



HRSA Needs Assessment Webinar

February 20, 2014 | *Questions & Answers*

1. What are SAC, BPR, and NAP? (mentioned on slide 24)

You can learn more about each of these HRSA funding reports (BPR) and applications (SAC & NAP), here:

- Service Area Competition - <http://bphc.hrsa.gov/policiesregulations/continuation/>
- Budget Period Renewal - <http://bphc.hrsa.gov/policiesregulations/continuation/>
- New Access Point - <http://www.hrsa.gov/grants/apply/assistance/nap/>

2. Is the collected information inclusive of homeless teens or is this number available separately if at all?

Many of the same tools are inclusive of information about homeless teens. Most Continuums of Care include representation of programs that address the needs of homeless teens and many of these programs also include an outreach program. In our city the public school system also has statistics of known homeless children that also includes some information about homeless teens limited to those involved in the school system. There are other programs specific to runaways in most communities and provide temporary shelter and drop in programs. There are categories for child caring institutions that serve adolescents that are court ordered as well as alternative day programs. The health center that I previously directed had a collaborative relationship with the teen shelters as well as programs that served those who had aged out of foster care that needed access to health care and had no insurance at the time. We also went on site to provide health screening services, prenatal care coordination as well as immunizations such as flu shot clinic days to provide additional information on needs.

3. Are we required to have a consumer advisory board? As a FQHC, half of our Board members are Health Center consumers, including one who is homeless and one formerly homeless. Can this count as a Consumer Advisory Board?

A CAB is an autonomous group of homeless and or formerly homeless individuals who have been brought together to positively affect change and give meaningful input on policy decisions. Grantees are not necessarily required to have a Consumer Advisory Board. The requirement is for health centers to receive and utilize health center consumer's input about services and operations. HCH-only grantees may apply for a consumer majority waiver for their governance structure, but then they are required to provide a method to gain input from its members, and many grantees create CABs for this reason.

Many grantees (no matter what their funding streams or governance structure) organize a CAB for their health center and have the chair of the CAB also be the consumer representative on the board, so in this way that consumer acts as the liaison between other homeless consumers and the board. With this structure, the governance board has more varied input and is not solely relying on the one or two consumer board members' perspectives.

The Council has several resources and technical assistance (TA) and trainings on this topic that is available to the public. Please email TA@nhchc.org for more information and guidance on consumer advisory boards. We also encourage projects to review the recent governance Policy Information Notice (PIN) 2014-01, and speak with your project officers with any concerns or issues related to meeting program requirements.

4. How do you provide surveys to those who are illiterate?

The surveys are given in-person. The questions are read aloud and if there are closed-ended questions the options for answers are also read aloud.

5. In past proposals to HRSA, we have answered the question about Need by relying on many of the resources that you suggest, but we have not compiled a written Needs Assessment report. Is a formal Needs Assessment report now required?

A formal Needs Assessment is part of every grant application and is/should be an integral part of the organizational strategic planning process. Without a Needs Assessment, it would be difficult to determine your target population or their needs. The Needs Assessment should also include input from your Board of Directors: that they have been involved in the needs assessment process, they support it as part of the strategic planning process, and a motion that they have approved it, so that there is a document that shows that there has been a formal process and that the board

has participated in the process including updates. The Site Visit Guide also refers to whether or not a grantee has a written needs assessment and if the health center has a defined service area and if it is consistent with the patient origin data in the UDS. If there is not a written needs assessment, it would be difficult to validate how the needs of the target population and service area have been determined.

Remember that the Board must approve submission of the grant application. The exact process that is used to assess needs of the target population is not specified but the board must have a process by which the information is provided that is necessary to approve the programs and services to be provided to the target population, sites and hours of operation. It would be difficult to make programmatic decisions without a completed needs assessment that documents the needs of the target population and reflects changes should they occur.

6. Do you do this every year, every third year? If you do this every three years, what do you do in the years you don't conduct this comprehensive needs assessment? Do you conduct Patient Satisfaction Surveys? If so, at what frequency, i.e. annually, quarterly, etc.? Have you considered a smaller needs assessment on a more frequent basis? Most Health Centers don't have the staff to do something this intense and wondered if you had best practices for organizations with significantly fewer resources and manpower.

A full needs assessment is conducted as part of the grant application process and would be updated annually even if the outcome indicates that there is no change in the needs of the target population and how that was determined. In addition to the required needs assessment, any other approach to updating a needs assessment is based upon the needs of your organization and the patients it serves. As mentioned, something may occur in your community that will require you to examine your role, if any, in response to that issue; such as closure of a hospital, loss of a major employer or a community emergency.

Patient Satisfaction surveys can be conducted as a routine part of the treatment program as paperwork provided at each visit with deposit in a box. A Patient Satisfaction box can be used and reviewed monthly or quarterly to provide summary information. This is not a labor intensive process, is confidential and, thus, can even be assisted through volunteers.

We make every attempt to conduct our needs assessment/ satisfaction survey every year. This next year is vital as it may demonstrate some changes, for our community, with the implementation of Affordable Care Act.

7. Can you explain a little more about the difference between an advisory board and a co-applicant board? Are members all homeless individuals or representatives from other homeless care organizations?

[Please also see the response above about Consumer Advisory Boards.]

The co-applicant board is a special arrangement that only public-entity health centers can create to meet HRSA governance requirements and any requirements of their public health department, county, municipality, etc. To learn about public-entity/ agency status, review policy information notice (PIN) 2010-01. The new governance PIN (2014-01) will also address co-applicant boards. Please email TA@nhchc.org for more information and resources on the topic of co-applicant boards.

8. Do you enter data into the local Continuum of Care's Homeless Management Information System (HMIS)?

Our program entered data into Service Point (HMIS) for programs supported through the continuum of care such as transitional/permanent housing, supportive case management and street outreach but did not include clinic services. That was how we were involved and I would not have information as to how other programs participated in the HMIS.

9. Please give a few pointers for training individuals who will be conducting surveys. We are training health professional students to administer the survey.

- Consider what supplies each interviewer will need on hand (clipboard, pens, blank surveys, incentives for consumers, and lists of community resources)
- Conduct surveys in pairs or groups
- Safety should be your number one priority for both interviewer and interviewee.
- Introduce yourself, give a brief description of the survey and ask the individual if he/she would like to participate.
- Make sure to be non-threatening when approaching potential participants and respect their privacy.

Use trauma-informed interviewing techniques, such as maintain sense of privacy with one-on-one interviewing, inform and share that data is anonymous/confidential, ensure interview space feels safe for participants so no locked doors, no blocked exits, and day time is best. Try to be on same eye level as participant (sitting, standing, etc.). Keep in mind survey questions may trigger response, so offer to skip questions or consider ending interview and inform supervisor if you are concerned about your safety.

10. For Erika - what software program is your center using for EHR?

GE Centricity Practice Solution

11. When incentivizing the clients, I see that survival goods are supplied. Are these supplies purchased using grant dollars which meet approval?

This depends on the health center's approved HRSA budget. Yes, if your budget includes an OTPS line for client supplies and transportation with a supporting budget narrative then the health center can use it. (For example, something like 4k to support outreach efforts to get clients in for annual pap, travel to HC for urgent follow up, participate on consumer boards, etc.). It could be as general as to support outreach efforts to engage clients and maintain them in care.

If there is not an approved budget, I would not recommend using HRSA's money. Donations are always a good source. Also, for an agency that has 3rd party revenues, these costs can be attributed to that revenue line to keep things clean. Health center's have to remember that many of them they do get non-HRSA small (or large if they are lucky!) funds that can go in their general operating pot to offset expenses.

12. Do you know if an existing HCH grantee can apply for a NAP that is already in their scope of project ~ as long as the needs assessment supports the request for the funding?

Please review the federal guidance on NAPs [see resource link in Question 1]. An existing grantee can apply for a NAP to expand their service sites.

13. Erika Barber suggested open-ended questions. How do you ask the questions? Is it in survey format?

The team who conducted our needs assessment in 2001 used questions such as "The health center needs more Mental Health services – Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree." They found that this format did not give them the detailed responses they needed to make change happen. In 2011, the team revamped the survey to use more open-ended questions and leave room for response. They used this same format when asking the questions over the phone to community partners. For example, rather than ask the question, "Which of the following services would you like to see increased – Mental Health, Substance Abuse or Primary Care?" you might get a more detailed response by just asking "What is the one service that you would most like to see increased at our health center?"

14. Can grantees use their NAP/SAC Needs Assessments for HRSA site visits if the site visit takes place within a specified period of time of the NAP/SAC submission?

Yes, you can use your NAP/SAC Needs Assessment if it is current and that you can provide information on how it was developed and approved by the Board of Directors. At the time of the visit, it would be appropriate to be able to provide it as a separate document for review.

15. What methods does Erika use to analyze the open-ended questions in the Boston surveys?

With the questions for staff, we did use some questions that had scales (1-5) or check boxes. With the patients, community partners and managers however, we really tried to focus on using open-ended questions. The results of these questions took considerably longer to review, but we felt it was necessary to obtain the information that we needed.

One way that we gathered and compared all the questions was to have a PhD student take on this Needs Assessment as a special project. She was able to review all the responses closely and to recognize trends in the responses.

16. I would be interested in knowing if/how the Boston and Sacramento programs incorporate patient satisfaction surveys into to their needs assessments.

Boston Health Care for the Homeless Program brings the results of the patient satisfaction survey to the QEC committee. The results are stratified by four domains: patient provider relationship, homeless specific needs, access to care, care coordination. Those are analyzed as a program and site-by-site. They are presented transparently program wide and to each individual site. Based on the results, the individual sites can incorporate particular areas for improvement in their strategic plans.

All of this information drives the formation of the questions for the needs assessment.

17. Victoria, could you describe how your HCH program is staffed and the hours of operation?

The Outreach staffs are assigned to shelters or homeless service areas where we have established Memorandum of agreements. The nurses' work up to 4 hours at their locations (shelter, parks, mental health service area, SRO, transitional housing) 1-3 /week. The homeless clinic is open 6 hours/ day (Mon-Fri 0730-2pm) and staffed with one MD, one RN, and a clerk. We also have a MA on staff to do TST placements /measurements. We have our main County clinic open to homeless as well. This facility operates Mon-Fri, 0730 – 5pm.

18. Are there 'minimum requirements' to meet HRSA's expectation for this program requirement?

Each grantee must complete a written needs assessment as part of their application process. This can be provided as a written needs assessment if it is current, indicates that it was updated, dated, approved by the Board, and responds to the required areas of information. You would also need to provide supportive information for response to needs that are specific to your service area and target population.