

## ORP Survey Information

Dear HHS Stakeholder:

You have been selected as part of a limited group of respondents to answer questions about your interactions with [Division]. Because there is a small sample, your responses are needed for us to understand how stakeholders like you view your interactions with us and the services on which we serve as partners.

This survey is part of Relmagine HHS, and will be used to assess regional performance to meet stakeholder/customer needs and expectations.

We need your help so that we can offer effective programs and resources that serve the American people. One way you can help us is by completing this assessment to provide information that will help us modify programs to be more efficient and effective. Participation is voluntary, and there are no risks of participation.

We assure that your responses to this questionnaire are completely confidential, and your contact information will not be stored with survey responses. All data analysis and reporting of the results will not include personal identifying information. Your completion of this survey is completely voluntary, and you may decline to answer any particular question.

The assessment takes approximately 10-15 minutes to complete. Please take this opportunity to help us ensure the best possible services at [Division] by completing this assessment no later than [DATE].

Thank you for your help.

### **Privacy Advisory**

The results of this survey will be used by HHS to report on the regional program effectiveness and make decisions on how to improve the stakeholder relationships.

Your participation in this survey is voluntary and you may decline to respond to any question. Your name will not be collected in this survey. Your response to this survey will not be identified to you, will remain confidential and will not be used in a manner that could identify you in the future.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0459. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

## ORP Survey Questions

1. How often do you interact with [Division]?
  - Daily
  - Weekly
  - Monthly
  - Quarterly
  - Annually
  - Less than once per year
  
2. How frequently do you interact with [Division]? -Not at all; Rarely; Sometimes; Frequently.
  - In-person
  - Via phone
  - Electronically
  
3. What other HHS Divisions do you interact with, other than [Division]? (Remove the value of respondent's [Division] from the below list)
  - Administration for Children and Families (ACF)
  - Administration for Community Living (ACL)
  - Assistant Secretary for Preparedness and Response (ASPR)
  - Agency for Toxic Substances and Disease Registry (ATSDR)
  - Centers for Medicare and Medicaid Services (CMS)
  - Health Resources and Services Administration (HRSA)
  - Office of Intergovernmental and External Affairs (IEA)
  - Office of the Assistant Secretary for Health (OASH)
  - Office for Civil Rights (OCR)
  - Office of the General Counsel (OGC)
  - Substance Abuse and Mental Health Services Administration (SAMHSA)
  - I do not interact with HHS Divisions other than [Division]
  - Other (free text box)
  
4. (If the respondent picks any Division in #3, a question will appear that states) Do you believe that there is effective coordination between the HHS Divisions that service you?
  - Yes
  - No (Text Box asking "How could coordination between Divisions be improved?")
  
5. Please indicate the degree to which you agree or disagree with the following statements about [Division] -Strongly disagree, Disagree, Neither agree nor disagree, Agree, Strongly Agree.
  - The [Division] staff are helpful.
  - I am satisfied with my access to the [Division] staff.
  - The information provided by [Division] is useful.

- I am satisfied with the amount of communication received from [Division].
6. Please indicate the degree to which you agree or disagree with the following statements about [Division] -Strongly disagree, Disagree, Neither agree nor disagree, Agree, Strongly Agree.
- I know the main points of contact at [Division] and how to reach them.
  - I understand all of [Division]'s programs that are relevant to me.
  - I am aware of the schedule, timeline, and deadlines I need to follow to get what I need from [Division].
  - I know how to overcome obstacles when they arise with [Division] programs.
7. Please indicate the degree to which you agree or disagree with the following statements about [Division] -Strongly disagree, Disagree, Neither agree nor disagree, Agree, Strongly Agree.
- I have difficulty contacting [Division] staff (including leaders and officials).
  - The [Division] supports me in the way that I need.
  - The [Division] shows interest in my goals.
  - The [Division] is very organized.
  - I often need to duplicate effort to get things done with [Division].
8. Please indicate the degree to which you agree or disagree with the following statements about [Division] -Strongly disagree, Disagree, Neither agree nor disagree, Agree, Strongly Agree.
- Working with [Division] has improved relationships with my stakeholders.
  - My partnership with [Division] has improved efficiency of my operations.
  - [Division] support enables me to effectively accomplish my program goals.
  - My work with [Division] has led to increased collaboration with my other partners.
9. To what extent would improvements in the following areas affect your results? -Not at all; Some impact; Great impact; I don't know: **(Divisions can opt out)**
- Division Priority 1
  - Division Priority 2
  - Division Priority 3
  - Division Priority 4
10. Please rate how valuable it is for [Division] to provide support in each of the following areas. --  
Support is valuable - can be in person or remote; Support is valuable - must be in person;  
Support not needed for this item;
- Emergency Prevention & Response
  - Technical Assistance
  - Collaboration & engagement
  - Knowledge sharing
  - Understanding whom to report to
  - Program consistency
  - Establishing partnerships
  - Tapping specialized expertise
  - Addressing opioids and substance abuse
  - Assisting with issues in Native American Health
  - Environmental health and hazardous substances
  - Mental health services

- Legal counsel
- Civil rights enforcement
- Medicaid

11. How can [Division] improve engagement with you? Please add any additional comments you would like to share about your experiences with [Division]. (free text response)