

**Health Resources and Services Administration
HIV/AIDS Bureau (HRSA – HAB)**

2022 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.

Survey Introduction

Burden Statement: 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. As part of this effort, we are requesting feedback on your experiences with HAB and our technical assistance partners over the past 12 months. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0906-0084 and it is valid until 2/28/2027. This information collection is voluntary. The survey is hosted via a secure server and your responses will remain anonymous. Data will remain private to the extent permitted by the law. Public reporting burden for this collection of information is estimated to average 14 minutes per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Information Collection Clearance Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20857 or paperwork@hrsa.gov. Please see <https://www.hrsa.gov/about/508-resources> for the HRSA digital accessibility statement. 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

SC1. 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. Training and Technical Assistance Cooperative Agreement
- j. Ending the HIV Epidemic in the U.S. (EHE)
- k. None **[Terminate survey]**

SC1.2 What is your role in your organization?

- a. Principal Investigator
- b. Project/Program director/coordinator or Project Manager
- c. Deputy program/project director
- d. Other:

SC2. 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.

AP1. In the past 12 months, which of the following applications have you submitted? (Select all that apply)

Ryan White HIV/AIDS Program [DISPLAY OPTIONS IF SC1 = A-J]

- a. Part C, D, or F New Competition (new program funded by HAB for the first time) Application **[ASK AP2]**
- b. Part A, B, C, D, or F Competing Continuation (continuation funding for new project period) Application **[ASK AP2]**
- c. Part, B, C, D, or F Supplemental Competition (One-time or Ongoing funding) Application **[ASK AP2]**
- d. Cooperative Agreements New Competition (new program funded by HAB for the first time) Application **[ASK AP2]**
- e. Cooperative Agreements Competing Continuation (continuation funding for new project period) Application/Progress Report **[ASK AP2]**
- f. Part B, C, D, F, or Cooperative Agreements Non-Competing Progress Report (continuation funding) **[ASK AP3]**
- g. Ending the HIV Epidemic in the U.S. (EHE) Non-competing Progress Report (continuation funding)
- h. AIDs Drug Assistance Program (ADAP) Emergency Relief Fund (ERF) New Competition

AP2. For any **New Competition, Competing Continuation, Supplemental or Supplemental Competition** Notice of Funding Opportunity (NOFO), 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 NOFO TA webinar

[PN: If AP2 asked, GO TO RR1, SKIP AP3]

AP3. 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.

Reporting Requirements

RR1. **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**. 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
- c. Not Applicable

RR2. **[ASK IF SC1 = A-J] 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 Allocations and Expenditures Reports and/or the Part F Dental Services Report (DSR), EHE Allocations Report, EHE Expenditures Report, and EHE Initiative Triannual Report.** 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.

RR3. **[ASK IF SC1 = A-J]** 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

RPO1. **[ASK IF SC1=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. Weekly
- b. Monthly
- c. Quarterly or less frequently
- d. Not at all **[DO NOT ASK RPO2]**

RPO2. **[ASK IF SC1=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 responding to technical assistance requests.
- f. Keeping you informed about upcoming changes or issues that will affect your program.
- g. Providing guidance in preparation of site visit(s)
- h. Providing technical assistance after a site visit
- i. Assisting with rectifying site visit findings
- j. Timely feedback and approval of Reporting Requirements (i.e., PTR, APR, Allocations and Expenditures Reports)

Part B Recipient-Project Officer Interaction

RPO3. **[ASK IF SC1=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. Weekly
- b. Monthly

- c. Quarterly or less frequently
- d. Not at all **[DO NOT ASK RPO4]**

RPO4. **[ASK IF SC1=B or C and RPO3 A, 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 responding to technical assistance requests.
- f. Keeping you informed about upcoming changes or issues that will affect your program.
- g. Providing guidance in preparation of site visit(s)
- h. Providing technical assistance after a site visit
- i. Assisting with rectifying site visit findings
- j. Timely feedback and approval of Reporting Requirements (i.e., PTR, APR, Allocations and Expenditures Reports)

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

RPO5. **[ASK IF SC1=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. Weekly
- b. Monthly
- c. Quarterly or less frequently
- d. Not at all **[DO NOT ASK RPO6]**

RPO6. **[ASK IF SC1=D or E or H and RPO5 is A, B or C]** 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 responding to technical assistance requests.
- f. Keeping you informed about upcoming changes or issues that will affect your program.
- g. Providing guidance in preparation of site visit(s)
- h. Providing technical assistance after a site visit
- i. Assisting with rectifying site visit findings
- j. Timely feedback and approval of Reporting Requirements (i.e., PTR, APR, Allocations and Expenditures Reports)

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

RPO7. **[ASK IF SC1=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. Weekly
- b. Monthly
- c. Quarterly or less frequently
- d. Not at all **[DO NOT ASK RPO8]**

RPO8. **[ASK IF SC1=F and RPO7 is A, B, or C]** 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 responding to technical assistance requests.
- f. Keeping you informed about upcoming changes or issues that will affect your program.
- g. Providing guidance in preparation of site visit(s)
- h. Providing technical assistance after a site visit
- i. Assisting with rectifying site visit findings
- j. Timely feedback and approval of Reporting Requirements (i.e., APR)

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

RPO9. **[ASK IF SC1=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. Weekly
- b. Monthly
- c. Quarterly or less frequently
- d. Not at all **[DO NOT ASK RPO10]**

RPO10. **[ASK IF SC1=G and RPO9 is A, B or C]** 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 responding to technical assistance requests.
- f. Keeping you informed about upcoming changes or issues that will affect your program.
- g. Providing guidance in preparation of site visit(s)
- h. Providing technical assistance after a site visit
- i. Assisting with rectifying site visit findings
- j. Timely feedback and approval of Reporting Requirements (i.e., PTR, APR, Allocations and Expenditures Reports)

Ending the HIV Epidemic in the U.S. (EHE)) Recipient-Project Officer Interaction

RPO12. **[ASK IF SC1=J]** Please think about your interaction with your **Ending the HIV Epidemic in the U.S. (EHE)** HAB Project Officer.

In the past 12 months, on average, how frequently did you communicate with your– **Ending the HIV Epidemic in the U.S. (EHE)** HAB Project Officer? Please consider all communications you have had with your HAB Project Officer, including email, phone, and in-person communications.

- e. Weekly
- f. Monthly
- g. Quarterly or less frequently
- h. Not at all **[DO NOT ASK RPO10]**

RPO13. **[ASK IF SC1=I and RPO9 is A, B or C]** On a scale from 1 to 10 where 1 is **Poor** and 10 is **Excellent**, please rate your **Ending the HIV Epidemic in the U.S. (EHE)** 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 responding to technical assistance requests.
- f. Keeping you informed about upcoming changes or issues that will affect your program.
- g. Providing guidance in preparation of site visit(s)
- h. Providing technical assistance after a site visit
- i. Assisting with rectifying site visit findings
- j. Timely feedback and approval of Reporting Requirements (i.e., PTR, APR, Allocations and Expenditures Reports)

RPO14. **[ASK IF SC1=A-J]** How can your HAB Project Officer better serve you and your organization?
[OPTIONAL] [CAPTURE VERBATIM]

Division Communication

DC1. **[ASK IF SC1=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. Keeping you informed about upcoming changes or issues that will affect your program.
- b. Thoroughness of information provided.
- c. Ease of understanding of information provided.
- d. Effectiveness in assisting your organization in meeting program requirements.

DC2. **[ASK IF SC1=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.

DC3. **[ASK IF SC1=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. Keeping you informed about upcoming changes or issues that will affect your program.
- b. Thoroughness of information provided.
- c. Ease of understanding of information provided.
- d. Effectiveness in assisting your organization in meeting program requirements.

DC4. **[ASK IF SC1=F]** Thinking about **communication with Office of Program Support in implementing RWHAP Part F (AIDS Education and Training Center)**, (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.

DC5. **[ASK IF SC1=G]** Thinking about **communication with the Division of Policy and Data in implementing Special Projects of National Significance (SPNS)** (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.

DC6. **[ASK IF SC1=J]** Thinking about **communication with the Division of Metropolitan HIV/AIDS Programs and the Division of State HIV/AIDS Programs in implementing the Ending the HIV Epidemic in the U.S. (EHE)** (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

CSS1. Which, if any, of the following resources did you use for your program management or program reporting requirements? (Select all that apply.)

- a. Ryanwhite.hrsa.gov
- b. HAB-sponsored conference calls/webinars
- c. Individual email/phone conversations with a Project Officer (PO)
- d. Target HIV website
- e. Other (please specify)
- f. None (**SKIP TO CSS3**)

CSS2. [ASK ONLY IF Q22=A, B, or C] 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

CSS3. Using a scale from 1 to 10 where 1 means **Poor** and 10 means **Excellent**, please rate the HAB Policy Communication (Policy Notices, Policy Clarification Notices, Dear Colleague Letter from the Associate Administrator) for the following:

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

CSS4. In your opinion, how can HAB improve its Policy Communication (Policy Notices, Policy Clarification Notices, Dear Colleague Letter from the Associate Administrator)? [OPTIONAL] [CAPTURE VERBATIM]

HAB Communications

COM1. Communication with and information dissemination to recipients and sub recipients is essential to ensure you have up-to-date information and resources to maintain your program activities and support your Ryan White HIV/AIDS Program clients and the Ending the HIV Epidemic in the U.S. initiative. Which of following did you find to be helpful (Select all that apply)?

- a. Bi-weekly HAB Information Email and Special Bulletin Newsletter
- b. HAB, You Heard webinars.
- c. Blog posts on HIV.gov
- d. CARE Action Newsletters
- e. Dear Colleague Letters from the Associate Administrator
- f. EHE Quarterly webinars
- g. RWHAP Compass Dashboard
- h. RWHAP Best Practice Compilation

Training and Technical Assistance Support

TTA1. [ASK IF SC1 = A-J] In which, if any, of the following training or technical assistance (TA) opportunities have you participated over the past 12 months? Please select all that apply.

- a. **ADAP** - AIDS Drug Assistance Program TA - National Alliance of State & Territorial AIDS Directors (NASTAD)
- b. **AETC** – Regional AIDS Education and Training Centers Cooperative Agreement
- c. **AETC**- National Coordinating Resource Center (NCRC) Cooperative Agreement
- d. **AETC** - National Clinician Consultation Center (NCCC) Cooperative Agreement
- e. **AETC** - National HIV Curriculum e-Learning Platform (NHC) Cooperative Agreement
- f. **BLOC** – Building Leaders of Color (NMAC)
- g. **DISQ** – Data Integration, Systems, and Quality Technical Assistance team (Cicatelli Associates, Inc.) Cooperative Agreement
- h. **CARE Ware**- (jProg) Contract
- i. **CQII** - Center for Quality Improvement and Innovation (Health Research Inc./New York State Department of Health AIDS Institute) Cooperative Agreement
- j. **Onsite/Virtual Technical Assistance - Management Strategists Consulting Group (MSCG) Contract**
- k. **Program-specific Meetings** (e.g. Administrative Reverse Site Visits, Special Projects of National Significance (SPNS) meetings, AETC meetings) varies by RWHAP Program
- l. **Ryan White HIV/AIDS Program (RWHAP) Compass Dashboard Contract**
- m. **HRSA EHB Contact Center Contract**
- n. **RWHAP Data Support (WRMA/CSR) Contract**
- o. **Target HIV** - (University of California San Francisco) Cooperative Agreement
- p. **ACE TA Center** - Access, Care, and Engagement Technical Assistance (JSI) Cooperative Agreement
- q. **CQM**- Clinical Quality Management Technical Assistance Cooperative Agreement
- r. **ELEVATE** - Engage Leadership through Employment, Validation, and Advancing Transformation and Equity for persons with HIV (NMAC) Cooperative Agreement
- s. **ESCALATE** - Ending Stigma through Collaboration and Lifting All to Empowerment (NMAC) Cooperative Agreement
- t. **SCP** – EHE Systems Coordination Provider (NASTAD) Cooperative Agreement
- u. **TAP-In** – EHE Technical Assistance Provider innovation network (Cicatelli Associates, Inc.) Cooperative Agreement
- v. **None**

TTA2. [ASK ONLY IF TTA1 = a] Using a scale from 1 to 10 where 1 means **Poor** and 10 is **Excellent**, please rate the **AIDS Drug Assistance Program** technical Assistance Cooperative Agreement on the following:

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

TTA3. [ASK ONLY IF TTA1 = 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

TTA4. [ASK ONLY IF TTA1 = G] Using a scale from 1 to 10 where 1 means **Poor** and 10 is **Excellent**, please rate the services provided by **DISQ** Cooperative Agreement on the following:

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

TTA5. **[ASK ONLY IF TTA1 = H]** Using a scale from 1 to 10 where 1 means **Poor** and 10 is **Excellent**, please rate the **CARE Ware** team by **iProg** on the following:

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

TTA6. **[ASK ONLY IF TTA1 = i]** Using a scale from 1 to 10 where 1 means **Poor** and 10 is **Excellent**, please rate the **Clinical Quality Improvement** and Innovation services cooperative agreement provided by the Health Research Inc./New York State Department of Health 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

TTA7. **[ASK ONLY IF TTA1 = J]** Using a scale from 1 to 10 where 1 means **Poor** and 10 is **Excellent**, please rate the **Onsite Technical Assistance** services provided by the **National Technical Assistance Contract (MSCG)** on the following:

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

TTA8. **[ASK ONLY IF TTA1 = K]** Using a scale from 1 to 10 where 1 means **Poor** and 10 is **Excellent**, please rate the services provided during **Program-specific Meetings (e.g., Administrative Reverse Site Visits)** by HRSA HAB staff on the following:

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

TTA9. **[ASK ONLY IF TTA1 = L]** Using a scale from 1 to 10 where 1 means **Poor** and 10 is **Excellent**, please rate the **RWHAP Compass Dashboard Contract** services provided by **RWHAP** on the following:

- a. Their support in helping you meet program requirements.
- b. Responsiveness to you

TTA10. **[ASK ONLY IF TTA1 = m]** Using a scale from 1 to 10 where 1 means **Poor** and 10 is **Excellent**, please rate the HRSA Electronic Handbooks (**EHB**) **Contact Center Contract** services on the following:

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

TTA11. **[ASK ONLY IF TTA1 = N]** Using a scale from 1 to 10 where 1 means **Poor** and 10 is **Excellent**, please rate the **RWHAP Data Support** services Contract provided by **WRMA/CSR** on the following:

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

TTA12. **[ASK ONLY IF TTA1 = O]** Using a scale from 1 to 10 where 1 means **Poor** and 10 is **Excellent**, please rate the **Target HIV** services Contract provided by the **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

TTA13. **[ASK ONLY IF TTA1 = P]** Using a scale from 1 to 10 where 1 means **Poor** and 10 is **Excellent**, please rate the **ACE TA Center** services cooperative agreement provided by **JSI** on the following:

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

TTA14. **[ASK ONLY IF TTA1 = Q]** Using a scale from 1 to 10 where 1 means **Poor** and 10 is **Excellent**, please rate the **Clinical Quality Improvement Technical Assistance** services cooperative agreement provided by HRSA HAB Division of Policy and Data Clinical and Quality Branch staff on the following:

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

TTA16. **[ASK ONLY IF TTA1 = R]** Using a scale from 1 to 10 where 1 means **Poor** and 10 is **Excellent**, please rate the **ELEVATE** services cooperative agreement provided by **NMAC** on the following:

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

TTA17. **[ASK ONLY IF TTA1 = S]** Using a scale from 1 to 10 where 1 means **Poor** and 10 is **Excellent**, please rate the **ESCALATE** services cooperative agreement provided by **NMAC** on the following:

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

TTA18. **[ASK ONLY IF TTA1 = T]** Using a scale from 1 to 10 where 1 means **Poor** and 10 is **Excellent**, please rate the Ending the HIV/AIDS Epidemic (EHE) Systems Coordination Provide **SCP** services cooperative agreement provided by National Alliance of State & Territorial AIDS Directors **NASTAD** on the following:

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

TTA19. **[ASK ONLY IF TTA1 = U]** Using a scale from 1 to 10 where 1 means **Poor** and 10 is **Excellent**, please rate the EHE **TAP-in** services cooperative agreement provided by **Cicatelli Associates, Inc.** on the following:

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

TTA20. What **additional** Technical Assistance resources or tools would enhance the performance of your organization? (Select all that apply)

- a. ADAP (e.g., cost containment, managing wait list)
- b. Behavioral and Mental Health Service Integration with Primary Care
- c. Harm reeducation
- d. Substance use treatment
- e. Housing services
- f. Care Coordination (e.g., integrating support services with core medical services)
- g. Clinical Quality Management
- h. People with lived expel Involvement (e.g., utilizing peers as part of an interdisciplinary team, effective participation of people with HIV, Planning Council participation)

- i. HIV Continuum of Care (e.g., (e.g., treatment cascade, linkage and referral, access to and retention in care)
- j. Cultural Competency/Humility
- k. Data reporting
- l. Data management (e.g., data collection infrastructure, human capacity)
- m. Data sharing (e.g., data sharing agreements, database linkages)
- n. Data utilization to improve outcomes (e.g., Data to Care)
- o. Using emerging, evidence-informed, or evidence-based intervention strategies
- p. Healthcare financing
- q. Fiscal Management (e.g., billing, maximizing third party reimbursement, schedule of charges, program income)
- r. Health education and health promotion
- s. Health Information Technology (e.g., Electronic Health Record, Meaningful Use)
- t. Models of care (e.g., Patient-Centered Medical Home, innovative models to include telehealth)
- u. Navigating/Integrating Program into Evolving Healthcare Landscape

- v. Oral Healthcare
- w. Engaging people in RWHAP Services (e.g., legal system involved, migrant workers, etc.)
- x. Reducing Health Disparities
- y. Integrated HIV Care Plan and integrated planning
- z. Planning Body/Council support
- aa. Advances in treatment and clinical guidelines
- bb. Healthcare workforce (recruitment, retention, staff burn out, development)
- cc. Clinical decision support tools
- dd. Health Equity
- ee. Stigma
- ff. Populations not in care
- gg. Innovative/ Strategic approaches to spending grant fund
- hh. None
- ii. Other (please specify)

TTA21. [ASK ONLY IF TTA20 is he (None), Please indicate which circumstance(s) below prevented you from accessing technical assistance: (Select all that apply)

- a. I was not aware of these TA offerings or how to access them
- b. I do not have the time to access these TA offerings
- c. I have no programmatic or administrative need to access these TA offerings at this time
- d. I was reluctant to seek help in the subject matter areas covered by these TA offerings
- e. Other (please specify)

ACSI BENCHMARK QUESTIONS

ACSI1. 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.)?

ACSI2. 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?

ACSI3. 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*.

Closing Questions

CQ1. 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?

CQ2. 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?

CQ3. 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 your Project Officer.

Burden Statement: The Health Resources and Service Administration (HRSA) is committed to improving the program management of the Ryan White HIV/AIDS 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. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0906-0084 and it is valid until 2/28/2027. This information collection is voluntary. The survey is hosted via a secure server and your responses will remain anonymous. Data will remain private to the extent permitted by the law. Public reporting burden for this collection of information is estimated to average 14 minutes per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Information Collection Clearance Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20857 or paperwork@hrsa.gov. Please see <https://www.hrsa.gov/about/508-resources> for the HRSA digital accessibility statement.