Appendix I

REV.Annual Grantee Process Evaluation Survey

Older Adults Home Modification Program
Grantee Process Evaluation Survey[1]

Survey #	Site ID	Field Team ID	Today's Date (mm/dd/yyyy)	Form Completed By:		
				Name	**Job Title**	**Organization**
☐ Year 1 ☐ Year 2 ☐ Year 3					*(dropdown menu: project manager, program manager, other [Specify])*	

OMB Control No. 2528-0335, expiration date 5/31/2025. This form is designed to provide HUD with information about how effective its Older Adults Home Modification Grant Program is. Your participation in the Evaluation as a grantee is mandatory as a condition of the grant. The Public reporting burden for your collection of information is estimated to be 4 hours per response. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Thank you for your work to-date supporting older adults in your community through HUD's Older Adults Home Modification (OAHM) Program. HUD contracted Healthy Housing Solutions to ask you and the other OAHMP grantees to share information about the status of your OAHM Program and what has helped or impeded your progress. The lessons you have learned and your insights will help HUD make the program more efficient and effective. At the midpoint and end of the Evaluation, we will provide HUD a summary of all grantees' process evaluation feedback, but will not identify any specific grantee organization or staff person by name. HUD staff will not have access to your survey responses.

We estimate this online survey may take up to one hour for you to complete. You may need additional time if you review these questions in advance to coordinate with staff members and gather materials you need to respond to the survey. Although not required, it will also help us greatly if you provide any additional information or supporting materials (such as field guides, program histories). You may upload them directly or email them as an attachment to [insert SC name] at [insert SC email address].

Please contact your Site Coordinator or any of the team listed below if you have any questions. Thank you in advance for your time.

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[1] Code for this document: Black font=Question asked of the grantee; *Blue italics* = Instruction for the grantee; *yellow highlighted italics*: Instruction for REDCap programmer.

Please select the option under which your organization is receiving OAHMP funding:

☐   prime implementing grantee

☐   prime administrative grantee (i.e., your organization is administering the grant for subgrantees who are responsible for implementing the program)

☐   subgrantee (another group was awarded the grantee and is allocating funds to your organization to implement the OAHMP)

Please note: questions in the survey will be populated based on the option you select, consequently survey questions may not be numbered sequentially.

1. I applied for the HUD OAHM Program grant to (*check all that apply*) ==*(Year 1 only):*==

☐ Fill a funding gap
☐ Meet a strategic goal for our organization
☐ Expand our existing program
☐ Meet a need in our community
☐ Increase the number of older adults our organization is able to serve.
☐ Another reason not mentioned above.
    Describe:_____

1a. ==*(Only open 1a questions for grantees who identified as administrative grantees)*==. Why did your organization decide to apply as an administrative grantee versus to implement the OAHMP?

_____

    1a.i.   How did you select your "subrecipient(s)"?

        _____

        ____

    1a.ii.   What percent of the award is passed thru to your subrecipient(s) and how did you determine the allocation of the award for each of them?

        _____

        ____

    1a.iii.   Did you impose any additional criteria (e.g. eligibility, modifications, etc.) beyond HUD OAHMP threshold criteria on your subrecipient(s) ?

    ☐Yes.   Please describe: ==*(Allow box/lines to expand as needed for response)*==_____

    ☐No.

2. ==*(Year 1 only)*== One of the reasons your organization was awarded this grant was because of your prior experience providing services to older adults, including home modifications. Without HUD OAHM Program funding, would you have been able to continue your older adult services program?

☐ Yes
☐ No
☐ Not sure

3. *(Do not include question 3 for administrative grantees)* During this year of the OAHM Program, how often did your organization have home modifications it wanted to do in a home but could not?

☐ Always
☐ Usually
☐ Sometimes
☐ Rarely
☐ Never

3.a. *(ask if 3=always, usually, or sometimes)* Why couldn't your organization do these home modifications?_____

4. HUD's OAHM Program Notice of Funding Opportunity (NOFO) described its Program Services Model on pages 22 and 23 [Section III, F.14 through F.15]. The model has the following components:

i. *Initial Interview and In-Home Assessment conducted by a Licensed Occupational Therapist (OT), or a licensed OT Assistant or Certified Aging-in-Place Specialists whose work under the grant is overseen by a licensed OT. The OT will conduct the initial interview with the client and care takers (if available) in their home and assess the home for safety and hazards, including the client's fall risk, general mobility, existing adaptive equipment, and/or the client's functional abilities with ADLs and IADLs. During this in-home visit, the OT will conduct a "baseline" Evaluation health interview with clients and a home hazard visual assessment of the home using PD&R Evaluation forms.*

ii. *Work Order by the OT, or a licensed OT Assistant or a Certified Aging-in-Place Specialist whose work under the grant is overseen by a licensed OT. (Supervision/oversight by an OT involves guidance in establishing the scope of work, work plan, and approval of any modifications to the established plan in each unit to ensure client-centered service for optimal occupational outcomes).With the client's consent, the OT will prioritize the necessary home modifications and complete a work order and any additional specifications (e.g., placing tape on walls to indicate position of grab bars).*

iii. *Home Modification Work. The work must be performed by a licensed, or in accordance with local and state regulations, contractor qualified to perform the required work.*

iv. *Follow-up Assessment and Inspection. The OT will conduct an in- home follow-up assessment within one month following services, accompanied by appropriate education and training for the client in the safe and proper use of adaptive equipment. The OT will also inspect the work of the licensed contractor to ensure that it meets the requirements and complete a work order for any required adjustments before services are paid in full.*

Additionally, grantees shall use the standardized PD&R OAHMP Evaluation forms and protocols to collect information before (i.e., baseline) and after the home modification intervention (i.e. six-to nine-months follow-up). At a minimum, the assessment tool(s) shall cover the functional abilities of the client and the safety and hazards in the home.

==(Option for implementing grantees and subgrantees)==Have you made any adaptations, changes, or deviations from this Program Services Model?

==(Option for administrative grantees)== Did you allow your subgrantees to make any adaptations, changes, or deviations from the Program Services Model?

Examples may include the use of remotely located OTs to review OTA/CAPS work instead of hiring a local OT, the addition of other methods to determine if an older adult is eligible to have their home modified, or the use of non-OT/OTA/CAPS personnel to identify needed home modifications? ==*(REDCap: For Survey years 2 and 3, add the phrase "Since the previous survey," to the beginning of the question.)*==

☐ Yes *(Go to 4a)*

☐ No ==*(Go to 5)*==

4a. Did HUD approve these adaptations, changes, or deviations?

☐ ==*(Allow this answer choice only in Year 1 survey)*== Yes, when we were first awarded the grant. *(Go to 4b)*

☐ ==*(Allow this choice only in the Year 2 and Year 3 surveys)*== Yes, during this current survey year. *(Go to 4b)*

☐ No ==*(Go to 5)*==

4b. Describe your organization's ==*(Change to* "your subgrantees' " *for administrative grantees)*== adaptations, changes, or deviations from the HUD OAHM Program Service Model and reasons for making them. ==*(Allow multiple rows to be added as grantee needs.)*==

Adaptation/Change/Deviation	Reason

5. ==*(Do not include question 5 for administrative grantees)*== The HUD OAHM Program NOFO listed two discretionary Program components. Please check all that you utilize in your program:

☐ Registered Nurse (RN) services

☐ Social Worker services

☐ Other (specify):

6. ==*(Year 1 only, allow only one to be checked)*== Please check the appropriate designation for the area(s) in which you are providing HUD OAHM Program services

☐ Urban

☐ Substantially rural

☐ Combination of urban and substantially rural

7. ==*(Do not include question 7 for administrative grantees)*==In the past year, did you use target areas for recruiting clients into your program?

☐ Yes *(Go to 7.a)*
☐ No *(Go to 8)*

7.a. What type(s) of target area(s) did you choose for recruiting clients into the HUD OAHM Program? *Check all that apply*

☐ zip codes (Specify) ☐ census tract(s) ☐ your organization's entire jurisdiction ☐ Other (Specify) _____

7.b. Why did you choose these target area(s)? _____

7.c. *(Year 2 and 3 only)* Are these target area(s) different from those you chose the previous year?

☐ Yes *Go to 7.c.i)*

☐ No *(Go to 8)*

7.c.i Why did you make these changes?_____

8. *(Do not include question 8 for administrative grantees)(Year 1 only)* When did you begin recruiting new clients into the HUD OAHM Program? (mm/dd/yyyy): _____

☐ Check this box if you recruited clients for the OAHM Program from an existing wait list when you began the grant program.

(Only include for subgrantees) ☐ Check this box if your prime grantee provides referrals or assistance with recruiting.

9. *(Do not include question 9 for administrative grantees)* Please rate your level of success with the following methods to recruit older adults into your HUD OAHM Program. When considering these methods, please consider whether the methods helped you with any of the following: (1) meeting your target enrollment goal; (2) recruiting clients who reflect the demographic characteristics of your community or who are underserved; or (3) enrolling those who have the greatest need for the older adult home modification program. Select "not applicable" if you did not use a particular method. *(REDCap: For Surveys 2 and 3, add the phrase "Since the previous survey," to the beginning of the question.)*

Recruitment Method	Very Successful	Successful	Somewhat Successful	Not Successful	Not Applicable
Posted flyers	☐	☐	☐	☐	☐
Mailed materials to targeted areas	☐	☐	☐	☐	☐
Other local older adult services or other service organizations agreed to refer clients to the program	☐	☐	☐	☐	☐
Physicians or other healthcare providers agreed to refer patients to the program	☐	☐	☐	☐	☐
Personnel working at local Senior Day Center(s) referred clients to the program	☐	☐	☐	☐	☐
Held meeting(s) or exhibit(s) at local community event(s) or locations (e.g., religious institutions, libraries, etc.)	☐	☐	☐	☐	☐
Advertised on social media (Facebook, Twitter, Instagram)	☐	☐	☐	☐	☐
Advertised on TV or radio	☐	☐	☐	☐	☐
Advertised in print media (newspapers, circulars, billboards, transit ads)	☐	☐	☐	☐	☐
Made phone calls	☐	☐	☐	☐	☐
Recruited door-to-door	☐	☐	☐	☐	☐
Home maintenance contractor or other contractor referrals	☐	☐	☐	☐	☐
Client heard about the program by "word-of-mouth" and contacted our organization	☐	☐	☐	☐	☐
Another method not mentioned Please specify:	☐	☐	☐	☐	☐
9a. *Optional:* Please elaborate on your recruitment methods, particularly whether they helped you enroll those most in need in your community.					

10. ==*(Do not include question 10 for administrative grantees)*== Do you provide clients incentives to encourage participation in the HUD OAHM Program?

☐ Yes *Go to 10a*
☐ No ==*(Go to 11)*==

> 10a. Please list incentive(s) offered to clients:

11. Please complete the following table, filling in numbers for Year X ==*(fill in year checked at top of form)*== of your OAHM program grant.

OAHM Program:	Number
Enrollment Goal	
Clients screened *(i.e., all who applied, including both those who were enrolled and those who were not)*	
Clients enrolled	
Clients with completed home hazard/housing condition visit	
Homes with home modifications initiated *(i.e., homes in which modifications have been started but not yet completed)*	
Homes with home modifications completed	
Clients with completed follow-up Evaluation forms (i.e., follow-up Client Program Questionnaire, follow-up Client Impact Evaluation Interview, and follow-up Home Hazard Checklist) questionnaires	

12. *(Do not include question 12 for administrative grantees)* How important have the following factors been in developing the Scope of Work (SOW) for homes of enrolled clients? *For Year 2 and Year 3 surveys, consult your Year 1 answers to help you complete this section.* ==*REDCap: For Surveys 2 and 3, add the phrase "Since the previous survey," to the beginning of the question.)*==

Factor	Very Important	Important	Somewhat Important	Not at all Important	Not Applicable
Personal needs and goals of client	☐	☐	☐	☐	☐
Personal needs and goals of other resident(s) If you specified "Personal needs and goals of other residents," had importance, describe:_____ ==*(Open a cell for this description only if "very important," "important," or "somewhat important" were checked)*==	☐	☐	☐	☐	☐
Items that posed a resident fall hazard	☐	☐	☐	☐	☐
Deferred maintenance items	☐	☐	☐	☐	☐
Accessibility hazards	☐	☐	☐	☐	☐
Bathroom hazards	☐	☐	☐	☐	☐
Kitchen hazards	☐	☐	☐	☐	☐
General safety hazards throughout the inside of the home	☐	☐	☐	☐	☐
General safety hazards on the outside of home, but still on the property	☐	☐	☐	☐	☐
Other factors not mentioned above. If you specified that 'Other factors not mentioned above' had importance, describe: ==*(Open a cell for this*==	☐	☐	☐	☐	☐

description if "very important," "important," or "somewhat important" were checked)					

13. *(Include question 13 for implementing prime and administrative grantees only)* How satisfied were you with the technical assistance you received from HUD during program implementation?

☐ Very satisfied

☐ Satisfied

☐ Somewhat satisfied

☐ Not satisfied

☐ My organization didn't receive technical assistance during program implementation.

Please elaborate on your answer: *Optional*

13a *(Question 13a is only for implementing subgrantees)* How satisfied were you with the technical assistance you received from your prime administrative grantee during program implementation?

☐ Very satisfied

☐ Satisfied

☐ Somewhat satisfied

☐ Not satisfied

☐ My organization didn't receive technical assistance during program implementation.

Please elaborate on your answer: *Optional*

14. *(Do not include question 14 for administrative grantees)* Does your organization have funding from some other source(s) to provide older adult home modifications or other interventions (e.g., social services) to OAHM Program clients in your community?

☐ Yes *Go to 14a*

☐ No *(Go to 15)*

14a. For Year X *(fill in year checked at top of form)*, what was the estimated funding from other sources used for home modifications? $_____

14b. What is/are the source(s) of this supplemental funding? *Check all that apply*

☐ Other federal government program. Specify:_____

☐ Private foundation

☐ State/local program. Specify: _____

□ Other Source. Specify: _____

14c. How do you use funding from other sources (e.g., to address thermal comfort issues, higher cost repairs not generally covered by the HUD OAHM program such as roof replacement, expansion of similar approaches as in the OAHM program to treat additional homes, etc.)?

15. *(Do not include question 15 for administrative grantees* If you encountered homes with hazards your organization could not address under the HUD OAHM Program, did you refer clients to other organizations (e.g., weatherization program if thermal comfort issues were present, healthy homes programs if mold or pest hazards were present, etc.)?

☐ Yes

☐ No

16. *(Do not include question 16 for administrative grantees* Did you experience any barriers to program implementation in any of the following areas? *(In year 2 and year 3 survey, add "since the previous survey")* Select all answers that apply. Feel free to provide additional detail in the comment box.

	Yes, I experienced a major barrier or issue	Yes, I experienced a minor barrier or issue	No, I did not experience a barrier or issue	Not applicable to my program
16.a. Recruiting clients	□	□	□	□
16.b. Recruiting specific populations	□	□	□	□
16.c. Too many applicants (i.e., unable to serve all eligible applicants)	□	□	□	□
16.d. Had to turn away some potential applicants because their homes were not structurally sound.	□	□	□	□
16.e. Some applicants were not able or declined to provide health information	□	□	□	□
16.f. Funding was not adequate to cover the costs of needed modifications	□	□	□	□
16.g. Staff shortages or other capacity issues	□	□	□	□
16.h. Other issue not mentioned. Please specify: _____	□	□	□	□
Please provide additional details about the barriers you identified:				

17. Once HUD OAHM program funding ends, do you plan to continue your program in the format you have used for the HUD Program?

☐ Yes *(Go to 17b)* ☐ No *Go to 17a* ☐ Not sure *Go to 17a*

17.a Why not?

_____ *(Go to 18)*

17.b Describe your continuation plan, even if you have not worked out all the details.

_____

18. ==(*These questions are only for administrative grantees*)== *These next questions are to better understand how your organization administers the OAHMP grant with your subgrantees.*

      18a. How do you share program information you receive from HUD with your subgrantees?

      _____

      18b. How do you ensure your subgrantees are in compliance with the OAHMP grant?

      _____

      18c. Does your organization provide any additional training and /or resources to your subgrantees?
        ☐Yes. Please describe: ==(*Allow box/lines to expand as needed for response*)==_____

        ☐No.

      18d. Do your subgrantees attend/participate in the HUD training/conferences?

        ☐Yes.   ☐No.

      18e. Does your organization provide any implementation or other support to your subgrantees? e.g.., do you send or provide a list of potential clients, do you help determine eligibility, do you provide additional tools/trainings not identified in 18c?
        ☐Yes. Please describe: ==(*Allow box/lines to expand as needed for response*)==_____

        ☐No.

19.   *Optional* Please share a story or anecdote here about an experience you or one of your clients (no personal identifiers, please) had with the HUD OAHM Program. This story could illustrate a strength of the program, a challenge encountered, the program's impact, or something else. Feel free to add links to press coverage, if available.

_____

20.   ==(*Only populate for subgrantees*)== *Optional.* Does your organization receive any support from your prime grantee to implement the OAHMP in your community?
  ☐Yes. Please describe: ==(*Allow box/lines to expand as needed for response*)==_____

  ☐No.

21.   ==(*Only populate for subgrantees*)== *Optional.* Has your prime grantee implemented any additional criteria and/or limitations on how grant funding can be used beyond HUD OAHMP criteria?

  ☐Yes. Please describe: ==(*Allow box/lines to expand as needed for response*)==_____

  ☐No.

22. ==*(Only populate for subgrantees)*== *Optional.* Have any of your staff attended/participated in the HUD's OAHMP trainings or calls (this does not include trainings or calls provided by the evaluation team)?

☐Yes.
☐No.

23. ==*(Only populate for subgrantees)*== *Optional.* How and how often do you report your progress to your prime?

_____

24. ==*(Only populate for subgrantees)*== *Optional.* How does your organization go about getting projects above the $5K threshold approved?

_____

25. ==*(Only populate for subgrantees)*== *Optional* How does your organization undergo environmental reviews when necessary?

_____

26. *Optional* Please use this space to tell us anything else you want like to share about your experience implementing the HUD OAHM Program:
_____

Please save a copy of your completed survey and keep it for your records.
You can also print a copy, if desired.