

Health Resources and Services Administration

HIV/AIDS Bureau (HRSA – HAB)

2016 Recipient 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

The Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) is conducting its recipient survey to assess satisfaction with our program operations and processes, as well as our available technical assistance resources. As you complete this survey, please reflect on the interactions and experiences with HAB over the past 12 months. HAB’s goal is to use your survey feedback to improve program operations and processes and technical assistance resources of the Ryan White HIV/AIDS *Program* and the President’s Emergency Plan for AIDS Relief (PEPFAR Global Program).

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 anonymous. If you have any questions, please contact surveyhelp@cfgroup.com.

HAB values your feedback and it will be vital for our continuous improvement in both our operations and our technical assistance, so we hope you can take the time to complete the questionnaire. Thank you in advance for your participation!

Sincerely,
Laura Cheever, MD, ScM
Associate Administrator, HIV/AIDS Bureau

Survey Introduction

The Health Resources and Service Administration (HRSA) HIV/AIDS Bureau (HAB) is committed to improving the program management of the Ryan White HIV/AIDS Program and the President’s Emergency Plan for AIDS Relief (PEPFAR) Global Program. As part of this effort, we are requesting feedback on your experiences with HAB and our technical assistance partners over the past 12 months. The survey is hosted via a secure server and your responses will remain anonymous. This survey is authorized by Office of Management and Budget Control No. xxxx-xxxx (expires Month day Year).

Thank you in advance for completing the survey. If you experience any technical difficulties while taking the survey, please write surveyhelp@cfgroup.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 direct funding for: (Select all that apply.)

- a. Part A Eligible Metropolitan Area/Transitional Grant Area

- b. Part B Base (States)
- c. Part B AIDS Drug Assistance Program
- d. Part C Early Intervention Services
- e. Part D Women, Infants, Children, and Youth
- f. Part F AIDS Education and Training Center
- g. Part F Special Projects of National Significance
- h. Part F Community Based Dental Partnership Program
- i. National Cooperative Agreement
- j. PEPFAR Global Programs
- k. None [**Terminate survey**]

Q2. Please select your state/territory or Outside US for any other country from the list below. [Drop down to be provided]

Application Process

Please consider your organization's experience with *applications* for HAB funding over the past 12 months.

Q3. In the past 12 months, which of the following applications have you submitted? (Select all that apply)

Ryan White Program [DISPLAY OPTIONS IF Q1 = A-I]

- a. Part C, D, or F New Competition (new program funded by HAB for the first time) Application [**ASK Q4**]
- b. Part A, B, C, D, or F Competing Continuation (continuation funding for new project period) Application [**ASK Q4**]
- c. Part A, B, C, D, or F Supplemental Competition (One-time or Ongoing funding) Application [**ASK Q4**]
- d. Cooperative Agreement New Competition (new program funded by HAB for the first time) Application [**ASK Q4**]
- e. Cooperative Agreements Competing Continuation (continuation funding for new project period) Application/Progress Report [**ASK Q4**]
- f. Part C, D, F, or Cooperative Agreements Non-competing Progress Report (continuation funding) [**ASK Q5**]

PEPFAR Global Programs [DISPLAY OPTIONS IF Q1 = J]

- g. PEPFAR Global Program Cooperative Agreement/Grant New Competing Application [**ASK Q4**]
- h. PEPFAR Global Program Cooperative Agreement/Grant Competing Continuation Application [**ASK Q4**]
- i. PEPFAR Global Program Cooperative Agreement/Grant Non-Competing Progress Report [**ASK Q5**]
- j. None of the above [**END SURVEY**]

Q4. For any **New Competition, Competing Continuation, Supplemental or 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. The usefulness of HAB FOA TA webinar

Q5. For any **Non-competing Progress Report** funding opportunity, 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

Q6

Reporting Requirements

Q14. Program Reporting Requirements: Please think about the following program reporting requirements you may have completed over the past 12 months for the **Ryan White HIV/AIDS Programs: Quarterly, Trimester, and/or Annual Progress reports, or PEPFAR Global Programs: Annual Program Report (APR) and Mid-Year Reports**. Using the same 1 to 10 scale where 1 means *Poor* and 10 means *Excellent*, please rate the following (if these do not apply to you, please select n/a):

- a. The ease of filling out the report (navigating the report or ability to answer requested information)
- b. The clarity of the instructions for completing the report

Q16. [ASK IF Q1 = A-I] Data Reporting Requirements: Please think specifically about data reporting requirements you may have completed over the past 12 months for **Ryan White Services Report (RSR), AIDS Drug Assistance Program (ADAP) Data Report (ADR), AETC Report, Part A/B Program Terms Report (includes Allocation/Expenditure, Consolidated List of Contractors, Implementation Plan, etc.), Part C/D Allocation/Expenditure Report and/or the Part F Dental Services Report (DSR)** . Using the same 1 to 10 scale where 1 means *Poor* and 10 means *Excellent*, please rate the following:

- a. The ease of filling out the report
- b. The clarity of the instructions for completing the report
- c. Ability to successfully submit report electronically

Q17. [ASK IF Q1 = A-I] How many tries did it take to successfully submit the data requirements report(s) electronically?

- a. Successful on first try
- b. 2 or more
- c. Could not successfully submit report electronically

Q18. [ASK IF Q1 = A-I] In your opinion, how can HAB improve any of the **HAB data or program** reporting processes? [OPTIONAL] [CAPTURE VERBATIM]

Recipient-Project Officer Interaction

Part A Recipient-Project Officer Interaction

Q19a. [ASK IF Q1=A] Please think about your interaction with your Part A HAB Project Officer.

In the past 12 months, on average, how frequently did you communicate with your HAB Project Officer? Please consider all communications you have had with your HAB Project Officer, including email, phone, and in-person communications.

- a. Daily
- b. Weekly
- c. Monthly

- d. Quarterly
- e. Twice per year
- f. Once per year
- g. Not at all **[DO NOT ASK Q20a]**

Q20a. **[ASK IF Q1=A]** On a scale from 1 to 10 where 1 is **Poor** and 10 is **Excellent**, please rate your Part A HAB Project Officer on the following (if these do not apply to you, please select n/a):

- a. Understanding of your program's overall structure and challenges
- 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. Timeliness in facilitating receipt of TA
- f. Keeping you informed about upcoming changes or issues that will affect your program
- g. Providing guidance in preparation of site visit(s)

Part B Recipient-Project Officer Interaction

Q19b. **[ASK IF Q1=B or C]** Please think about your relationship with your **Part B** HAB Project Officer.

In the past 12 months, on average, how frequently did you communicate with your **Part B** HAB Project Officer? Please consider all communications you have had with your HAB Project Officer, including email, phone, and in-person communications.

- a. Daily
- b. Weekly
- c. Monthly
- d. Quarterly
- e. Twice per year
- f. Once per year
- g. Not at all **[DO NOT ASK Q20b]**

Q20b. **[ASK IF Q1=B or C]** On a scale from 1 to 10 where 1 is **Poor** and 10 is **Excellent**, please rate your **Part B** HAB Project Officer on the following (if these do not apply to you, please select n/a):

- a. Understanding of your program's overall structure and challenges
- 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. Timeliness in facilitating receipt of TA
- f. Keeping you informed about upcoming changes or issues that will affect your program
- g. Providing guidance in preparation of site visit(s)

Part C, D, or F (Community Based Dental Partnership Program) Recipient-Project Officer Interaction

Q19c. **[ASK IF Q1=D or E or H]** Please think about your interaction with your **Part C, D, or F (Community Based Dental Partnership Program)** HAB Project Officer.

In the past 12 months, on average, how frequently did you communicate with your **Part C, D, or F (Community Based Dental Partnership Program)** HAB Project Officer? Please consider all communications you have had with your HAB Project Officer, including email, phone, and in-person communications.

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

- f. Once per year
- g. Not at all **[DO NOT ASK Q20c]**

Q20c. **[ASK IF Q1=D or E or H]** On a scale from 1 to 10 where 1 is **Poor** and 10 is **Excellent**, please rate your Part C, D, or F HAB Project Officer on the following (if these do not apply to you, please select n/a):

- a. Understanding of your program's overall structure and challenges
- 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. Timeliness in facilitating receipt of TA
- f. Keeping you informed about upcoming changes or issues that will affect your program
- g. Providing guidance in preparation of site visit(s)

Part F (AIDS Education and Training Center) Recipient-Project Officer Interaction

Q19d. **[ASK IF Q1=F]** Please think about your interaction with your **Part F AIDS Education and Training Center** HAB Project Officer.

In the past 12 months, on average, how frequently did you communicate with your **Part F AIDS Education and Training Center** HAB Project Officer? Please consider all communications you have had with your HAB Project Officer, including email, phone, and in-person communications.

- a. Daily
- b. Weekly
- c. Monthly
- d. Quarterly
- e. Twice per year
- f. Once per year
- g. Not at all **[DO NOT ASK Q20d]**

Q20d. **[ASK IF Q1=F]** On a scale from 1 to 10 where 1 is **Poor** and 10 is **Excellent**, please rate your **Part F AIDS Education and Training Center** HAB Project Officer on the following (if these do not apply to you, please select n/a):

- a. Understanding of your program's overall structure and challenges
- 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. Timeliness in facilitating receipt of TA
- f. Keeping you informed about upcoming changes or issues that will affect your program
- g. Providing guidance in preparation of site visit(s)

Part F (Special Projects of National Significance) Recipient-Project Officer Interaction

Q19e. **[ASK IF Q1=G]** Please think about your interaction with your **Part F Special Projects of National Significance** HAB Project Officer.

In the past 12 months, on average, how frequently did you communicate with your **Part F Special Projects of National Significance** HAB Project Officer? Please consider all communications you have had with your HAB Project Officer, including email, phone, and in-person communications.

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

- g. Not at all [DO NOT ASK Q20e]

Q20e. [ASK IF Q1=G] On a scale from 1 to 10 where 1 is **Poor** and 10 is **Excellent**, please rate your **Part F Special Projects of National Significance** HAB Project Officer on the following (if these do not apply to you, please select n/a):

- a. Understanding of your program's overall structure and challenges
- 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. Timeliness in facilitating receipt of TA
- f. Keeping you informed about upcoming changes or issues that will affect your program
- g. Providing guidance in preparation of site visit(s)

Cooperative Agreement Recipient-Project Officer Interaction

Q19f. [ASK IF Q1=i] Please think about your interaction with your **Cooperative Agreement** HAB Project Officer.

In the past 12 months, on average, how frequently did you communicate with your **Cooperative Agreement** HAB Project Officer? Please consider all communications you have had with your HAB Project Officer, including email, phone, and in-person communications.

- a. Daily
- b. Weekly
- c. Monthly
- d. Quarterly
- e. Twice per year
- f. Once per year
- g. Not at all [DO NOT ASK Q20f]

Q20f. [ASK IF Q1=i] On a scale from 1 to 10 where 1 is **Poor** and 10 is **Excellent**, please rate your **Cooperative Agreement** HAB Project Officer on the following (if these do not apply to you, please select n/a):

- a. Understanding of your program's overall structure and challenges
- b. Knowledge of HAB program and policy requirements
- c. Knowledge of policy and program issues specific to your program
- d. Timeliness in responding to your programmatic questions/issues
- e. Timeliness in facilitating receipt of TA
- f. Keeping you informed about upcoming changes or issues that will affect your program
- g. Providing guidance in preparation of site visit(s)

Global AIDS Programs with PEPFAR Global Program Recipient-Project Officer Interaction

Q19g. [ASK IF Q1=J] Please think about your interaction with your **PEPFAR Global Program** HAB Project Officer.

In the past 12 months, on average, how frequently did you communicate with your **PEPFAR Global Program** HAB Project Officer? Please consider all communications you have had with your HAB Project Officer, including email, phone, and in-person communications.

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

- g. Not at all [DO NOT ASK Q20g]

Q20g. [ASK IF Q1=J] On a scale from 1 to 10 where 1 is **Poor** and 10 is **Excellent**, please rate your **PEPFAR Global Program** HAB Project Officer on the following (if these do not apply to you, please select n/a):

- a. Understanding of your program's overall structure and challenges
- 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. Timeliness in facilitating receipt of TA
- f. Keeping you informed about upcoming changes or issues that will affect your program
- g. Providing guidance in preparation of site visit(s)

Q21. [ASK IF Q1=A-I] How can your HAB Project Officer better serve you and your organization? [OPTIONAL]
[CAPTURE VERBATIM]

Division Communication

Q45a. [ASK IF Q1=A] Thinking about **communication with the Division of Metropolitan HIV/AIDS Programs in implementing RWHAP Part A** (webinars, conference calls, trainings, emails/letters), and still using a 1 to 10 scale where 1 means **Poor** and 10 means **Excellent**, please rate:

- a. Timeliness in responding to your programmatic questions/issues
- b. Keeping you informed about upcoming changes or issues that will affect your program
- c. Thoroughness of information provided
- d. Ease of understanding of information provided
- e. Effectiveness in assisting your organization in meeting program requirements

Q45b. [ASK IF Q1=B or C] Thinking about **communication with the Division of State HIV/AIDS Programs in implementing RWHAP Part B or Part B ADAP** (webinars, conference calls, trainings, emails/letters), and still using a 1 to 10 scale where 1 means **Poor** and 10 means **Excellent**, please rate:

- a. Timeliness in responding to your programmatic questions/issues
- b. Keeping you informed about upcoming changes or issues that will affect your program
- c. Thoroughness of information provided
- d. Ease of understanding of information provided
- e. Effectiveness in assisting your organization in meeting program requirements

Q45c. [ASK IF Q1=D or E or H] Thinking about **communication with the Division of Community HIV/AIDS Programs in implementing RWHAP Part C, Part D, or Part F (Community Based Dental Partnership Program)**

(webinars, conference calls, trainings, emails/letters), and still using a 1 to 10 scale where 1 means **Poor** and 10 means **Excellent**, please rate:

- a. Timeliness in responding to your programmatic questions/issues
- b. Keeping you informed about upcoming changes or issues that will affect your program
- c. Thoroughness of information provided
- d. Ease of understanding of information provided
- e. Effectiveness in assisting your organization in meeting program requirements

Q45d. [ASK IF Q1=F or G] Thinking about **communication with the Division of HIV/AIDS Training and Capacity Development Programs in implementing RWHAP Part F (AIDS Education and Training Center), or**

Part F (Special Projects of National Significance) (webinars, conference calls, trainings, emails/letters), and still using a 1 to 10 scale where 1 means **Poor** and 10 means **Excellent**, please rate:

- a. Timeliness in responding to your programmatic questions/issues
- b. Keeping you informed about upcoming changes or issues that will affect your program
- c. Thoroughness of information provided
- d. Ease of understanding of information provided
- e. Effectiveness in assisting your organization in meeting program requirements

Q45e. **[ASK IF Q1=F or G]** Thinking about **communication with the Office of Training and Technical Assistance in implementing the PEPFAR Global Program** (webinars, conference calls, trainings, emails/letters), and still using a 1 to 10 scale where 1 means **Poor** and 10 means **Excellent**, please rate:

- a. Timeliness in responding to your programmatic questions/issues
- b. Keeping you informed about upcoming changes or issues that will affect your program
- c. Thoroughness of information provided
- d. Ease of understanding of information provided
- e. Effectiveness in assisting your organization in meeting program requirements

Customer Service and Support

Q22. Which, if any, of the following resources did you use for your program management or program reporting requirements? (Select all that apply.)

- a. HAB-sponsored conference calls/webinars
- b. PEPFAR/Global Program sponsored conference calls/webinars
- c. Individual email/phone conversations with a Project Officer (PO)
- d. None **[SKIP TO Q24]**
- e. Other (please specify)

Q23. **[ASK ONLY IF Q24=A-E]** Using a scale from 1 to 10 where 1 is **Poor** and 10 is **Excellent**, please rate the overall 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

Q26. Thinking about HAB Policy Notices (Policy Notices, Policy Clarification Notices, Dear Colleague letters), still using a 1 to 10 scale where 1 means **Poor** and 10 means **Excellent**, please rate:

- a. Ease of understanding
- b. Thoroughness of information provided
- c. Effectiveness in assisting your organization in meeting program requirements

Q27. In your opinion, how can HAB improve its Policy Notices (Policy Notices, Policy Clarification Notices, Dear Colleague letters)? **[OPTIONAL] [CAPTURE VERBATIM]**

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 (if these do not apply to you, please select n/a)::

- a. Ease of understanding
- b. Thoroughness of information provided
- c. Extent to which the information provided is useful in assisting your organization in meeting program requirements

CAREWare [ASK IF Q1 = A-I]

Q30. How frequently, if at all, does your organization use CAREWare?

- a. Never - (If never, ask "Why does your organization not use CAREWare?") [SKIP TO Q33]
- b. Daily
- c. Weekly
- d. Monthly
- e. Quarterly
- f. Only a few times a year, primarily only when reports are due

Q31. 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

Q32. 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 CAREWare Helpdesk support, when needed
- c. Courteousness of CAREWare Helpdesk support, if used
- d. Enabling your organization to manage your client population

Training and Technical Assistance Support [ASK IF Q1 = A-I]

Q33. In which, if any, of the following technical assistance opportunities provided by HAB through its partners have you participated over the past 12 months? Please select up to three. (Select all that apply)

Ryan White HIV/AIDS Program

- a. AIDS Drug Assistance Program TA (National Alliance of State & Territorial AIDS Directors)
- b. AIDS Education and Training Centers (AETCs) – National and/or Regional
- c. Fiscal Management TA (HealthHIV)
- d. Data and Reporting Technical Assistance (DART Team)
- e. National Quality Center (New York State AIDS Institute)
- f. Onsite Technical Assistance (National Technical Assistance Contract)
- g. Program-specific Meetings (e.g. Administrative Reverse Site Visits, Special Projects of National Significance meetings)
- h. Data Support Technical Assistance (WRMA/CSR)
- i. TARGET Center/Technical Assistance Resources, Guidance, Education & Training (University of California San Francisco)
- j. Contracting Reimbursement, Expansion with Medicaid and Marketplace Insurance Plans (CRE) (Cicatelli)
- k. Center for Engaging Black MSM Across the HIV Care Continuum (NASTAD)
- l. Establishing AIDS Service Organization (ASO) Service Models (Fenway)
- m. Supporting the Continuum of Care: Building RWHAP Grantee Capacity to Enroll Clients in ACA Supported Health Coverage Programs (ACE) (JSI)
- n. Strengthening and Improving the HIV Care Continuum within the RWHAP Part A Jurisdictions (Abt Associates)
- o. None [SKIP to Q44]

Q34. [ASK ONLY IF Q33 = a] Using a scale from 1 to 10 where 1 means *Poor* and 10 is *Excellent*, 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. Responsiveness to you

Q35. [ASK ONLY IF Q33 = b] Using a scale from 1 to 10 where 1 means *Poor* and 10 is *Excellent*, please rate the **AETCs** on the following:

- a. Overall training and technical assistance
- b. Their support in helping you meet program requirements
- c. Responsiveness to you

Q36. [ASK ONLY IF Q33 = c] Using a scale from 1 to 10 where 1 means *Poor* and 10 is *Excellent*, 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. Responsiveness to you

Q37. [ASK ONLY IF Q33 = d] Using a scale from 1 to 10 where 1 means *Poor* and 10 is *Excellent*, please rate the 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. Responsiveness to you

Q40. [ASK ONLY IF Q33 = e] Using a scale from 1 to 10 where 1 means *Poor* and 10 is *Excellent*, 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. Responsiveness to you

Q41. [ASK ONLY IF Q33 = f] Using a scale from 1 to 10 where 1 means *Poor* and 10 is *Excellent*, 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. Responsiveness to you

Q42. [ASK ONLY IF Q33 =g] Using a scale from 1 to 10 where 1 means *Poor* and 10 is *Excellent*, please rate the HAB led **Program-specific Meetings** services provided by groups such as **Part A Administrator Meeting, Part B Administrator 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. Responsiveness to you

Q43. [ASK ONLY IF Q33 =h] Using a scale from 1 to 10 where 1 means *Poor* and 10 is *Excellent*, please rate the **Data Support Technical assistance** services provided by **WRMA/CSR** on the following:

- a. Overall training and technical assistance provided
- b. Their support in helping you meet data reporting requirements
- c. Responsiveness to you

Q44. [ASK ONLY IF Q33 = i] Using a scale from 1 to 10 where 1 means **Poor** and 10 is **Excellent**, please rate the **TARGET Center/Technical Assistance Resources, Guidance, Education & Training** 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. Responsiveness to you

Q45. [ASK ONLY IF Q33 = j] Using a scale from 1 to 10 where 1 means **Poor** and 10 is **Excellent**, please rate the **CRE** services provided by **Cicatelli** on the following:

- d. Overall training and technical assistance provided
- e. Their support in helping you meet program requirements
- f. Responsiveness to you

Q46. [ASK ONLY IF Q33 = k] Using a scale from 1 to 10 where 1 means **Poor** and 10 is **Excellent**, please rate the **CEBACC** services provided by the **(NASTAD)** on the following:

- g. Overall training and technical assistance provided
- h. Their support in helping you meet program requirements
- i. Responsiveness to you

Q47. [ASK ONLY IF Q33 = l] Using a scale from 1 to 10 where 1 means **Poor** and 10 is **Excellent**, please rate the **ASO** services provided by **Fenway** on the following:

- j. Overall training and technical assistance provided
- k. Their support in helping you meet program requirements
- l. Responsiveness to you

Q48. [ASK ONLY IF Q33 = m] Using a scale from 1 to 10 where 1 means **Poor** and 10 is **Excellent**, please rate the **ACE** services provided by **JSI** on the following:

- m. Overall training and technical assistance provided
- n. Their support in helping you meet program requirements
- o. Responsiveness to you

Q49. [ASK ONLY IF Q33 = n] Using a scale from 1 to 10 where 1 means **Poor** and 10 is **Excellent**, please rate the **Strengthening Part A Jurisdictions** services provided by **Abt Associates** on the following:

- p. Overall training and technical assistance provided
- q. Their support in helping you meet program requirements
- r. Responsiveness to you

Q24. What additional Technical Assistance resources or tools would enhance the performance of your organization? (Select all that apply)

Ryan White Program [DISPLAY OPTIONS IF Q1 = A-I]

- a. ADAP (e.g. cost containment, managing wait list)
- b. Behavioral Health Service Integration with Primary Care
- c. Care Coordination (e.g., integrating support services with core medical services)
- d. Clinical Quality Management

- e. Consumer Involvement (e.g., utilizing peers as part of an interdisciplinary team, effective participation of PLWHA, Planning Council participation)
- f. Continuum of care (e.g., treatment cascade, linkage and referral, access to and retention in care)
- g. Cultural Competency
- h. Data Management (e.g., data collection infrastructure, human capacity)
- i. Data Usage to Improve Outcomes
- j.
- k. Fiscal Management (e.g., billing, maximizing third party reimbursement, schedule of charges, program income)
- l. Health education and health promotion
- m. Health Information Technology (e.g., Electronic Health Record, Meaningful Use)
- n. Models of care (e.g., Patient-Centered Medical Home, innovative models to include telehealth)
- o. Navigating/Integrating Program into Evolving Healthcare Landscape
- p. Oral Healthcare
- q. Outreach to Special Populations (e.g., recently released prisoners, migrant workers)
- r. Reducing Health Disparities
- s. Strategic Planning (e.g., health planning, Planning council)
- t. Treatment Advances and Clinical Guidelines
- u. None
- v. Other (please specify)

PEPFAR Global Program [DISPLAY OPTIONS IF Q1 = J]

- a. Community Engagement
- b. Community Health Workers
- c. Fiscal Monitoring and Finance
- d. Health Systems Strengthening (e.g., Clinical Assessment for Systems Strengthening, CIASS)
- e. Human Resources for Health
- f. Information Technology and Communications Technology
- g. Quality Improvement
- h. Workforce Recruitment, Retention, and Training
- i. None
- j. Other (please specify)

ACSI BENCHMARK QUESTIONS

Q46. Please consider all of the experiences and interactions you have had with HAB over the past 12 months. Using a 10-point scale on which 1 means *Very Dissatisfied* and 10 means *Very Satisfied*, how satisfied are you with HAB's program management (monitoring, TA, staff assistance, etc.)?

Q47. 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?

Q48. 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

Q49. 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?

Q50. 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?

Q51. 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 HAB operations or technical assistance at any time, please contact us at HABreview@hrsa.gov.