

**Youth Listening Session Grantee Satisfaction Survey 2019**

**Office of Adolescent Health (OAH)**

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## **E-MAIL TRANSMITTAL SCRIPT AND INSTRUCTIONS**

Dear Grantee,

Thank you for your continued collaboration on the 2019 Youth Listening Sessions (YLS). The Office of Adolescent Health's (OAH) primary goals for this project are to (1) increase grantees' intent and capacity for systematically soliciting and incorporating youth feedback, and to (2) strengthen OAH's understanding of various strategies for youth voice, apply lessons learned to inform OAH initiatives, and educate and empower partners in meaningful youth engagement.

You have received this survey because you are considered the "lead" on this project at your organization. The purpose of this survey is to assess your experience and satisfaction with the YLS project as well as the satisfaction with the support received from OAH staff and contractors. OAH plans to use the results of the survey for continuous quality improvement efforts, especially as it pertains to improving youth engagement efforts in OAH activities. We ask that only one person from each participating organization provide feedback on the survey. To provide your feedback, please visit: [INSERT LINK]. The survey should take approximately 15-20 minutes to complete. If you have questions about this survey, please email Elizabeth Laferriere at [Elizabeth.Laferriere@hhs.gov](mailto:Elizabeth.Laferriere@hhs.gov) Please submit your responses by [DATE/TIME]. Thank you for your participation.

### **SURVEY INSTRUCTIONS**

Thank you for your continued collaboration on the 2019 Youth Listening Sessions (YLS). We ask that the lead for the YLS project complete this survey. Feel free to consult with others within your organization but only submit one survey per YLS project.

Your participation is voluntary but the information you provide will be identifiable to your organization so that we can follow up with you later in September. You can skip any item. Please provide honest responses and complete information. Your responses will not affect your current award or your eligibility for, or receipt of, future services or funding.

Aggregated results may be used by OAH to share with selected stakeholders (e.g., grantees, federal partners) for the purposes of knowledge-sharing and improving processes.

Please take the time to complete the survey. It should take about 15-20 minutes. If you have questions about this survey, please email Elizabeth Laferriere at [Elizabeth.Laferriere@hhs.gov](mailto:Elizabeth.Laferriere@hhs.gov) Please submit your responses by [DATE/TIME]. Thank you for your participation.

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1. Grantee name [select name from list]
  - a. If YLS not led by grantee of record, please provide subawardee name [Select name from list]
2. TPPP Tier [select from list - 1a,1b,2a,2b,unknown]
3. To what extent was the YLS implemented as laid out in your YLS Plan?

Not at all as planned	As planned but with significant changes	As planned with minor changes	Exactly as planned
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. If not implemented as planned, what changes were made and why?

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5. Please answer the following questions regarding how confident you felt in the following activities **prior to** your involvement in the YLS Project. Please note that some questions refer to your TPP program and others to your entire organization.

	Not confident	Somewhat confident	Confident	Very confident
How confident did you feel in your ability to <b>solicit</b> youth voice/input on your TPP program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How confident did you feel in your ability to <b>incorporate</b> youth voice/input into your TPP program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How confident did you feel that the <b>practice of soliciting</b> youth input/voice was <b>sustainable</b> in your TPP program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How confident did you feel that the <b>practice of incorporating</b> youth input/voice was <b>sustainable</b> in your TPP program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not confident	Somewhat confident	Confident	Very confident
How confident did you feel that the <b>practice of soliciting</b> youth input/voice was <b>sustainable</b> in your organization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How confident did you feel that the <b>practice of incorporating</b> youth input/voice was <b>sustainable</b> in your organization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. What supports already existed to help you integrate youth input/voice into your program **prior to** involvement in the YLS? (“Supports” can refer to the conditions, policies, norms, structures, funding, people, etc. that empowered you to solicit and incorporate youth voice. Examples could include, but are not limited to partnerships, leadership buy-in, designated funding, designated staffing, mission-focus, training, etc.)

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7. Please answer the following questions regarding how confident you felt in the following activities **after** your involvement in the YLS Project. Please note that some questions refer to your TPP program and others to your entire organization.

	Not confident	Somewhat confident	Confident	Very confident
How confident do you feel <b>soliciting</b> youth voice/input on your program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How confident do you feel in your ability to <b>incorporate</b> youth voice/input into your program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How confident do you feel that the <b>practice of soliciting youth input/voice</b> is <b>sustainable</b> in your program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not confident	Somewhat confident	Confident	Very confident
How confident do you feel that the <b>practice of incorporating youth input/voice</b> is <b>sustainable</b> in your program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How confident do you feel that the <b>practice of soliciting youth input/voice</b> is <b>sustainable</b> in your organization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How confident do you feel that the <b>practice of incorporating youth input/voice</b> is <b>sustainable</b> in your organization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. What supports do you feel you gained/established to integrate youth input/voice into your program **after** involvement in the YLS? (“Supports” can refer to the conditions, policies, norms, structures, funding, people, etc. that empowered you to solicit and incorporate youth voice. Examples could include, but are not limited to partnerships, leadership buy-in, designated funding, designated staffing, mission-focus, training, etc.)

9. What additional supports do you still need in order to integrate youth input/voice into your program?

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10. To what extent were you satisfied with the following activities and supports provided by OAH:

	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
Process for submitting a proposal to participate in the OAH YLS project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Introductory/Kick-off webinar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical assistance provided by <u>individual</u> OAH staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Materials packet provided by OAH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data processing webinar by OAH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MAX.gov YLS page	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Logistical support offered by OAH Contractor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. What OAH support did you find most helpful and why?

12. What OAH support was least helpful and why?

13. To what extent were you satisfied with the following:

	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
Feedback and ideas provided by YLS youth participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall experience with the YLS project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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14. Based on your cumulative experience with the YLS project (i.e., conducting your individual YLS, debriefing with OAH, leading your own internal debrief, developing an action plan):
- a. What are the key insights and lessons learned from your individual YLS? (Note: organizations are recommended to submit 3-5 specific insights/lessons learned)

- b. In response, what specific actions did you take immediately (**within 2 months** of the YLS) based on that input?
  
- c. What actions have been taken to improve the program and/or organization **3-6 months** after the YLS project?
  
- d. What actions **are planned** to improve the program and/or organization in Year 5 (July 1, 2019 - June 30, 2020)?

15. Additional comments