COMMUNITY HEALTH CENTER
NEEDS ASSESSMENT QUESTIONNAIRE
COMMUNITY DEVELOPMENT OPERATIONAL ASSESSMENT

The Alabama Primary Health Care Association goal is to improve the capacity of health centers, to increase patient access to health care and to help eliminate health disparities through enhanced health care delivery systems.

The purpose of this Community Development Operational Assessment is to identify the greatest needs and expansion where access to health care is not met through a Federally Qualified Health Center or M/CHC of greatest need, help organizations improve productivity and provide optimal patient care.

Your responses will be kept strictly confidential, will not be shared with any other agency and will not impact any funding opportunities. APHCA will compile all responses and only aggregate, non-identifiable data will be shared with BPHC and other grantees. This Community Development Needs Assessment will take less than 10 minutes to complete. Please email the completed Community Development Operational Assessment to: Celestine Drayden at Cdrayden@alphca.com.

Name _____________________________

Title ____________________________

Organization ______________________

Date ______________

General Section: Section 330 - Entities that receive funding under section 330 of the Public Health Service Act – Health Center Program. Entities that are determined by DHHS to meet requirements to receive funding without actually receiving a grant (i.e., FQHC Look-Alike). Entities that are outpatient health programs or facilities operated by a tribe or tribal organization under the Indian Self-Determination Act or by an Indian organization receiving funds under Title V of the Indian Health Care Improvement Act

1. Types of funding/designation: Please indicate

   _____ Primary Care  _____ Homeless  _____ Public Housing

   _____ Migrant/Seasonal Farmworker  _____ Rural Health Clinic

   _____ FQHC Look Alike

2. Have you contacted or had collaborated discussion(s) with health center in your area?

   _____ Yes  _____ No

If yes, please indicate response from existing health center and/or next steps.

__________________________________________________________________________________________________________________________________________

Needs Assessment – An evaluative tool designed to target areas where delivery of primary health care may or may not exist through Federally Qualified Health Centers (FQHC) or satellite locations for assessment. Upon review of data analysis and pertinent information
in the needs assessment, recommendations can be utilized in the managerial decision making to pursue further or discontinue the process.

1. **Data Census:** Please indicate current data sources you have

   - Population
   - UDS Mapper
   - Unemployment
   - Uninsured
   - Low income
   - FQHC penetration
   - Medicaid Eligible
   - Estimate of seeing uninsured Medicaid
   - Safety Net
   - Population base

### II. Mission and Strategy

1. Does the organization have a formalized mission statement
2. Does your organization have a current Needs Assessment that documents socio-demographic characteristics, the health needs of the target population, health disparities, the geographic service area, gaps in services and barriers to access?
3. Does the Needs Assessment include the needs of Special Populations served, including Public Housing Residents and Homeless?
4. Does your organization have a current Strategic Plan?

**Other Needs/Comments:**

____________________________________________________________________________
____________________________________________________________________________

### Programs and Services

1. **Required Services:**
   - Does your organization provide all HRSA/BPHC required primary and preventive services, for all life cycles, either directly or through written arrangements and referrals? (See Appendix 1, p. 10)

2. **Enabling Services:**
   - Does your organization provide access to relevant enabling services including outreach, social services, transportation, and referral services for special populations, i.e. public housing, homeless, migrant or seasonal farm workers?

3. **Expansion Planning:**
   - Does your organization provide or plan to provide the following services to expand services:
     - Oral Health
     - Vision
     - Behavioral health
     - Pharmacy
     - Enabling services
4. **Patient Centered Medical Home (PCMH):**

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- Is your organization accredited by Joint Commission or NCQA recognition as a PCMH?
- Does your organization have plans to become accredited?
- Does your organization need TA related to requirements and operational needs to support accreditation?
- Does your organization currently have or experience ongoing chronic disease within low income populations?
- Does your organization routinely capture QI data related to chronic disease and health outcomes?

5. **Patient Outreach:**

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- Does your organization use mobile vans or other strategies to support patient outreach services and transportation?
- Does your organization use Community Health Workers or other volunteers for outreach?
- Does your organization provide community prevention programs?
  - Diabetes
  - Hypertension
  - Cardiovascular disease
  - Smoking cessation
  - Nutrition/Diet and exercise
  - HIV/AIDS
  - Screening Programs

6. **Staffing:**

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- Does your organization maintain a core certified staff to provide required primary services?
- Does your organization maintain a core certified staff to provide preventative and additional comprehensive services?
- Have all critical positions filled to address cultural and linguistic needs?
- Does your organization maintain or have a recruitment and retention plan?

7. **Compensation:**

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- Does your organization have established Staff compensation, bonus and/or incentive schedules and associated policies?

8. **Hours of Operation:**

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- Does your organization have accessible hours of operation?
- Does your organization have accessible locations?
- Does your organization provide professional coverage after hours?

9. **Hospital Admitting Privileges:**

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- Do your clinicians have hospital admitting privileges to provide
continuity of care or other arrangements for hospitalization, discharge planning and patient tracking? If yes, which hospitals?

10. **Sliding Fee Discounts:**
   - Does your organization have sliding fee discount policy adjusted on the basis of the patient’s ability to pay? [ ] Yes [ ] No [ ] Need TA
   - Is the schedule approved by the Board of Directors? [ ] Yes [ ] No [ ] Need TA
   - Is the schedule updated/reviewed annually? [ ] Yes [ ] No [ ] Need TA

11. **Quality Improvement/Accreditation Plan:**
   - Does your organization have an ongoing QI/QA program that includes clinical services and management and maintains the confidentiality of patient records? [ ] Yes [ ] No [ ] Need TA

12. **QI/QA assessments:**
   - Does your organization conduct routine assessments of the appropriateness of service utilization? [ ] Yes [ ] No [ ] Need TA
   - Does your organization conduct routine assessments of the quality of services delivered? [ ] Yes [ ] No [ ] Need TA
   - Does your organization conduct routine assessments of the health status/outcomes of patients on a regular basis? [ ] Yes [ ] No [ ] Need TA

13. **Clinical Policies and Procedures:**
   - Does your organization have written policies and procedures to ensure the effective delivery of high quality health services? [ ] Yes [ ] No [ ] Need TA

14. **Patient Satisfaction:**
   - Does your organization provide a method for measuring and evaluating patient satisfaction? If so, explain process. [ ] Yes [ ] No [ ] Need TA

15. **Clinical Challenge areas:**
   - Please indicate challenges currently experienced in your patient population
     - Co-morbidities [ ] Yes [ ] No [ ] Need TA
     - Inaccessibility to specific services [ ] Yes [ ] No [ ] Need TA
     - Complicated diagnoses and healthcare needs [ ] Yes [ ] No [ ] Need TA
     - Access to Cultural Competent Care [ ] Yes [ ] No [ ] Need TA
     - Access to Radiology [ ] Yes [ ] No [ ] Need TA
     - Access to Laboratory work [ ] Yes [ ] No [ ] Need TA
     - Lack of Mental Health [ ] Yes [ ] No [ ] Need TA
     - Lack of Substance Abuse and addiction [ ] Yes [ ] No [ ] Need TA
     - Lack of Specialty Care [ ] Yes [ ] No [ ] Need TA
     - Lack of Prescription medications [ ] Yes [ ] No [ ] Need TA

16. **Does your organization currently have relationship with medical professional training programs?**
   - Does your organization provide preceptor programs? [ ] Yes [ ] No [ ] Need TA
   - Host residents/internships? [ ] Yes [ ] No [ ] Need TA

**Other Needs/Comments:**

______________________________________________________________________________________________
Management and Finance

1. **Collaborative Relationships**: Has your organization contacted closest health center to discuss partnership and need? If so which health center?
   - Yes
   - No
   - Need TA

2. **MOU**: Has your organization established a Memorandum of Understanding or agreement with local hospital(s) or medical entity (ies)?
   - Yes
   - No
   - Need TA

3. **Key Management Staff**: Are Key Management positions fully staffed and supervisors trained to meet the needs of the residents served? (See Appendix 2, p. 11)
   - Yes
   - No
   - Need TA

4. **Affiliation Agreements**: Does your organization exercise appropriate oversight and authority over all contracted services and affiliation agreements? Define affiliation agreement. If so, for which services?
   - Yes
   - No
   - Need TA

5. **Financial Management and Control Policies**: Does your organization have current accounting and internal control systems in place appropriate for its size and complexity?
   - Yes
   - No
   - Need TA

6. **Budget**: Has your organization developed a budget that reflects costs of operations, expenses and revenues necessary to accomplish the service delivery plan?
   - Yes
   - No
   - Need TA

7. **Program Data Reporting Systems**: Does your organization have Management Information Systems (MIS) in place to accurately collect and organize data for program reporting which support management decision making?
   - Yes
   - No
   - Need TA

8. **Electronic Health Records**: Has your organization implemented certified EMR or EHRs?
   - Yes
   - No
   - Need TA

   Does grantee/organization utilize EMR and paper records?
   - Yes
   - No
   - Need TA

   Does your organization currently exchange health information electronically with any organization? If so, list.
   - Yes
   - No
   - Need TA

   If not, is your organization in the process of implementing EMR within
   - (a) 0-3 months
   - (b) 6-12 months
   - (c) 18 months – 2 years

9. **Meaningful Use**: Does your organization understand the national standards and requirements for complying with Medicaid and/or Medicare Meaningful Use?
   - Yes
   - No
   - Need TA
Is your organization currently enrolled in MU Program?  
Is your organization currently meeting Stage 1 standards?

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11. **Service Level:** Does your organization currently maintain its funded scope of project (sites, services, service area, providers and special populations) through federal funding?

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**Other Needs/Comments:**

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**Governance**

1. **Leadership:** Does your organization have a Governing board that maintains appropriate authority to oversee its operations?

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3. **Board composition:** Does your organization's Governing Board comply with board composition, size and expertise requirements?

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- Size: 9 – 25 members
- Composition: 51% of patients directors
- No more than one half (50%) of the non-consumer board members may derive more than 10% of their annual income from the health care industry?

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4. **Resource development:** Does your organization have internal resources developed or otherwise available to support the technical development of proposals for funding?

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5. **Conflict of Interest:** Does your organization have bylaws or written board-approved policies that include provisions that prohibit conflict of interest by board members, employees and consultants and those who provide services to the health center?

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**Other Needs/Comments:**

______________________________________________________________________________

______________________________________________________________________________
**Training and TA:** What is your preferred method for receiving TA? Please rate the following on a scale of 1 to 5 with 1 being the least preferred and 5 being the most preferred.

### 1. Information Sharing

*Please rate your preferred method of information sharing*

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<tr>
<td>Face to face as site visits</td>
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<td>E-Newsletters sent to your email</td>
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<td>Reports/Best Practices/Fact Sheets published on the APHCA Website</td>
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<td>Regularly Scheduled Conference Calls</td>
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<td>Online training and webinars</td>
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<td>Q &amp; A hotline</td>
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### 2. Individualized/Customized TA

On-site mentoring/TA visit

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### 3. Conferences/workshops

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**Other:**

______________________________________________________________________________

______________________________________________________________________________

5. **TA Topics:** Please indicate any specific areas of interest for which you would like to receive TA in the order of priority:

______________________________________________________________________________

______________________________________________________________________________
Other

1. Do you have an Emergency/Disaster Preparedness Plan or need help establishing one? 
   Yes ☐  No ☐  Need TA ☐

2. Do you have a bio-terrorism plan or need help establishing one? 
   Yes ☐  No ☐  Need TA ☐

3. Do you need grant writing assistance? 
   Yes ☐  No ☐  Need TA ☐
      Do you need assistance with other report requirements? 
      Yes ☐  No ☐  Need TA ☐
      Do you need referrals for qualified grant writers? 
      Yes ☐  No ☐  Need TA ☐

4. Do you need assistance developing a Patient Satisfaction Survey? 
   Yes ☐  No ☐  Need TA ☐

5. Other Needs: ________________________________________________________________
   __________________________________________________________________________
Appendix 1: Required Services Directly or Through Contract

- Primary care
- Dental
- Mental health
- Substance Abuse
- Diagnostic lab and x-ray
- Prenatal and perinatal
- Cancer and other disease screening
- Blood level screenings
  - Lead levels
  - Communicable diseases
  - Cholesterol
- Well child services
- Child and adult immunizations
- Eye and ear screening for children
- Family planning services
- Emergency medical
- Pharmaceutical
- Case management
- Outreach and education
- Eligibility/Enrollment services
- Transportation and interpretation
- Referrals
Appendix 2: Health Center Key Management Staff

- Health center has a management team that is the appropriate size and composition.
- Health center has a Chief Executive Officer or Executive Director/Project Director. If this leadership position has changed, HRSA requires prior review of final candidates.
- The management team (which may include a Clinical Director, Chief Operating Officer, Chief Financial Officer, Chief Information Officer, as appropriate for the size and complexity of the health center) is fully staffed.
Appendix 3: APHCA Business Services

Strategic Planning
Organizational Assessment
Communication Services
  ▪ Biweekly e-Newsletter
  ▪ Marketing Services
Design Services and Public Relations
  ▪ Corporate Identity and Branding Services
  ▪ Publication Development and Support
  ▪ Media Relations
Congressional and Legislative Advocacy
Outreach and Enrollment Services
  ▪ Enrollment Kiosk Network
  ▪ Online Application Support (English/Spanish)
  ▪ APHCA Application Assistance Program
  ▪ Application Assistance Certification Training
  ▪ Outreach Collateral Toolkit
Governance
Board Training and Development
Board Assessments
Board Surveys
Financial and Operational Management
Workforce Strategies
  ▪ Recruitment Services
  ▪ Retention Services
  ▪ Pipeline Development
  ▪ FTCA
Leadership and Team Development
  ▪ Leadership Development
  ▪ Organizational Culture
  ▪ Team Development
  ▪ Customer Service
- Communication Strategies
- Conflict Resolution

Best Practice and Quality

- Policy and Procedures (Operational, Clinical, IT, and Corporate Compliance)
  - Assessment
  - Development
  - Compliance
- UDS Training
- HIPAA Training
- Risk Assessment and Management
- Quality Reporting System and Support
  - Quarterly Meaningful Use Compliance Reporting and Analytics
  - Quarterly UDS Reporting and Analytics
- Accreditation Services
- Operational Efficiency Development
  - Workflow Assessment, Documentation and Development
  - Lean Six Sigma

Corporate Compliance Academy

Clinical Programs

- CME Programs
- Clinical Leadership Network
- CLIMB Alabama

Group Purchasing Programs

- Medical Supplies
- Laboratory Services

Referral Programs

Health Information Technology

- Email Services
- Firewall and Security Services
- VoIP Phone Services
- Hosted Solutions
- Quality Reporting System
- Web Based Services
- Website Development and Hosting
Survey Services

- Patient Satisfaction
- Staff Satisfaction
- Compensation and Benefits
- Other

Learning and Networking Teams

- Coding, Billing and Reimbursement
- Human Resources
- Clinical Leadership Network
- Meaningful Use
- Outreach and Education
- Special Populations

Community Development

- Environmental Assessments
- Needs Assessments
- Community and Stakeholder Facilitation
- FQHC 101
- FQHC Application Development TA
- FQHC Look Alike Application Development TA