhance the performance of your organization? (Select all that apply)

    a. Quality Improvement
    b. Fiscal
    c. Billing
    d. Strategic Planning
    e. Health Information Technology (e.g., Electronic Health Record, Meaningful Use)
    f. Needs Assessments
    g. Outreach to Special Populations
    h. Behavioral Health Service Integration with Primary Care
    i. Staff Retention and Recruitment
    j. Consumer Involvement
    k. Patient Safety
    l. Patient-Centered Medical Home
    m. None
    n. Other (please specify)

CAREWare

Q34. How frequently, if at all, does your organization use CAREWare?
    a. Never **(SKIP to Q37)**
    b. Daily
    c. Weekly
    d. Monthly
    e. Quarterly
    f. Only a few times a year, primarily only when reports are due

Q35. Approximately how long has your organization been using CAREWare?
    a. Less than one year
    b. More than one year and less than two years
    c. More than two years and less than five years
    d. More than 5 years

Q36. Using a scale of 1 to 10 where 1 means *Poor* and 10 means *Excellent*, please rate CAREWare on the following:
    a. Ease of use
    b. Responsiveness of Helpdesk support, when needed
    c. Courteousness of Helpdesk support, if used
    d. Enabling your organization's success in preparation of reports
    e. Enabling your organization to manage your client population

AIDS Education and Training Centers (AETC)

Q37. Did your organization participate in any AIDS Education and Training Centers (AETCs) training or technical assistance opportunities?
    a. Yes
    b. No **(Skip to Q40)**

Q38. Using a scale from 1 to 10 where 1 means *Poor* and 10 is *Excellent*, please rate the AETC on the following:

    a. Overall training and technical assistance
    b. Their support in helping you meet program requirements
    c. Helpfulness in enhancing the performance and operations of your organization

Q39. How can the AETC program improve their overall service to your organization? **(Optional) (Capture verbatim)**

Training and Technical Assistance Support

Q40. In which, if any, of the following technical assistance opportunities provided by HAB through its partners have you participated? Please select up to five; if you participated in more than five, please select the five that you most frequency participated in. (Check all that apply)

    a. AIDS Drug Assistance Program (National Alliance of State & Territorial AIDS Directors)
    b. Fiscal Management TA (HealthHIV)
    c. Grantee Infrastructure Development (DART Team)
    d. HIVQUAL/Quality Improvement Development for Part C and D (New York State AIDS Institute)
    e. IT Systems Support (HRSA Contact Center)
    f. Medical Homes (University of Medicine and Dentistry of New Jersey)
    g. National Quality Center (New York State AIDS Institute)
    h. Onsite Technical Assistance (National Technical Assistance Contract)
    i. Program-specific Meetings (e.g. Part A Administrator Meeting, Part B Administrators Meeting, Special Populations of National Significance meetings)
    j. Report Administration (Ryan White HIV/AIDS Program Data Support)
    k. TARGET Center/**T**echnical **A**ssistance Resources, **G**uidance, **E**ducation & **T**raining (University of California San Francisco)
    l. None **(Skip to Q53)**

Q41. **[ASK ONLY IF Q40 = a]** Please rate the AIDS Drug Assistance Program services provided by the National Alliance of State & Territorial AIDS Directors on the following:

    a. Overall training and technical assistance provided
    b. Their support in helping you meet program requirements
    c. Helpfulness in enhancing the performance and operations of your organization

Q42. **[ASK ONLY IF Q40 = b]** Please rate the Fiscal Management services provided by HealthHIV on the following:

    a. Overall training and technical assistance provided
    b. Their support in helping you meet program requirements
    c. Helpfulness in enhancing the performance and operations of your organization

Q43. **[ASK ONLY IF Q40 = c]** Please rate the Grantee Infrastructure Development services provided by DART Team on the following:

    a. Overall training and technical assistance provided
    b. Their support in helping you meet program requirements
    c. Helpfulness in enhancing the performance and operations of your organization

Q44. **[ASK ONLY IF Q40 = d]** Please rate the HIVQUAL/Quality Improvement Development for Part C and D services provided by New York State AIDS Institute on the following:

a.   Overall training and technical assistance provided
b.   Their support in helping you meet program requirements
c.   Helpfulness in enhancing the performance and operations of your organization

Q45. **[ASK ONLY IF Q40 = e]** Please rate the IT Systems Support services provided by HRSA Contact Center on the following:

a.   Overall training and technical assistance provided
b.   Their support in helping you meet program requirements
c.   Helpfulness in enhancing the performance and operations of your organization

Q46. **[ASK ONLY IF Q40 = f]** Please rate the Medical Homes services provided by University of Medicine and Dentistry of New Jersey on the following:

a.   Overall training and technical assistance provided
b.   Their support in helping you meet program requirements
c.   Helpfulness in enhancing the performance and operations of your organization

Q47. **[ASK ONLY IF Q40 = g]** Please rate the National Quality Center services provided by New York State AIDS Institute on the following:

a.   Overall training and technical assistance provided
b.   Their support in helping you meet program requirements
c.   Helpfulness in enhancing the performance and operations of your organization

Q48. **[ASK ONLY IF Q40 = h]** Please rate the Onsite Technical Assistance services provided by National Technical Assistance Contract on the following:

a.   Overall training and technical assistance provided
b.   Their support in helping you meet program requirements
c.   Helpfulness in enhancing the performance and operations of your organization

Q49. **[ASK ONLY IF Q40 =i]** Please rate the Program-specific Meetings services provided by groups such as Part A Administrator Meeting, Part B Administrators Meeting, Special Populations of National Significance meetings on the following:

a.   Overall training and technical assistance provided
b.   Their support in helping you meet program requirements
c.   Helpfulness in enhancing the performance and operations of your organization

Q50. **[ASK ONLY IF Q40 = j]** Please rate the Report Administration services provided by Ryan White HIV/AIDS Program Data Support Directors on the following:

a.   Overall training and technical assistance provided
b.   Their support in helping you meet program requirements
c.   Helpfulness in enhancing the performance and operations of your organization

Q51. **[ASK ONLY IF Q40 = k]** Please rate the TARGET Center/**T**echnical **A**ssistance Resources, **G**uidance, **E**ducation & **T**raining services provided by University of California San Francisco on the following:

a.   Overall training and technical assistance provided
b.   Their support in helping you meet program requirements
c.   Helpfulness in enhancing the performance and operations of your organization

ACSI BENCHMARK QUESTIONS

Q52. Please consider all of the experiences and interactions you have with HAB this past year. Using a 10-point scale on which 1 means *Very Dissatisfied* and 10 means *Very Satisfied*, how satisfied are you with HAB program management?

Q53. Using a 10-point scale on which 1 means *Falls Short of Your Expectations* and 10 means *Exceeds Your Expectations*, how does HAB compare to your expectations?

Q54. Imagine an ideal process for program management of an organization like yours. How close is the HAB to that ideal? Please use a 10-point scale on which 1 means *Not Very Close to Ideal* and 10 means *Very Close to Ideal.*

Outcome Measures

Q55. Now, please think about your entire experience with the HAB. On a scale from 1 to 10 where 1 means Not Very Helpful and 10 means Very Helpful, how helpful was HAB in enhancing the performance of your organization?

Q56. Using a 10-point scale on which 1 means Little to None and 10 means Extensive, how much of a positive impact did HAB technical assistance and support have on your program?

Q57. Please use this space for any additional information you would like to provide the HAB regarding its program operations and processes. (Capture verbatim)

Thank you for your time. The HRSA's HIV/AIDS Bureau appreciates your input. If you have any questions or comments about Ryan White HIV/AIDS Program management at any time, please contact us at HABreview@hrsa.gov.