

Local Maternal, Child and Adolescent Health Jurisdiction Needs Assessment Guidelines 2010-2014

MATERNAL, CHILD AND ADOLESCENT HEALTH PROGRAM
CENTER FOR FAMILY HEALTH
CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

FAMILY HEALTH OUTCOMES PROJECT
UNIVERSITY OF CALIFORNIA SAN FRANCISCO

May 2008

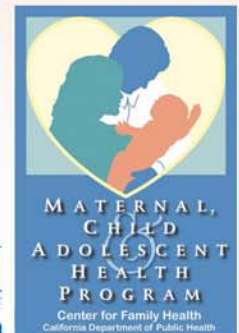


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Introduction

The Federal Maternal and Child Health Bureau (MCHB) provides states with Title V funds to support family-centered, culturally/linguistically competent, community-based systems of care for the maternal, child, and adolescent health (MCAH) population which includes women, infants, children, adolescents, and their families. MCHB requires all states receiving the Title V Block Grant to submit a statewide needs assessment every five years to identify the need for services and the capacity to provide services to the MCAH population. The needs identified through this local needs assessment will be included in the statewide needs assessment for the 2010-2014 cycle.

California is unique in terms of its size and diversity of population, geography, and maternal and child health needs. Therefore, the State MCAH Program depends on receiving input from all of its 61 local MCAH jurisdictions in order to produce a comprehensive analysis that describes the State's various public health issues and unmet needs, some of which may be specific to a given geographic area. The primary goal of the local needs assessment is to evaluate the needs and assets of local MCAH systems and make recommendations on strengthening them. While the State MCAH Program is ultimately responsible for planning, designing, implementing, and monitoring the performance of a statewide MCAH system, our local MCAH programs, where most of the Title V and other MCAH funds and services are administered, are often best equipped with the information to assess local needs and plan local systems of care. The incorporation of available local level assessment information is key for the State MCAH Program to be able to tailor resources based on local needs. In addition, your analyses are an integral component in the State's ability to articulate MCAH problems and needs to MCHB and other agencies that impact the health and well-being of the MCAH population.

The primary focus of the prior local needs assessment was on identifying MCAH priority problems and needs which was accomplished by a planning group that was involved in the local needs assessment from beginning to end. The primary focus of this local needs assessment is on assessing the capacity of the local MCAH system to carry out the Ten Essential Public Health Services to Promote Maternal and Child Health in America (10 MCAH Essential Services; see Attachment A), which define the elements of health systems and services necessary to address the needs of women, children, and youth. The purpose of examining capacity is to determine where strengths and weaknesses lie, to improve and better coordinate MCAH activities, and to provide a detailed basis for policy and funding decisions.

The tool that you will be using to analyze your local capacity is a modified version of the Capacity Assessment for State Title V (CAST-5) tool. The original CAST-5 tool and instructions were developed by the Association of Maternal and Child Health Programs and the Johns Hopkins Women's and Children's Health Policy Center for use in examining the organizational capacity of state MCAH programs to carry out the 10 MCAH Essential Services. The original tool and instructions have been tailored to assess organizational capacity at the local level and broadened the scope of assessment to include *all* organizations that serve the MCAH population in your jurisdiction. The modified CAST-5 (mCAST-5) will be used to assess the ability to provide and support needed health care and related components, activities, competencies, and capacities of the existing local MCAH system and how the 10 MCAH Essential Services are being provided to your community. You will not be required to convene a planning group for the entire local needs assessment process; however, you will need to obtain stakeholder input for the completion of this capacity assessment tool (it is at your option to include stakeholder input in other sections of this needs assessment).

Due to the shift in focus, the requirements for this local needs assessment vary somewhat from the prior assessment. Some of the same topics will need to be included in your new assessment. For example, you will need to do a new analysis on the same 27 health status indicators that were required last time. Since most MCAH priorities are not expected to change dramatically from the last assessment, you may use information from your previous assessment for some sections of the local needs assessment, *if there has been no significant change*. For example, since no new federal census data has been released since the prior needs assessment, you will not need to redo sections of your community health profile.

Comparison Table of Previous and Current Needs Assessments Requirements

| Contents | 2005-2009 Needs Assessment | 2010-2014 Needs Assessment |
|--------------------------------|-----------------------------------|--|
| Executive Summary | Yes | Yes |
| Planning Group | Yes | Optional |
| Stakeholder Input | Yes | Required for mCAST-5; optional for all other sections |
| Mission Statement & Goals | Yes | Yes; can update last assessment |
| Community Health Profile | Yes | Yes; can update last assessment |
| Community Resources Assessment | Yes | No |
| 27 Health Status Indicators | Yes | Yes; new analysis required, more user-friendly worksheet |
| Other Health Status Indicators | Optional | Optional |
| Problems/Needs | Yes | Yes; can update last assessment |
| Priorities | Yes | Yes; suggested worksheet, can update last assessment |
| Problem Analysis | Yes | No |
| Capacity Assessment | Yes | New tool – mCAST-5 |
| Capacity Needs | No | Yes; suggested worksheet |
| Capacity Assets | No | Optional |

Although this is sometimes a demanding process, the local needs assessment can be rewarding. A thorough and comprehensive assessment can provide your MCAH program with clear, evidence-based guidance on the allocation of its own resources and strong arguments for the development of new sources of support. This requires attention to the inclusiveness of the needs assessment process, the rigor of data collection and analysis, and integration of findings into a coherent document. With a focus on each of the critical elements of needs and capacity assessment, this process can form the basis for planning and improving systems of care for the MCAH population. That being said, the guidelines have been developed with the intent of achieving a reasonable and realistic balance between conducting in-depth, comprehensive analyses and reaching this goal with the limited resources of many local jurisdictions. While conducting rigorous analyses are important and beneficial for the local jurisdictions and the State, the reality of limitations of local resources must be considered; therefore, sections of the needs assessment have been simplified or made optional. For example, suggested worksheets that can replace long narratives have been developed for your use.

Your local needs assessment is to be completed under the direction of the MCAH Director in collaboration with the Health Officer, MCAH program coordinators, and all appropriate public and private organizations. We strongly encourage you to re-engage your community and enjoy the full support and assistance of the many leaders and experts who work so faithfully in the local MCAH system. This is in line with MCAH's vision of public health that encompasses the efforts of private and voluntary partners in communities in addition to the traditional local MCAH program. From the previous local needs assessment, we learned that the cooperation and participation of our local MCAH stakeholders proved invaluable to our better understanding of the challenges currently facing our local MCAH programs and the population they serve. We hope that the current needs assessment provides the local MCAH program the opportunity to build and strengthen linkages among local community members, institutions, and organizations and utilizes the talents and skills in your community to address the needs of the MCAH population. Recommended stakeholders to include in this local needs assessment process are community members, families, the local health department, other governmental agencies, healthcare providers, social service organizations, schools, community based organizations, youth development organizations, and any other organizations that contribute to the health and well-being of the MCAH population in your jurisdiction.

The local needs assessment for the next five year cycle (2010-2014) must be submitted electronically to the Family Health Outcomes Project (FHOP) by **June 30, 2009**.

The local needs assessment should not exceed 20 pages, not including completed worksheets, the mCAST-5 tool, and other appendices. Extensive narrative reporting is not necessary; rather, use tables and bulleted information wherever appropriate. The following pages of this document will provide specific details on how to complete your local needs assessment.

We urge MCAH Directors and staff to visit the FHOP website frequently during the process (at <http://www.ucsf.edu/fhop/index.htm>). From FHOP's website, you can access your previous local needs assessment report (2005-2009), the latest county data, the new guidelines, attachments, and worksheets, and many helpful materials including the planning guide, Developing an Effective Planning Process: A Guide for Local MCH Programs (March 2003), which is currently being updated. Note that throughout these guidelines, where "Chapter" is referred to, it is a chapter of the planning guide which you can find at http://www.ucsf.edu/fhop/htm/prods/pg_cover.htm.

Technical Assistance

To support the completion of your local needs assessment, FHOP will:

- Provide training relevant to the local needs assessment process.
- Provide on its website:
 - Standardized data for the 27 indicators that the jurisdictions are required to review.
 - An electronic version of the 2005-2009 local needs assessment that your jurisdiction submitted June 30, 2004.
 - An electronic version of the new guidelines, attachments, and worksheets, including the mCAST-5 tool.
 - The revised Developing an Effective Planning Process: A Guide for Local MCAH Programs (March 2003)^{*}. The guide will be updated and tailored for this local needs assessment and will offer some helpful step-by-step instructions on the local needs assessment process.
- Serve as the contact to respond to questions and provide ongoing assistance.
- Provide feedback on draft assessments.
- Provide updates in the FHOP newsletter on newly available data and assessment tools.

FHOP contact information

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Website: <http://www.ucsf.edu/fhop>

^{*} Throughout this document, where “Chapter” is referred to, it is a chapter of Developing an Effective Planning Process: A Guide for Local MCH Programs (March 2003).

1. Summary/Executive Report

1-2 pages

Purpose: To provide readers with a summary of the key points of your local needs assessment.

This section should include:

- A brief description of the local needs assessment process
 - Highlights of the analysis of the 27 health status indicators
 - Highlights of the findings from the capacity assessment
 - A brief description of emerging state/local public health issues
-

2. Mission Statement and Goals*

1 page

Optional: Worksheet A: MCAH Stakeholder Input Worksheet

Reference: Chapter I

Purpose: To communicate the purpose and vision of your MCAH program to stakeholders and to the public, and to describe the efforts that will be made to actualize that vision.

- State the mission and goals for your local MCAH program. Briefly describe how they were developed (e.g., who was involved, what was the rationale).

*** If the mission statement and goals as reported in the previous local needs assessment have not changed**, provide an update of what was previously reported. *Italicize any changes* (e.g., additions, corrections, updates) so that this section will not have to be rewritten and all changes will be easy to identify.

3. Planning Group and Process (Optional)

1 page

Attach completed Worksheet A: MCAH Stakeholder Input Worksheet

Reference: Chapter I

Purpose: To partner with and exchange ideas, perspectives, and strategies with individuals in positions of public health leadership and expertise in academia, medicine, public policy, government, private foundations, business, the voluntary sector, and the community to create an inclusive needs assessment process.

The public is a critical partner in protecting the MCAH population's health. Everyone enjoys the benefits of community health without necessarily possessing a great appreciation for the efforts

advanced to produce such benefits. To assure effective community engagement, the local MCAH program and its stakeholders must strengthen the system's capacity to communicate with the community about its role in promoting health. It must also engage the community in the design, implementation, and evaluation of critical public health programs, such as the local needs assessment, and not just "inform" them when assessments are launched.

For this local needs assessment, **you are not required to convene a planning group**; however, for certain sections, you will be encouraged to obtain stakeholder input. Note that convening a planning group is different from obtaining stakeholder input. Both groups should include individuals whose interests, expertise, and experience represent a broad range of MCAH issues. A planning group would consist of the same members throughout the local needs assessment process while stakeholder input would occur only on an intermittent basis. Planning groups would be involved in decisions that impact how you conduct the local needs assessment and how you might develop effective interventions based on the results of your findings. Stakeholder groups would only be convened as needed for input on specified sections of this assessment (only the capacity assessment tool *requires* stakeholder input), and the members of the stakeholder groups you convene can vary from section to section.

Complete and attach Worksheet A: MCAH Stakeholder Input Worksheet for the stakeholders that were involved in this local needs assessment. At a minimum, you will need to list the stakeholders involved in completing the capacity assessment tool (see instructions in Section 8, Capacity Assessment).

A sample letter addressed to potential stakeholders and/or planning group members is attached (Attachment B).

If a planning group was convened to conduct this local needs assessment:

- Describe the planning group and how it was recruited/selected.
- Briefly describe the planning process.

4. Community Health Profile*

2-6 pages

Optional: Worksheet A: MCAH Stakeholder Input Worksheet

Reference: Chapter II

Purpose: To provide a broad context on how the local MCAH program operates within the local public health infrastructure and within the broader community, to provide context of available assets as well as obstacles that prevent the community from making healthier choices, and to highlight factors (e.g., geographic, social, political) that need to be considered in developing and sustaining programs and services to respond to health problems.

While each local MCAH program works with the community within the larger local public health infrastructure, each MCAH jurisdiction is unique in how it is organizationally structured and how it interacts with the broader local MCAH system. Together, the MCAH program along with all

other organizations in the jurisdiction that serve MCAH populations to carry out the 10 MCAH Essential Services form the MCAH system. Local MCAH programs identify their unique community features for securing good health for the local MCAH population and soliciting collective support to help create an environment which promotes health. This forms the basis of achieving healthy outcomes and the equally valued freedom for each MCAH program to determine how to best structure its operation. To better understand the dynamics of how the local MCAH program operates within the larger MCAH system, please provide a narrative for the following items:

- Describe how the local MCAH program functions within the larger organizational structure of the local public health department.
- Describe the functional role of the local MCAH program within the larger local MCAH system.
- Describe your community using these indicators for the *overall population*: sociodemographic status, health status, health risk factors, access to health and social services, and any other indicators you would like to include.
- Include a discussion of stakeholder input you obtained in assessing your community health profile, if appropriate, and list the stakeholders in Worksheet A: MCAH Stakeholder Input Worksheet.

*** If the “community health profile” as described in the previous local needs assessment has not *significantly* changed**, provide an update of what was previously reported. *Italicize any changes* (e.g., additions, corrections, updates) so that this section will not have to be rewritten and all changes will be easy to identify.

5. Health Status Indicators

Attach completed Worksheet B

Optional: Worksheet A: MCAH Stakeholder Input Worksheet

➤ **Quantitative Analysis**

Purpose: To assess if your local rates are significantly different from the State rate and/or the Healthy People (HP) 2010 rate, and to identify whether or not your local rates have significantly changed over time.

Data that demonstrates a clear need is an effective tool in getting resources and political support for programs. One way to demonstrate this need is by tying your local data to state or national performance indicators. In this section, you will be comparing local values of the required 27 health status indicators and any additional indicators you would like to include with statewide data and the HP 2010 standards, if available. Attached is a sample of the worksheet (Worksheet B) you will be completing. Included are examples of optional indicators. An electronic version of the worksheet for your jurisdiction will be available on FHOP’s website at a later date. Attach your completed worksheet to your local needs assessment.

On Worksheet B, you will need to fill in the cell values for the numerators and denominators for it to automatically calculate the local rates. All the data you need to fill in the cells for the 27 required indicators are on FHOP's website at http://www.ucsf.edu/fhop/htm/ca_mcah/title_v/t5_indicators.htm. Once you input the data, you will need to see if your local rate is significantly different from the State rate and/or HP 2010 rate, which will be provided for you. If you choose to include indicators other than the 27 that are required, you may need to use a data source outside of FHOP's website. Contact FHOP if you are having difficulty finding or interpreting the data, rates, tables, graphs, etc.

In jurisdictions that have very small numbers, a significance test would not be appropriate, and therefore, a quantitative analysis would not be helpful. Based on how small the numbers are, you may want to conduct a case-by-case review or use other existing qualitative data and discuss your findings in the next section.

Note: You will need to do a more in-depth analysis on some of the indicators that are significantly different from the State rate and/or HP 2010 rate in the next section, Section 6, Local MCAH Problems/Needs.

On Worksheet B, you will need to input values for the following columns:

| Column | | Where to get the data/information |
|--------|---|--|
| C | Numerator | To access the data, go to "Data Sources for Title V Indicators" on FHOP's website at http://www.ucsf.edu/fhop/htm/ca_mcah/title_v/t5_indicators.htm . |
| D | Denominator | To access the data, go to "Data Sources for Title V Indicators" on FHOP's website at http://www.ucsf.edu/fhop/htm/ca_mcah/title_v/t5_indicators.htm . |
| E | Rate | Once you input the numerator and denominator, the rate will automatically be calculated for you. |
| G | Local Rate Compared to State Rate | Compared to the State rate, indicate whether the local rate is: <ul style="list-style-type: none"> • Significantly better • About the same • Significantly worse • Cannot tell/insufficient data (The data source will include the confidence interval.) |
| I | Local Rate Compared to HP 2010 Rate (if applicable) | Compared to the HP 2010 rate, indicate whether the local rate is: <ul style="list-style-type: none"> • Significantly better • About the same • Significantly worse • Cannot tell/insufficient data • No HP 2010 rate for this indicator (The data source will include the confidence interval.) |
| J | Local Rate Compared to Past Years | Compared to past years, indicate whether the current local rate is: <ul style="list-style-type: none"> • Significantly better • About the same • Significantly worse • Cannot tell/insufficient data (See instructions below in "Trend Analysis".) |

(A useful resource on conducting quantitative analyses is FHOP's Guidelines for Statistical Analysis of Public Health Data with Attention to Small Numbers which is at <http://www.ucsf.edu/fhop/docs/pdf/prods/smallnumbers2003.pdf>.)

➤ Trend Analysis

Purpose: To monitor the direction and scope of changes in the health status of your MCAH jurisdiction over time, and to assess the impact of MCAH interventions.

The first step in thinking about the future health of our community starts with exploring trends that are underway. Understanding trends is an important tool in the early detection of problems and challenges, provides a basis for anticipation, and lessens surprises.

In this section, you will be required to see if your local rates are following changing patterns, or trends, over a period of time. FHOP has already computed trend data for the indicators found in the databooks on their website and compared them to the State trends. Therefore, you will not need to compute the trends; however, you will still need to look at whether your trend, if there is one, is getting worse than, better than, or staying the same as the State trend, if there is one.

Find the data specific to your jurisdiction by going to FHOP's website, "California County MCAH Data Spreadsheets," at http://www.ucsf.edu/fhop/htm/ca_mcah/counties/index.htm and by clicking on your county or jurisdiction. For each databook, go to the graphs page (as indicated on the tab for that page). Here, in each table, look at the "Sig?" column. This will tell you if State and local trends have significantly changed over time ("yes"). Indicate in the column titled "Past Years" on Worksheet B how your current local rates compare to the previous ones.

The tables on the graphs page can also tell you if the local trend is significantly different from or about the same as the State trend; however, both trends must be linear in order to compare them with one other. To see if both trends are linear, look at the "Date Range" column. If it has the word "Different?" in it, then both trends are linear. If both trends are linear, the "Sig?" column will tell you if the local trend is significantly different from the State trend ("yes") or if it is the same ("no"). If the "Date Range" column does not have the word "Different?" in it, then one or both of the trends are not linear and therefore you cannot compare the trend lines. You can also see if the local average was significantly different ("yes") from the State average at both the beginning of the period and at the end. Contact FHOP if you have difficulty finding or interpreting the trend data.

You may conduct trend analyses on other indicators; however, you will need to compute your own trends using the blank Linear Trend Template to be found in the Planning Tools section of the FHOP website at <http://www.ucsf.edu/fhop/htm/prods/index.htm>.

Note: You will need to do a more in-depth analysis on some of the indicators that have significantly different trends from the State or that have not improved or have gotten worse over time in the next section, Section 6, Local MCAH Problems/Needs.

(For more information on trend analyses, refer to [Do We Have a Trend? A Beginner's Guide to Analysis for Trends in Community Indicators](http://www.ucsf.edu/fhop/docs/pdf/mcah/trend13b.pdf) that is posted on the FHOP website at <http://www.ucsf.edu/fhop/docs/pdf/mcah/trend13b.pdf>.)

➤ Other Health Status Indicators (Optional)

You may include quantitative and/or qualitative analyses on other health status indicators from other data sources (e.g., individuals and organizations with an understanding of the health needs of the community and the barriers to obtaining better public health).

If stakeholder input was obtained for this section, list the stakeholders in Worksheet A: MCAH Stakeholder Input Worksheet.

6. Local MCAH Problems/Needs*

2-7 pages

Optional: Worksheet A: MCAH Stakeholder Input Worksheet

Reference: Chapter III

Purpose: To do a more in-depth analysis of the problems/needs identified either through a qualitative process or through a rigorous quantitative analysis of data, such as the analysis of indicators that are significantly different than the State rate and/or the HP 2010 rate or have significantly worsened over time. This information can be used when selecting priority issues to focus on.

In this section, you will need to describe a **manageable, short list** of the major problems and unmet needs of the MCAH population in your jurisdiction. You will need to provide a brief description of the problem. **A thorough, in-depth analysis of the problem is optional, based on the resources you have available.**

The problems in your jurisdiction may affect the entire MCAH population or subgroups of it. In most cases, the major problems will be come from the comparisons you looked at in the previous section, Section 5, Health Status Indicators. They may include, but are not limited to, indicators that are significantly worse than the State rate and/or HP 2010 rate or that have significantly worsened over time. They may include indicators that show significant differences by age and/or racial subgroups (refer to your local data on FHOP's website for age and race data). They may also be priorities identified in your previous needs assessment that have not improved or have worsened. They may be emerging health issues that were identified after the previous needs assessment was conducted. You may also include problems identified through quantitative and/or qualitative analyses outside of what is required in Section 5 for the 27 health status indicators.

It is likely that the quantitative and qualitative analyses from Section 5 above will result in a long list of problem areas. **Use your discretion in developing the list of problems you will be discussing in this section** so that you include a reasonable number of significant problems.

You are encouraged, but not required, to obtain stakeholder input for this section.

Stakeholder input can be used to complement and support the findings of your quantitative data. It will be particularly helpful to obtain input from stakeholders in describing the social context of the problem.

- At the beginning of this section, describe how you received and used stakeholder input in identifying and/or in describing the major MCAH problems in your jurisdiction, *if* stakeholder input was obtained. Also, list the stakeholders in Worksheet A: MCAH Stakeholder Input Worksheet.
- Then, for *each* of the problem areas on your manageable, short list, provide a brief, narrative description of the problem. If your resources permit, include a description of the social and environmental context of the problem and any issues with access to care.
 - **Describe the problem** – State the problem and summarize your findings from the analysis in the previous section, if applicable. Include any relevant issues related to race/ethnicity, age, health insurance status, type of health insurance, socioeconomic status, and/or subcounty geographic area (zip code or census tract), if possible. Use qualitative and/or quantitative analyses in your description of the problem.
 - **Describe the social and environmental context of the problem (optional)** – For *each* major problem identified, **to the extent your resources allow**, describe the social, economic, and/or environmental factors that might be causing or contributing to the problem. This will allow for a more comprehensive picture of a particular problem in your jurisdiction and help to shed light on the interconnection of a particular problem with another event that is occurring in your jurisdiction. The social, economic, and environmental factors might be related to indicators for the overall population that you described in Section 4, Community Health Profile. They might also include other factors that specifically affect all or part of the MCAH population. Examples of social and economic factors are support networks, community connectedness, employment, living conditions, cultural values, and social norms. Examples of environmental or physical factors are housing, food insecurity, safety, and opportunities for recreation. It might be helpful for you to apply a social-ecological model. You might also find it helpful to use FHOP's problem analysis diagram on Page 46 of the online planning guide (Page 59 in the hard copy) which you can access at http://www.ucsf.edu/fhop/docs/pdf/pubs/pg_ch3.pdf. You are encouraged to use stakeholder input in describing the social and environmental context.
 - **Include any access to care issues (optional)** – For *each* major problem identified, **to the extent your resources allow**, include any access to care, availability of care, and/or quality of care issues. Examples of access to care issues include health insurance, transportation, etc. Examples of availability of care issues include availability of prevention and primary care services, availability of specialty care services, availability of dentists, doctors, nurses, and other providers, timely appointments, and hours of available care. An example of a quality of care issue is culturally competent care.

* If the local MCAH problems/needs as described in the previous local needs assessment (section IV F) have not ***significantly*** changed, provide an update of what was previously reported. *Italicize any changes* (additions, corrections, updates) so that this section will not have to be rewritten and all changes will be easy to identify.

7. MCAH Priorities*

1 page

Attach completed Worksheet C3: MCAH Priorities Worksheet

Optional: Worksheet C1: MCAH Needs Prioritization Worksheet

Optional: Worksheet C2: FHOP's Tool for Prioritizing Health Indicators

Optional: Worksheet A: MCAH Stakeholder Input Worksheet

Reference: Chapter II and its Appendix II-I

Purpose: To identify which problems/needs will receive targeted efforts for improvement in the next five years.

An important first step is to sort through the problems/needs identified and frame these as priorities. Then select the priority issues that are most critical for inclusion based on set criteria. The priorities you select will be the basis for developing your annual work plan. It is important for future planning purposes to identify the priorities that the local MCAH program will allocate resources to in the next five years and where progress towards each priority can be assessed and monitored.

- **You are not required to establish new priorities. However, if you plan to modify your list of priorities compared to your previous local needs assessment, below are three options for you to choose from:**
 - **Option 1:** Worksheet C1: MCAH Needs Prioritization Worksheet (attached) is a **suggested** method for you to use in selecting your priorities. You are not required to use this method; however, you will still need to complete Worksheet C3 (see below). In Worksheet C1, list the problems/needs and provide a score for each criterion. Examples of suggested criteria are provided in the worksheet. You may add to, change, or delete the suggested criteria or modify the score values for each criterion. For each problem/need, place the sum of the scores in the column "Total Points." Under the column "Priority Ranking," put a rank for each problem/need based on the Total Points given for each. Rank "1" for the problem/need that scored the highest number of points, "2" for the second highest number of points, and so forth.
 - **Option 2:** Another **suggested** worksheet, similar to Worksheet C1, is Worksheet C2: FHOP's Tool for Prioritizing Health Indicators (attached; also available as Appendix II-C of their planning guide at: http://www.ucsf.edu/fhop/docs/pdf/pubs/pg_apxIIIC.pdf). Examples of criteria that can be used for FHOP's worksheet can be found on Page 23 of the online planning guide at http://www.ucsf.edu/fhop/docs/pdf/pubs/pg_ch2.pdf (or Page 30 of the hard copy). You are not required to use FHOP's method; however, you will still need to complete Worksheet C3 (see below).
 - **Option 3:** You may use your own methodology in selecting your priorities. Provide a brief description of the method you used, including any criteria and scoring. Then complete Worksheet C3 (see below).
- Next, whether or not you use Worksheet C1 or C2, **you will need to complete Worksheet C3: MCAH Priorities Worksheet.** Clearly state the MCAH priorities for your jurisdiction using one sentence for each priority. For example, "The infant mortality rate for minorities should be reduced," or "Reduce the barriers to the delivery of care for pregnant women."

We anticipate that most priorities identified in the previous local needs assessment have not changed. If this is true for your local health jurisdiction, provide an update of what was previously reported to complete Worksheet C3: MCAH Priorities Worksheet. You will not be required to show your methodology for the priorities that you update from your previous local needs assessment; you will only need to show the prioritization method for your new priorities.

- Please describe stakeholder input if an inclusive and representative process was used in determining the prioritization criteria and/or in selecting the MCAH priorities and list the stakeholders in Worksheet A: MCAH Stakeholder Input Worksheet. **You are not required to obtain stakeholder input in selecting the priorities;** however, you are encouraged to do so. Even if the priorities from the last needs assessment have not changed, you should obtain stakeholder input to make that determination. There are many ways to obtain stakeholder input. At a minimum, you should present to your stakeholders the priorities reported in your last needs assessment along with the major problems identified in the section above, Section 6, Local MCAH Problems/Needs, and you should have a process which allows for their input. The suggested worksheets above can be used with stakeholders to get their input in selecting new priorities. It would be advantageous to gather as many stakeholders with diverse backgrounds and areas of interest or expertise as possible. This allows for a more balanced selection of priorities versus a more biased approach if the stakeholder group is not representative of the broad range of MCAH issues. Department chiefs or senior management from the other health and social service agencies in your jurisdiction would be one example of a stakeholder group.

*** We anticipate that most priorities identified in the previous local needs assessment will not change.** If this is true for your local health jurisdiction, provide an update of what was previously reported to complete Worksheet C3: MCAH Priorities Worksheet. You will not be required to complete Worksheet C1 or C2 for the priorities that did not change from the previous local needs assessment.

8. Capacity Assessment

Attach one consolidated, completed mCAST-5 instrument for each of the 10 Essential Services; see Worksheet D

Also attach Worksheet A: MCAH Stakeholder Input Worksheet

Purpose: To understand the current organizations and systems that comprise the local MCAH infrastructure, and to identify strengths and weaknesses in the local MCAH system in carrying out the 10 MCAH Essential Services. This information can be used to improve MCAH activities and evaluate strategies to strengthen the capabilities of the local MCAH program.

The mCAST-5 is a tool to assess the ability to provide and support needed health care and related components, activities, competencies, and capacities of the existing local MCAH system and how the 10 MCAH Essential Services (see Attachment A) are being provided to your community. Local MCAH programs work closely with other agencies and systems that serve the MCAH population since funding for the local MCAH program alone cannot sustain the programs and services necessary to meet all the needs of the MCAH population. The capacity

assessment, then, should look beyond individual services and the local MCAH program and instead look more broadly at the local MCAH system. The local MCAH system consists of your MCAH program and all other organizations in your jurisdiction that serve MCAH populations to carry out the 10 MCAH Essential Services.

The mCAST-5 tools are not scored, and there are no “right,” or even “best,” answers. The mCAST-5 is intended to generate discussion and collaboration across program areas in your local MCAH system. The dialogue that occurs will help to identify the system’s strengths and weaknesses. This information can be used to improve and better coordinate MCAH activities. There is also a strong educational value in using the mCAST-5 tool, as participants in this process learn about the role various stakeholders play within the MCAH system. For these reasons, **you will need to obtain stakeholder input** to complete the mCAST-5 tool. MCAH jurisdictions are encouraged to include leaders and experts of other health department programs as well as other governmental agencies, healthcare providers, human service organizations, schools, universities, community based organizations, youth development organizations, and any other stakeholders who contribute to the health and well-being of the MCAH population in your jurisdiction. A sample letter addressed to potential stakeholders is attached (Attachment B). List the stakeholders involved in completing the mCAST-5 on Worksheet A: MCAH Stakeholder Input Worksheet and attach the completed worksheet to your local needs assessment. Tips on how to facilitate the capacity assessment process are also attached (Attachment C).

The original CAST-5 tool was developed for use by states and has been modified for use by local health jurisdictions. However, local MCAH systems operate under a broad range of circumstances. Therefore, interpretation of the Process Indicators and adequacy ratings will be influenced by the particular context of your MCAH system. **Some terms/components may not apply to your local MCAH system.** Skip non-applicable components and continue to the next component.

As you complete the mCAST-5 tool, keep in mind that the value of the capacity assessment lies in the discussions it stimulates. **mCAST-5 should be viewed as a way to assess and document the existing capacity of your program combined with other organizations to serve the MCAH population.** This is an opportunity to focus on areas in which your jurisdiction excels as much as on deficiencies.

The information you provide in the capacity assessment will be used in the statewide needs assessment and will inform the State MCAH Program of areas where additional support may be needed to improve local MCAH capacity. Therefore, it is very important for you to be thoughtful, thorough, and give concrete examples of how the capacity of your existing local MCAH system allows or does not allow you to perform the 10 MCAH Essential Services.

This capacity assessment can also be used to set the stage for long-term planning related to your mission statement and goals and can also assist you, the State, and national MCAH programs in strategic planning and making decisions about resources, staffing, and staff development needs.

mCAST-5 Steps:**1. Review the 10 MCAH Essential Services**

All assessment participants should review the 10 MCAH Essential Services (see Attachment A) **before beginning the assessment.** The 10 MCAH Essential Services, which define the model elements of health systems and services necessary for the needs of women, children, youth, and families, provide the framework for mCAST-5. Reviewing the document provides an opportunity for your mCAST-5 assessment team members to develop a common understanding of core maternal and child health program functions.

2. Rate the Process Indicators

(An electronic version of the mCAST-5, Worksheet D, is available on the FHOP website.)

The Process Indicators are used to identify the current levels of performance for each of the 10 MCAH Essential Services. To use the Process Indicators tool, first read through the entire list of Process Indicators for the Essential Service being assessed.

After reading through the entire list:

1. **Discuss each Process Indicator**, taking into consideration the contributions of other agencies in your jurisdiction. Suggested points for discussion, or examples, are provided below each Process Indicator. **These questions are intended as discussion guides only, not as checklists**, and some questions apply to more than one Process Indicator. Discussions should not focus exclusively on these suggested points, as they do not necessarily represent *all* of the elements that must be in place for adequate performance. If deliberations tend to be focused exclusively on the questions listed or if they do not apply to your health jurisdiction, try skipping them and referring only to the indicators themselves.
2. **Mark the response** that best reflects how adequately your local MCAH system performs the function based on a 4-point scale with “1” to mean weak or minimal level of adequacy and “4” to mean strong or optimal level of adequacy. A rating of “4” means that your local MCAH system has the capacity to address that Process Indicator. Likewise, a low rating indicates your MCAH system needs additional staff and/or resources to perform that Process Indicator.
3. You may **use the “Notes”** box to record notes from the discussion that will inform your analysis of the strengths, weaknesses, opportunities, and threats (SWOT). You may also record other comments or alternate viewpoints, as appropriate.
4. As issues arise about **strengths, weaknesses, opportunities, or threats** during your discussion, record them in the SWOT analysis worksheet (described in more detail below).

3. Complete the SWOT Analysis

The major purpose of rating the Process Indicators for the 10 MCAH Essential Services is to provide the basis for completing the SWOT analysis. For each Essential Service, identify any strengths, weaknesses, opportunities, and/or threats that are relevant to the capacity to perform the specified function. Examples of factors to consider are provided for each component of the analysis.

Many strengths, weaknesses, opportunities, and threats will emerge from the discussions of Process Indicators for each Essential Service; record these issues as they arise. Be as specific as possible. After completing each set of Process Indicators, and before moving on to the next Essential Service, walk through the SWOT worksheet to make additions and revisions as necessary.

Include your mCAST-5 tool for each Essential Service (adequacy ratings, notes, and SWOT analyses) as an attachment to your local needs assessment. Submit only one completed instrument for each of the 10 MCAH Essential Services assessed. If multiple instruments for a particular Essential Service assessment were completed (e.g., by each participant), consolidate them into one.

9. MCAH Capacity Needs

1 page

Attach completed Part B of Worksheet E: MCAH Capacity Needs Worksheet

Optional: Part A of Worksheet E

Optional: Worksheet A: MCAH Stakeholder Input Worksheet

Purpose: To identify which capacity needs will receive targeted efforts for improvement in the next five years.

- Describe the stakeholder input that you used to complete the mCAST-5 tool.
- Briefly summarize major themes in areas that need improvement from your SWOT analyses.
- Rank the capacity needs you identified through the mCAST-5 in order of priority. To do so, **below are two options for you to choose from:**
 - **Option 1:** Part A of Worksheet E: MCAH Capacity Needs Worksheet (attached) is a **suggested** method for prioritizing your capacity needs. You are not required to use this method; however, you will still need to complete Part B (see below). If you choose to use the suggested method, in Part A, list the capacity needs identified through the mCAST-5 process and rank each based on the set of criteria provided. You may add to, change, or delete the suggested criteria or modify the score values for each criterion on the worksheet. For each capacity need, place the sum of the scores in the column "Total Points." Under the column "Priority Ranking," put a rank for each capacity need based on the Total Points given for each. Rank "1" for the capacity need that scored the highest number of points, "2" for the second highest number of points, and so forth.
 - **Option 2:** You may use your own methodology in prioritizing your capacity needs. Provide a brief description of the method you used, including any criteria and scoring. Then complete Part B of the MCAH Capacity Needs Worksheet (see below).
- Whether or not you use Part A of the suggested worksheet, **you will need to complete Part B.** In Part B of the worksheet, briefly describe any priority capacity needs and plans to improve capacity in those areas, challenges you foresee in addressing a particular capacity need, and suggestions on how other organizations, jurisdictions, or the state MCAH Program can assist your jurisdiction in this capacity need.

- **You are not required to obtain stakeholder input in prioritizing your capacity needs;** however, you are encouraged to do so. The suggested worksheet above can be used with stakeholders to get their input in prioritizing capacity needs. If you convene a stakeholder group for this section, it would be advantageous to gather as many stakeholders with diverse backgrounds and areas of interest or expertise as possible. This allows for a more balanced selection of priorities versus a more biased approach if the stakeholder group is not representative of the broad range of MCAH issues. If you obtained stakeholder input for this section, list the stakeholders in Worksheet A: MCAH Stakeholder Input Worksheet.

10. MCAH Capacity Assets (Optional)

1 page

Optional: Worksheet A: MCAH Stakeholder Input Worksheet

- In bulleted form, please describe any assets that your MCAH program can offer to other organizations, jurisdictions, or the State MCAH Program in meeting their ability to deliver any of the 10 MCAH Essential Services.

Deliverables

The following table shows what needs to be submitted for your local needs assessment. All needs assessments, including worksheets, should be submitted electronically.

| | Section | Number of Pages | Required Worksheet | Optional Worksheet |
|----|---------------------------------------|------------------------|---------------------------|---------------------------|
| 1 | Summary/Executive Report | 1-2 | | |
| 2 | Mission Statement and Goals | 1 | | A |
| 3 | Planning Group and Process (Optional) | 1 | | A |
| 4 | Community Health Profile | 2-6 | | A |
| 5 | Health Status Indicators | | B | A |
| 6 | Local MCAH Problems/Needs | 2-7 | | A |
| 7 | MCAH Priorities | 1 | C3 | A; C1 or C2 |
| 8 | Capacity Assessment | | A; D | |
| 9 | MCAH Capacity Needs | 1 | E (Part B) | A; E (Part A) |
| 10 | MCAH Capacity Assets (Optional) | 1 | | A |

Review of the 10 MCAH Essential Services

This tool provides an opportunity for the CAST-5 assessment team members to begin the process with a common understanding of the 10 MCAH Essential Services. All assessment participants should read this document at the outset of the assessment process.

The 10 MCAH Essential Services are described in more detail in *Public MCH Program Functions Framework: Essential Public Health Services to Promote Maternal and Child Health in America* (Grason and Guyer, 1995), which can be viewed on the Women's and Children's Health Policy Center's web site at www.jhsph.edu/WCHPC/publications/pubmchfx.pdf

10 MCAH Essential Services

1. Assess and monitor maternal and child health status to identify and address problems.

- Develop frameworks, methodologies, and tools for standardized MCAH data in public and private sectors.
- Implement population-specific accountability for MCAH components of data systems.
- Prepare and report on the descriptive epidemiology of MCAH through trend analysis.

2. Diagnose and investigate health problems and hazards affecting women, children, and youth.

- Conduct population surveys and publish reports on risk conditions and behaviors.
- Identify environmental hazards and prepare reports on risk conditions and behaviors.
- Provide leadership in maternal, fetal/infant, and child fatality reviews.

3. Inform and educate the public and families about maternal and child health issues.

- Provide MCAH expertise and resources for informational activities such as hotlines, print materials, and media campaigns, to address MCAH problems such as teen suicide, inadequate prenatal care, accidental poisoning, child abuse, domestic violence, HIV/AIDS, DUI, helmet use, etc.
- Provide MCAH expertise and resources to support development of culturally appropriate health education materials/programs for use by health plans/networks, CBOs, local public health and community-based providers.
- Implement and/or support health plan/provider network health education services to address special MCAH problems—such as injury/violence, vaccine-preventable illness, underutilization of primary/preventive care, child abuse, domestic violence—delivered in community settings (e.g., schools, child care sites, worksites).
- Provide families, the general public, and benefit coordinators reports on health plan, provider network, and public health provider process and outcome data related to MCAH populations based on independent assessments.

4. Mobilize community partnerships between policymakers, health care providers, families, the general public, and others to identify and solve maternal and child health problems.

- Provide needs assessment and other information on MCAH status and needs to policymakers, all health delivery systems, and the general public.
- Support/promote public advocacy for policies, legislation, and resources to assure universal access to age-, culture- and condition-appropriate health services.

5. Provide leadership for priority-setting, planning, and policy development to support community efforts to assure the health of women, children, youth, and their families.

- Develop and promote the MCAH agenda using the Year 2010 National Health objectives or other benchmarks.
- Provide infrastructure, communication structures, and vehicles for collaborative partnerships in development of MCAH needs assessments, policies, services, and programs.
- Provide MCAH expertise to, and participate in the planning and service development efforts of, other private and public groups and create incentives to promote compatible, integrated service system initiatives.

6. Promote and enforce legal requirements that protect the health and safety of women, children, and youth, and ensure public accountability for their well-being.

- Ensure coordinated legislative mandates, regulation, and policies across family and child-serving programs.
- Provide MCAH expertise in the development of a legislative and regulatory base for universal coverage, medical care (benefits), and insurer/health plan and public health standards.
- Ensure legislative base for MCAH-related governance, MCAH practice and facility standards, uniform MCAH data collection and analysis systems, public health reporting, environmental protections, outcomes and access monitoring, quality assurance/improvement, and professional education and provider recruitment.
- Provide MCAH expertise/leadership in the development, promulgation, regular review and updating of standards, guidelines, regulations, and public program contract specifications.
- Participate in certification, monitoring, and quality improvement efforts of health plans and public providers with respect to MCAH standards and regulations.
- Provide MCAH expertise in professional licensure and certification processes.
- Monitor MCO marketing and enrollment practices.
- Provide MCAH expertise and resources to support ombudsman services.

7. Link women, children, and youth to health and other community and family services and assure access to comprehensive, quality systems of care.

- Provide a range of universally available outreach interventions (including home visiting) with targeted efforts for hard-to-reach MCAH populations.
- Provide for culturally and linguistically appropriate staff, materials, and communications for MCAH populations/issues, and for scheduling, transportation, and other access-enabling services.
- Develop and disseminate information/materials on health services availability and financing resources.
- Monitor health plan, facility, and public provider enrollment practices with respect to simplified forms, orientation of new enrollees, enrollment screening for chronic conditions/special needs, etc.
- Assist health plans/provider networks and other child/family-serving systems (e.g., education, social services) in identifying at-risk or hard-to-reach individuals and in using effective methods to serve them.
- Provide/arrange/administer women's health, child health, adolescent health, Children with Special Health Care Needs (CSHCN) specialty services not otherwise available through health plans.
- Implement universal screening programs—such as for genetic disorders/metabolic deficiencies in newborns, sickle cell anemia, sensory impairments, breast and cervical cancer—and provide follow-up services.
- Direct and coordinate health services programming for women, children, and adolescents in detention settings, mental health facilities, and foster care, and for families participating in welfare waiver programs that intersect with health services.
- Provide MCAH expertise for prior authorization for out-of-plan specialty services for special populations (e.g., CSHCN).
- Administer/implement review processes for pediatric admissions to long-term care facilities and CSHCN home- and community-based services.
- Develop model contracts to provide managed care enrollees access to specialized women's health services, pediatric centers of excellence and office/clinic-based pediatric sub-specialists and to community-site health services, (school-based health clinics, WIC, Head Start, etc).
- Provide expertise in the development of pediatric risk adjustment methodology and payment mechanisms.
- Identify alternative/additional resources to expand the fiscal capacity of the health and social services systems by providing MCAH expertise to insurance commissions and public health care financing agencies, pooling categorical grant funding, and pursuing private sector resources.

8. Assure the capacity and competency of the public health and personal health workforce to effectively and efficiently address maternal and child health needs.

- Provide infrastructure and technical capacity and public health leadership skills to perform MCAH systems access, integration, and assurance functions.
- Establish competencies and provide resources for training MCAH professionals, especially for public MCAH program personnel, school health nurses and school-based health center providers, care coordinators/case managers, home visitors, home health aides, respite workers, and community outreach workers.

- Provide expertise, consultation, and resources to professional organizations in support of continuing education for health professionals, and especially regarding emerging MCAH problems and interventions.
- Support health plans/networks in assuring appropriate access and care through providing review and update of benefit packages, information on public health areas of concern, standards, and interventions, plan/provider participation in public planning processes and population-based interventions, technical assistance, and financial incentives for meeting MCAH-specific outcome objectives.
- Analyze labor force information with respect to health professionals specific to the care of women and children (e.g. primary care practitioners, pediatric specialists, nutritionists, dentists, social workers, CNMs, PNP, FNP, CHNs/PHNs)
- Provide consultation/assistance in administration of laboratory capacity related to newborn screening, identification of rare genetic diseases, breast and cervical cancer, STDs, and blood lead levels.

9. Evaluate the effectiveness, accessibility, and quality of personal health and population-based maternal and child health services.

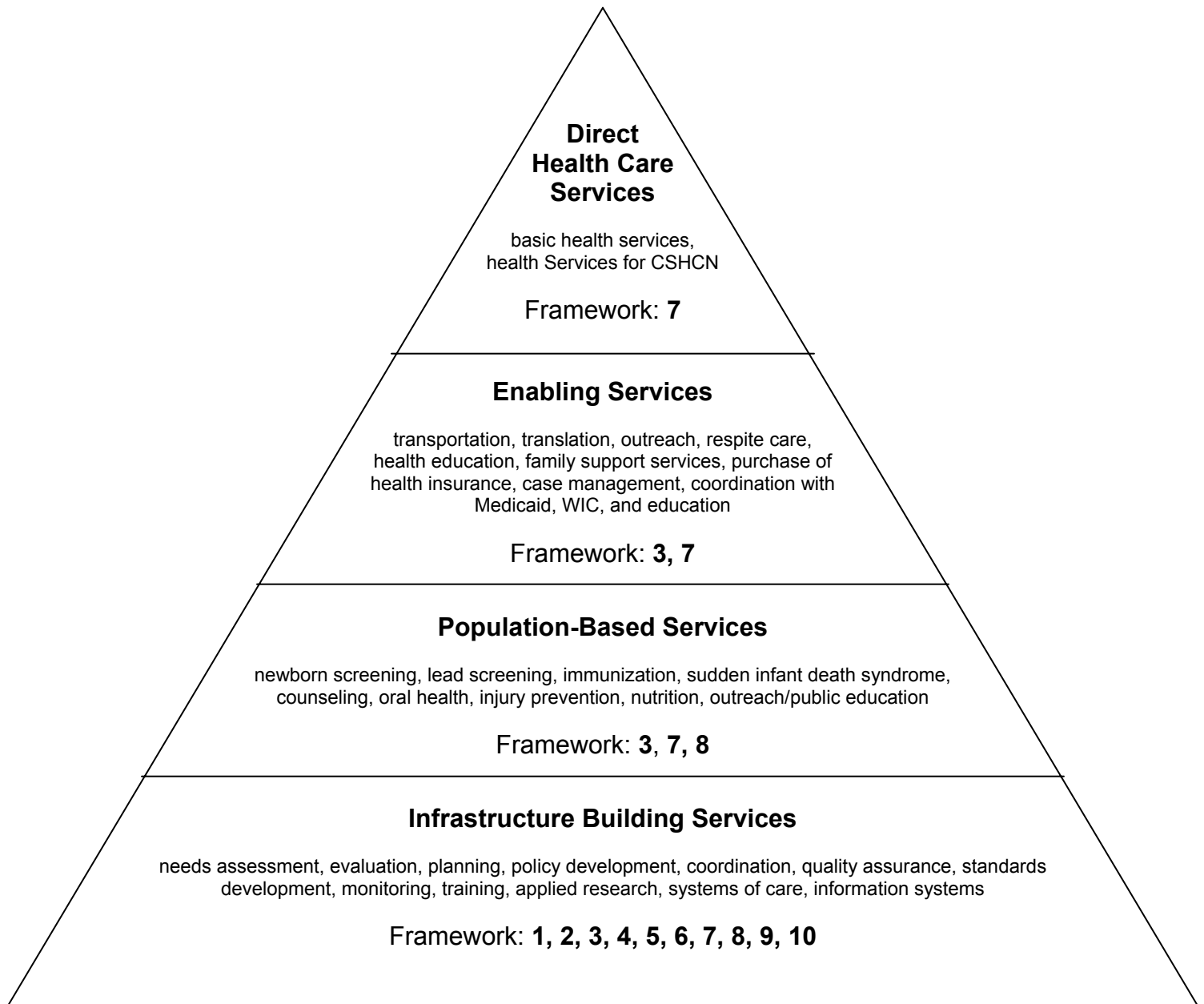
- Conduct comparative analyses of health care delivery systems to determine effectiveness of interventions and to formulate responsive policies, standards, and programs.
- Survey and develop profiles of knowledge, attitudes, and practices of private and public MCAH providers.
- Identify and report on access barriers in communities related to transportation, language, culture, education, and information available to the public.
- Collect and analyze information on community/constituents' perceptions of health problems and needs.

10. Support research and demonstrations to gain new insights and innovative solutions to maternal and child health-related problems.

- Conduct special studies (e.g., PATCH) to improve understanding of longstanding and emerging (e.g., violence, AIDS) health problems for MCAH populations.
- Provide MCAH expertise and resources to promote "best practice" models and to support demonstrations and research on integrated services for women, children, adolescents, and families.

Relationship of the 10 MCAH Essential Services to the Title V Pyramid

The conceptual basis for Title V MCAH program activities is illustrated as a pyramid with four levels of services. The 10 MCAH Essential Services and the 4 levels of the Title V Pyramid are different ways of categorizing the same public MCAH program functions. In the graphic below, the number/letter combinations refer to an Essential Service and its subsections, as outlined in the previous section.



(The Sample Letter to Stakeholders is currently being revised and will be posted on the FHOP website at a later date.)

Facilitation Tips for the mCAST-5

Because the mCAST-5 typically involves group discussions and consensus building, it is helpful to have a designated facilitator. It is not necessary to hire an outside consultant for this purpose; a local MCAH staff person with a “big picture” perspective, organizational skills, flexibility, and preferably with experience using strategic planning concepts and techniques can be the designated facilitator. If the local MCAH staff person is the facilitator, s/he may fully participate in discussing and rating the Process Indicators; however, it is critical that the group is informed of the facilitator’s role and level of participation prior to beginning the assessment process.

It may be helpful to designate a separate meeting planner to:

- Obtain a meeting space.
- Schedule meeting(s).
- Distribute assessment materials.
- Arrange for meals and refreshments.

Helpful Hints for Facilitators:

- **Serve as the contact person** and “expert” on the mCAST-5.
- **Designate a note taker** to summarize and record your discussions.
- **Inform the group of the purpose of the process** and how their input will be used (or not used) **and what potential benefits there are** for those participating in the process.
- **Elicit open and interactive discussion** with all members of your group. Discussion and the reflective process are a key benefit to using the mCAST-5 tool. As a group leader, try to elicit as much discussion as possible while moving the group through the tool in the allotted time.
- **Think in advance about how you would like to record responses and comments** so that the whole team can follow along (e.g., on the computer with an LCD projector, a series of flip chart sheets posted on the wall). Keep in mind that the SWOT Analysis will be filled out concurrently with the Process Indicators.
- **Distribute the mCAST-5 tool to participants at least one week in advance** of your meeting to allow sufficient time for participants to review the tool.
- **Become familiar with the mCAST-5 instructions.**
- **Set time limits** to “contain” discussions and promote closure.

Things to Consider:

- How to share materials with participants so that they are fully prepared for the discussions, but not overwhelmed by the material.
- How to structure the discussions to get maximum participation without being burdensome on participants’ time.
- How to structure the discussions to go through the Process Indicators in a timely and efficient manner, but also allow for open discussion.
- How to ensure that everyone gets a chance to participate. Use techniques such as going around the table and asking each person to comment, or give each person a rating sheet to fill out and then collate responses.

While completing the Process Indicators and SWOT Analysis tools:

- Have the group read through the full list of 10 MCAH Essential Services, Process Indicators, and mCAST-5 instructions before engaging in discussions. This will help the group get the “big picture” before discussing each indicator. For each Process Indicator, lead the group in discussing how adequately the MCAH system performs the function detailed. Responses should reflect “where you are at.” In the “Notes” box, record comments and discussion that will inform your SWOT analysis.
- Consider and include contributions from outside agencies in your discussions. Contributions from other agencies, organizations, etc. in the MCAH system may be noted for each indicator.
- Use the discussion questions to “jumpstart” the discussion as needed. The questions are not intended to be specific criteria or a standard.
- Always consider and record SWOTs throughout the discussion of each Essential Service that your group discusses.
- “Park” any issues that are important but may not be directly relevant to the assessment or conversation at hand.
- Save time to summarize key themes.
- If multiple instruments for a particular Essential Service were completed (e.g., if each participant filled out their own instrument), consolidate these into one so that there is only one final, completed instrument for each Essential Service.

Tips for Preventing Stalled Discussions

It is likely that some discussions in the assessment process will not result in consensus. In these cases, your group will have to strategize about ways to accommodate different perspectives. You can use the disagreement to spark further discussion of program needs.

If the assessment group has trouble reaching consensus on adequacy ratings for Process Indicators, consider taking a vote. Dissenting views can be recorded in the “Notes” section of the assessment. Differences in opinion also may be reflected in the appropriate sections of the SWOT worksheets.

Additional resources for planning and facilitating CAST-5, including a *Facilitators Guide*, are on the web at: <http://www.amchp.org/topics/a-g/Downloads/CAST-5%20materials/CAST-5-faciliator.pdf>

MCAH Stakeholder Input Worksheet

MCAH stakeholders may play several roles in the needs assessment process. Stakeholders may be bringing knowledge of the MCAH service user's community into the needs assessment process and disseminate information from the needs assessment back to the community. They may also represent provider groups who have expertise in delivering MCAH services. Moreover, stakeholders may provide guidance in arriving at solutions to health issues or support delivery of MCAH services.

Reaching out to MCAH stakeholders is essential since they have an understanding of the health issues in the community, are aware of the opportunities that exist to address the health issues, and are affected by the activities provided and policies implemented by the local MCAH program to address these health issues. A stakeholder is anyone in the community who benefits from any MCAH service, a member of a team that develops and delivers these services, and those who may be indirectly affected by the services and outcomes of these services.

While it is impossible to identify and involve all stakeholders, it is important to put in place a mechanism to allow us to understand the views of all the different stakeholders represented in the MCAH needs assessment process. Stakeholder input is required for completing the mCAST-5; however, it is optional on all other sections of the local needs assessment. To complete the attached form, you can use the following code for the following columns:

Stakeholder Participant's Initials - Provide the stakeholder participant's initials to uniquely identify each stakeholder.

Organizational Affiliation - Provide the full name of the primary organization the stakeholder participant is affiliated with or representing (e.g., Kaiser, March of Dimes, local MCAH, etc.). No acronyms or abbreviations please.

Sector Represented - Provides a surrogate indicator for the role played by the stakeholder in the needs assessment process. Please enter the code for the primary organizational affiliation the participant represents.

Code Description

- | | |
|---|---|
| A | State/local health department (internal partner within agency) |
| B | Other state/local agency (Social Services, Education, Justice, Board of Supervisors) |
| C | Health provider (dentist, nurse, doctor, nutritionist, counselor, promotora, outreach worker) |
| D | Individual or family (community member unaffiliated with any organized community agency) |
| E | Community-based organization (local, non-profit organizations) |
| F | State or nationally affiliated non-profit organization (local chapter of March of Dimes, American Cancer Society, foundation) |
| G | School, academia (PTA, School Board, university) |
| H | Professional organization/association (AMA, ADA, ACOG, etc.) |
| I | Faith-based organization (ministry, church group) |
| J | Other (trade and business sector, media and communications, marketing) |

Section Provided Input On - Mark the box with "X" for sections of the local needs process that the stakeholder provided input on.

MCAH Jurisdiction: _____

[illegible]

MCAH Jurisdiction: _____

[illegible]

MCAH Jurisdiction: _____

[illegible]

Health Status Indicators

Worksheet B (Required)

MCAH Jurisdiction:

| # | Indicator Description | Value | | | Local Rate Compared to: | | | |
|--|--|--------|--------|------|-------------------------|--------------|--|------------|
| | | Numer. | Denom. | Rate | State Rate | HP 2010 Rate | | Past Years |
| 1 | Fertility Rates per 1,000 Females (Ages 15 to 44) | | | | | | | |
| 2 | Teen Birth Rate per 1,000 Females (Ages 10 to 14, 15 to 17, 18 to 19) | | | | | | | |
| 3 | Percent Low Birth Weight (Live Births) | | | | | | | |
| 4 | Percent Very Low Birth Weight (Live Births) | | | | | | | |
| 5 | Percent Preterm Births (< 37 Wks Gestation) | | | | | | | |
| 6 | Percent of Births Occurring within 24 Months of a Previous Birth (Entire Population by Age) | | | | | | | |
| 7 | Percent of Teen Births to Women Who Were Already Mothers | | | | | | | |
| 8 | Perinatal Death Rate | | | | | | | |
| 9 | Neonatal Death Rate per 1,000 Live Births (Birth to < 28 days) | | | | | | | |
| 10 | Post-Neonatal Death Rate per 1,000 Live Births (> 28 Days to 1 Year) | | | | | | | |
| 11 | Infant Death Rate per 1,000 Live Births (Birth to 1 Year) | | | | | | | |
| 12 | Death Rate per 100,000 (Ages 1 to 14 and 15 to 19) | | | | | | | |
| 13 | Percent Prenatal Care in First Trimester (Live Births) | | | | | | | |
| 14 | Proportion of Women (Age 15 to 44) with Adequate Prenatal Care (Kotelchuck Index) | | | | | | | |
| 15 | Percent of Women Who Were Exclusively Breastfeeding at the Time of Hospital Discharge | | | | | | | |
| 16 | Percent of Children and Adolescents (Ages 0 to 19) without Health Insurance | | | | | | | |
| 17 | Percent of Children (Ages 2 to 11) without Dental Insurance | | | | | | | |
| 18 | Percent of Children (Ages 2 to 11) Who Have Been to the Dentist in the Past Year | | | | | | | |
| 19 | Percent of Children and Adolescents (Ages 5 to 11 and 12 to 19) Who Are Overweight | | | | | | | |
| 20 | Rate of Children (Ages 0 to 4 and 5 to 18) Hospitalized for Asthma per 10,000 | | | | | | | |
| 21 | Rate per 1,000 Females (Ages 15 to 19) with a Reported Case of Chlamydia | | | | | | | |
| 22 | Rate of Children (Ages 5 to 14 and 15 to 19) Hospitalized for Mental Health Reason per 10,000 | | | | | | | |
| 23 | Rate of Hospitalizations for All Non-Fatal Injuries by Age Group (Ages 0 to 14 and 15 to 24) | | | | | | | |
| 24 | Rate of Non-Fatal Injuries Due to Motor Vehicle Accidents (Ages 0 to 14 and 15 to 24) | | | | | | | |
| 25 | Number of Children Living in Foster Care for Selected Month (July) | | | | | | | |
| 26 | Percent of Children (Ages 0 to 19) Living in Poverty | | | | | | | |
| 27 | Percent of Females (Ages 18 or Older) Reporting Intimate Partner Physical Abuse in Last 12 Mos. | | | | | | | |
| Optional Topics | | | | | | | | |
| You may include other MCAH topics in your local needs assessment. Examples of optional topics are below. If your jurisdiction has data on these or other topics, your findings could be very helpful to the State in its statewide needs assessment. | | | | | | | | |
| 1 | Percent of children/adolescents who report at least 20 minutes of physical activity 3 or more days per week. | | | | | | | |
| 2 | Number and percent of children 19 to 35 months of age who have received full schedule of age appropriate immunizations. | | | | | | | |
| 3 | Incidences of vaccine-preventable diseases. | | | | | | | |
| 4 | Indicators of mental health problems, e.g., suicide, depression, etc. | | | | | | | |
| 5 | Rate/issues regarding perinatal substance abuse. | | | | | | | |
| 6 | Rates/issues regarding gestational diabetes. | | | | | | | |
| 7 | Issues regarding oral health, such as rates of sealant application in children, access to dental care, rate of children who have seen a dentist prior to starting school, etc. | | | | | | | |
| 8 | Indicators of youth resiliency, such as a close relationship with a caring adult, high expectations, and opportunities for meaningful participation. | | | | | | | |
| 9 | Others? | | | | | | | |

MCAH Needs Prioritization Worksheet (Optional)

The intent of this step is to identify from the list of Problems/Needs in Section 6 of the guidelines a set of priority areas to address in the next five years. Given the local context (e.g., funding cuts, hiring freezes, political will...) how realistic is it to focus on this priority? See Section 7 of the guidelines for instructions on completing this worksheet.

MCAH Jurisdiction: _____

| Problem/Need | No. of Individuals Affected 5=high 3=medium 1=low | Seriousness of Issue 5=high 3=medium 1=low | Economic Impact 5=high 3=medium 1=low | Has Indicator to Track & Measure 5=high 3=medium 1=low | Impact on Downstream Issues 5=high 3=medium 1=low | Degree of Demographic Disparity 5=high 3=medium 1=low | Current Interventions Apply 5=high 3=medium 1=low | Ease in Addressing issue 5=high 3=medium 1=low | Resource to Address Problem 5=high 3=medium 1=low | Level of Priority for Community 5=high 3=medium 1=low | Total Points | Priority Ranking |
|---------------------|---|--|---|--|---|---|---|--|---|---|-------------------------|-----------------------------|
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MCAH Jurisdiction: _____

| Problem/Need | No. of Individuals Affected 5=high 3=medium 1=low | Seriousness of Issue 5=high 3=medium 1=low | Economic Impact 5=high 3=medium 1=low | Has Indicator to Track & Measure 5=high 3=medium 1=low | Impact on Downstream Issues 5=high 3=medium 1=low | Degree of Demographic Disparity 5=high 3=medium 1=low | Current Interventions Apply 5=high 3=medium 1=low | Ease in Addressing issue 5=high 3=medium 1=low | Resource to Address Problem 5=high 3=medium 1=low | Level of Priority for Community 5=high 3=medium 1=low | Total Points | Priority Ranking |
|--------------|--|---|--|---|--|--|--|---|--|--|--------------|------------------|
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FHOP'S Tool for Prioritizing Health Indicators (Optional)

| | |
|---------------|---------------|
| Criterion #1: | Criterion #5: |
| Criterion #2: | Criterion #6: |
| Criterion #3: | Criterion #7: |
| Criterion #4: | Criterion #8: |

| Indicator | Rating Using Prioritization Criteria: | | | | | | | | Total Scores |
|-----------|---|----|----|----|----|----|----|----|--------------|
| | C1 below corresponds to Criterion #1 above, C2 to Criterion #2, etc. If using a "weighted" method, record the agreed upon weights in the line below each criterion number. Assess each indicator using each criterion. Enter your score (1=does not apply, 2=applies, 3=strongly applies) in the box corresponding to the indicator and its criterion. If using a weighted method, multiply the score by the criterion weight and then enter the weighted score in the box. | | | | | | | | |
| | C1 | C2 | C3 | C4 | C5 | C6 | C7 | C8 | |
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| 4. | | | | | | | | | |
| 5. | | | | | | | | | |
| 6. | | | | | | | | | |
| 7. | | | | | | | | | |

MCAH Priorities Worksheet (Required)

List the top ranked priorities from Part A that the Local MCAH Program will allocate time and resources to work on in the next five years.

MCAH Jurisdiction: _____

| |
|--------------|
| Priority 1. |
| Priority 2. |
| Priority 3. |
| Priority 4. |
| Priority 5. |
| Priority 6. |
| Priority 7. |
| Priority 8. |
| Priority 9. |
| Priority 10. |

Assessment of Essential Service #1: Assess and monitor maternal and child health status to identify and address problems.

Instructions

The audience for this tool is the local MCAH system, which includes not only the local MCAH program but also other organizations that contribute to the health and well-being of the MCAH population in the jurisdiction. These may include the local health department, other governmental agencies, healthcare providers, human service organizations, schools, community based organizations, youth development organizations, and many others.

The Process Indicators are used to identify the *current* levels of performance for each of the 10 MCAH Essential Services. First, read through the entire list of Process Indicators for this Essential Service. After reading through the entire list, for each Process Indicator:

- 1) Discuss the Process Indicator and mark the response category that best reflects how adequately your local MCAH system performs the function based on a 4-point scale with “1” to mean weak or minimal level of adequacy and “4” to mean strong or optimal level of adequacy.

The following critical points will help the assessment team interpret indicators and reach consensus:

- **Assess adequacy in terms of “where you are at”** (taking into consideration the contributions of other agencies in the MCAH system) in terms of carrying out the Essential Service. A rating of “4” means that your local MCAH system has the capacity to address that component. Likewise, a low rating indicates your MCAH system needs additional staff and/or resources to perform that component. This is a self-assessment where there are no right or wrong answers, and your jurisdiction will not be ranked against other jurisdictions. The value of the mCAST-5 lies in the discussion it stimulates and does not rely heavily upon the adequacy ratings.
- Suggested points for discussion, or examples, are provided below each Process Indicator. **These questions are intended as discussion guides only, not as checklists**, and some questions apply to more than one Process Indicator. Discussions should not focus exclusively on these suggested questions, as they do not necessarily represent *all* of the elements that must be in place for adequate performance. If deliberations tend to be focused exclusively on the questions listed, try skipping them and referring only to the indicators themselves.
- The CAST-5 tool was developed for use by programs operating under a broad range of circumstances. **Some terms/examples may not apply to your local MCAH system.** Skip those questions and continue to the next component.

- 2) In the “Notes” box, record notes from the discussion that will inform your SWOT analysis. You may also record other comments or alternate viewpoints, as appropriate.
- 3) **The SWOT analysis is the main focus of the capacity assessment.** Identify the strengths, weaknesses, opportunities, and threats (SWOT) that are relevant to performing or improving the specified function and record them on the last page of the worksheet for this Essential Service. Examples of factors to consider are provided for each component of the analysis. List concrete examples in the SWOT as it relates to the Essential Service being assessed.

Local MCAH Jurisdiction: _____

Assessment of Essential Service #1 Process Indicators

| Essential Service #1: Assess and monitor maternal and child health status to identify and address problems. | | |
|--|--|-------|
| Process Indicator | Level of Adequacy | Notes |
| 1.1 Data Use Key Ideas: — Use up-to-date MCAH public health and related population data — Generate and use data in planning cycle activities (e.g., planning and policy development) | | |
| 1.1.1 Do you use public health data sets to prepare basic descriptive analyses related to priority health issues (e.g., MIHA; CHIS; live birth, fetal death, abortion, linked live birth/infant death data; community health surveys; disease surveillance data, census data; etc.)? <u>For example:</u> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, <ul style="list-style-type: none"> • have access to documentation (e.g., users' guide/list of variables, contact information for the entity generating the data) for data sources? • have access to raw data from these sources? • refer to these data sources when it becomes aware of emergent MCAH problems? • have the capacity to use these data sources to generate information? • use geographic information systems? | <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 1=weak.....4=strong </div> | |

Assessment of Essential Service #1 Process Indicators (continued)

| Essential Service #1: Assess and monitor maternal and child health status to identify and address problems. | | |
|---|--|-------|
| Process Indicator | Level of Adequacy | Notes |
| 1.1 Data Use (continued) | | |
| 1.1.2 Do you conduct analyses of public health data sets that go beyond descriptive statistics? <i>For example:</i> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, <ul style="list-style-type: none"> analyze existing data sets/conduct significance tests to identify associations among risk factors, environmental and other contextual factors, and outcomes? compare health status measures across populations or against the state's measures or Healthy People 2010 objectives? track trends over time? | <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"><input type="checkbox"/> 1</div> <div style="text-align: center;"><input type="checkbox"/> 2</div> <div style="text-align: center;"><input type="checkbox"/> 3</div> <div style="text-align: center;"><input type="checkbox"/> 4</div> </div> <p>1=weak.....4=strong</p> | |
| 1.1.3 Do you generate and analyze primary data to address state- and local-specific knowledge base gaps? <i>For example:</i> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, <ul style="list-style-type: none"> have established and routinely used procedures for identifying knowledge gaps (e.g., community or professional advisory boards)? collaborate with local agencies to collect and analyze data related to these knowledge gaps? use field surveys, focus groups, key informant interviews or otherwise collect data on the local MCAH populations and the health care delivery system? use that data to examine relationships among risk factors, environmental/contextual factors, and outcomes? | <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"><input type="checkbox"/> 1</div> <div style="text-align: center;"><input type="checkbox"/> 2</div> <div style="text-align: center;"><input type="checkbox"/> 3</div> <div style="text-align: center;"><input type="checkbox"/> 4</div> </div> <p>1=weak.....4=strong</p> | |

Assessment of Essential Service #1 Process Indicators (continued)

| Essential Service #1: Assess and monitor maternal and child health status to identify and address problems. | | |
|---|---|-------|
| Process Indicator | Level of Adequacy | Notes |
| 1.1 Data Use (continued) | | |
| 1.1.4 Do you report on primary and secondary data analysis for use in policy and program development? <u>For example:</u> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, <ul style="list-style-type: none"> • routinely review the current science base, standards of care, and the results of current research for use in planning and policy development? • contribute to the production of briefs or updates on selected, timely MCAH issues to distribute to appropriate policy and program-related staff members? | <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 1=weak.....4=strong </div> | |
| 1.2 Data-Related Technical Assistance | | |
| Key Idea: — Enhance local data capacity | | |
| 1.2.1 Do you establish framework/standards about core data expectations for local health jurisdictions and other MCAH providers/programs? <u>For example:</u> Has the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, <ul style="list-style-type: none"> • established (or participated in the development of) maternal and child health status indicators and disseminated them to local agencies/programs? • disseminated maternal, child and youth health status indicators to local stakeholders? | <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 1=weak.....4=strong </div> | |

Assessment of Essential Service #1 Process Indicators (continued)

| Essential Service #1: Assess and monitor maternal and child health status to identify and address problems. | | |
|---|---|-------|
| Process Indicator | Level of Adequacy | Notes |
| 1.2. Data-Related Technical Assistance (continued) | | |
| <p>1.2.2 Do you provide training/expertise about the collection and use of MCAH data to local health agencies or other constituents for MCAH populations?</p> <p><u>For example:</u> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> • have an identified staff person(s) responsible for assistance on data-related matters? • assist local health agencies and other providers/programs in developing standardized data collection methods related to established MCAH indicators? | <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 </div> <p>1=weak.....4=strong</p> | |
| <p>1.2.3 Do you assist local health agencies in data system development and coordination across geographic areas so that MCAH data outputs can be compared?</p> <p><u>For example:</u> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, provide resources to enhance local data capacity through data systems development and coordination?</p> | <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 </div> <p>1=weak.....4=strong</p> | |

SWOT Analysis for Essential Service #1: Assess and monitor maternal and child health status to identify and address problems.

Strengths (e.g., human, fiscal, or technological resources; social/political factors; demographic trends; past and current federal involvement/activities; state-local relationships, organizational culture, organizational structure)

Weaknesses: (e.g., human resources; budgetary restrictions and fiscal resources; technological resources; state-local relationships; organizational culture; organizational structure)

Opportunities: (e.g., human, fiscal, or technological resources; statutory/regulatory changes; community/business resources; social/political changes; technological developments)

Threats: (e.g., statutory/regulatory change; organizational change/reorganization; social/political factors; demographic trends)

Assessment of Essential Service #2: Diagnose and investigate health problems and health hazards affecting women, children, and youth.

Instructions

The audience for this tool is the local MCAH system, which includes not only the local MCAH program but also other organizations that contribute to the health and well-being of the MCAH population in the jurisdiction. These may include the local health department, other governmental agencies, healthcare providers, human service organizations, schools, community based organizations, youth development organizations, and many others.

The Process Indicators are used to identify the *current* levels of performance for each of the 10 MCAH Essential Services. First, read through the entire list of Process Indicators for this Essential Service. After reading through the entire list, for each Process Indicator:

- 1) Discuss the Process Indicator and mark the response category that best reflects how adequately your local MCAH system performs the function based on a 4-point scale with “1” to mean weak or minimal level of adequacy and “4” to mean strong or optimal level of adequacy.

The following critical points will help the assessment team interpret indicators and reach consensus:

- **Assess adequacy in terms of “where you are at”** (taking into consideration the contributions of other agencies in the MCAH system) in terms of carrying out the Essential Service. A rating of “4” means that your local MCAH system has the capacity to address that component. Likewise, a low rating indicates your MCAH system needs additional staff and/or resources to perform that component. This is a self-assessment where there are no right or wrong answers, and your jurisdiction will not be ranked against other jurisdictions. The value of the mCAST-5 lies in the discussion it stimulates and does not rely heavily upon the adequacy ratings.
- Suggested points for discussion, or examples, are provided below each Process Indicator. **These questions are intended as discussion guides only, not as checklists**, and some questions apply to more than one Process Indicator. Discussions should not focus exclusively on these suggested questions, as they do not necessarily represent *all* of the elements that must be in place for adequate performance. If deliberations tend to be focused exclusively on the questions listed, try skipping them and referring only to the indicators themselves.
- The CAST-5 tool was developed for use by programs operating under a broad range of circumstances. **Some terms/examples may not apply to your local MCAH system.** Skip those questions and continue to the next component.

- 2) In the “Notes” box, record notes from the discussion that will inform your SWOT analysis. You may also record other comments or alternate viewpoints, as appropriate.
- 3) **The SWOT analysis is the main focus of the capacity assessment.** Identify the strengths, weaknesses, opportunities, and threats (SWOT) that are relevant to performing or improving the specified function and record them on the last page of the worksheet for this Essential Service. Examples of factors to consider are provided for each component of the analysis. List concrete examples in the SWOT as it relates to the Essential Service being assessed.

Local MCAH Jurisdiction: _____

Assessment of Essential Service #2 Process Indicators

| Essential Service #2: Diagnose* and investigate health problems and health hazards affecting women, children, and youth. | | |
|--|---|-------|
| Process Indicator | Level of Adequacy | Notes |
| <p>2.1 Do you study factors that affect health and illness to respond to MCAH issues?</p> <p><u>For example:</u></p> <ul style="list-style-type: none"> Has the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, undertaken a study of and/or analysis of existing data on an MCAH issue at the request of local health administrators, Board of Supervisors, or community or professional groups, or in response to media coverage of an issue? | <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 </div> <p>1=weak.....4=strong</p> | |
| <p>2.2 Do you engage in collaborative investigation and monitoring of environmental hazards (e.g., physical surroundings and other issues of context) in schools, day care facilities, housing, and other places affecting MCAH populations, to identify threats to maternal, child, and adolescent health?</p> <p><u>For example:</u></p> <p>Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> work with agencies responsible for monitoring environmental conditions affecting MCAH populations to jointly produce or sponsor reports or recommendations to local legislative bodies? establish interagency agreements with these agencies for collecting, reporting on, and sharing data related to environments affecting MCAH populations? | <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 </div> <p>1=weak.....4=strong</p> | |

*This refers to analyzing the cause or nature of health problems/hazards.

Assessment of Essential Service #2 Process Indicators (continued)

| Essential Service #2: Diagnose* and investigate health problems and health hazards affecting women, children, and youth. | | |
|---|---|-------|
| Process Indicator | Level of Adequacy | Notes |
| <p>2.3 Do you develop and enhance ongoing surveillance systems/population risk surveys and disseminate the results at the state and local levels?</p> <p><u>For example:</u> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> maintain ongoing surveillance systems/populations risk surveys to address gaps in knowledge? regularly evaluate the quality of the data collected by existing surveillance systems or population-based surveys? have a routine means of reporting the results of these surveillance systems/surveys to localities? | <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 </div> <p>1=weak.....4=strong</p> | |
| <p>2.4 Do you serve as the local expert resource for interpretation of data related to MCAH issues?</p> <p><u>For example:</u> Has the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> been regularly consulted on MCAH issues by the local public health administrators, by other agencies and programs, and by local legislators? been asked to participate with other local health agencies in the planning process on non-MCAH issues? | <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 </div> <p>1=weak.....4=strong</p> | |

*This refers to analyzing the cause or nature of health problems/hazards.

Assessment of Essential Service #2 Process Indicators (continued)

| Essential Service #2: Diagnose* and investigate health problems and health hazards affecting women, children, and youth. | | |
|--|---|-------|
| Process Indicator | Level of Adequacy | Notes |
| <p>2.5 Do you provide leadership in reviews of fetal, infant, child, and maternal deaths and provide direction and technical assistance for local systems improvements based on their findings?</p> <p><i>For example:</i> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> • participate in or provide resources for any fetal, infant, or child death review processes, if they exist in your LHJ? • provide technical assistance to localities in conducting FIMR and/or child fatality reviews? • participate in or provide leadership for a local maternal mortality review program? • produce an annual report consolidating the findings of local mortality reviews as appropriate? | <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 </div> <p>1=weak.....4=strong</p> | |
| <p>2.6 Do you study factors that affect health and illness to forecast emerging MCAH threats that must be addressed in strategic planning?</p> <p><i>For example:</i> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> • conduct surveillance or other process to identify <i>emerging</i> changes in the MCAH system of care and/or in the demographics or health status of local MCAH populations? • use the results of that process to plan for data collection and/or analysis to identify avenues for intervention? | <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 </div> <p>1=weak.....4=strong</p> | |

*This refers to analyzing the cause or nature of health problems/hazards.

SWOT Analysis for Essential Service # 2: Diagnose* and investigate health problems and health hazards affecting women, children, and youth.

Strengths (e.g., human, fiscal, or technological resources; social/political factors; demographic trends; past and current federal involvement/activities; state-local relationships, organizational culture, organizational structure)

Weaknesses: (e.g., human resources; budgetary restrictions and fiscal resources; technological resources; state-local relationships; organizational culture; organizational structure)

Opportunities: (e.g., human, fiscal, or technological resources; statutory/regulatory changes; community/business resources; social/political changes, technological developments)

Threats: (e.g., statutory/regulatory change; organizational change/reorganization; social/political factors; demographic trends)

*This refers to analyzing the cause or nature of health problems/hazards.

Assessment of Essential Service #3: Inform and educate the public and families about maternal and child health issues.

Instructions

The audience for this tool is the local MCAH system, which includes not only the local MCAH program but also other organizations that contribute to the health and well-being of the MCAH population in the jurisdiction. These may include the local health department, other governmental agencies, healthcare providers, human service organizations, schools, community based organizations, youth development organizations, and many others.

The Process Indicators are used to identify the *current* levels of performance for each of the 10 MCAH Essential Services. First, read through the entire list of Process Indicators for this Essential Service. After reading through the entire list, for each Process Indicator:

- 1) Discuss the Process Indicator and mark the response category that best reflects how adequately your local MCAH system performs the function based on a 4-point scale with “1” to mean weak or minimal level of adequacy and “4” to mean strong or optimal level of adequacy.

The following critical points will help the assessment team interpret indicators and reach consensus:

- **Assess adequacy in terms of “where you are at”** (taking into consideration the contributions of other agencies in the MCAH system) in terms of carrying out the Essential Service. A rating of “4” means that your local MCAH system has the capacity to address that component. Likewise, a low rating indicates your MCAH system needs additional staff and/or resources to perform that component. This is a self-assessment where there are no right or wrong answers, and your jurisdiction will not be ranked against other jurisdictions. The value of the mCAST-5 lies in the discussion it stimulates and does not rely heavily upon the adequacy ratings.
 - Suggested points for discussion, or examples, are provided below each Process Indicator. **These questions are intended as discussion guides only, not as checklists**, and some questions apply to more than one Process Indicator. Discussions should not focus exclusively on these suggested questions, as they do not necessarily represent *all* of the elements that must be in place for adequate performance. If deliberations tend to be focused exclusively on the questions listed, try skipping them and referring only to the indicators themselves.
 - The CAST-5 tool was developed for use by programs operating under a broad range of circumstances. **Some terms/examples may not apply to your local MCAH system.** Skip those questions and continue to the next component.
- 2) In the “Notes” box, record notes from the discussion that will inform your SWOT analysis. You may also record other comments or alternate viewpoints, as appropriate.
 - 3) **The SWOT analysis is the main focus of the capacity assessment.** Identify the strengths, weaknesses, opportunities, and threats (SWOT) that are relevant to performing or improving the specified function and record them on the last page of the worksheet for this Essential Service. Examples of factors to consider are provided for each component of the analysis. List concrete examples in the SWOT as it relates to the Essential Service being assessed.

Local MCAH Jurisdiction: _____

Assessment of Essential Service #3 Process Indicators

| Essential Service #3: Inform and educate the public and families about maternal and child health issues. | | |
|---|--|--------------|
| Process Indicator | Level of Adequacy | Notes |
| 3.1 Individual-Based Health Education Key Idea: — Assure the provision and quality of personal health education services | | |
| 3.1.1 Do you identify existing and emerging health education needs and appropriate MCAH target audiences? <u>For example:</u> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, <ul style="list-style-type: none"> • use the information from the Title V needs assessment in determining priorities for health education services in the community? • know of existing resources related to these health education needs? • assess what health education programs and services are already in place when determining priorities for developing new programs? | <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 1=weak.....4=strong </div> | |
| 3.1.2 Do you conduct and/or fund health education programs/services on MCAH topics directed to specific audiences to promote the health of MCAH populations? <u>For example:</u> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, <ul style="list-style-type: none"> • offer resources, technical assistance, funding, or other incentives to local organizations to implement MCAH education activities? • use other funds to support existing health education programs? • collaborate with other public and private agencies/organizations in implementing MCAH education services (e.g., establishing partnerships with community based organizations or businesses)? | <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 1=weak....4=strong </div> | |

Assessment of Essential Service #3 Process Indicators (continued)

| Essential Service #3: Inform and educate the public and families about maternal and child health issues. | | |
|--|--|-------|
| Process Indicator | Level of Adequacy | Notes |
| 3.2 Population-Based Health Information Services Key Idea: — Provide health information to broad audiences | | |
| 3.2.1 Do you identify existing and emerging MCAH population-based health information needs? <u>For example:</u> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, <ul style="list-style-type: none"> • use information from the Title V needs assessment in determining priorities for MCAH population-based disease prevention/health promotion campaigns? • know of a wide range of disease prevention/health promotion resources? • assess what disease prevention/health promotion campaigns are already in place when determining priorities for developing new ones? | <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 1=weak.....4=strong </div> | |
| 3.2.2 Do you design and implement public awareness campaigns on specific MCAH issues to promote behavior change? <u>For example:</u> Has the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, <ul style="list-style-type: none"> • contracted for a public awareness campaign using evidence-based media and communication methods? • used MCAH funds to support public awareness campaigns? • identified, educated, and collaborated with other public and private entities in implementing evidence-based public awareness campaigns and health behavior change messages? • communicated timely information on MCAH topics (e.g., current local, state, and national research findings, MCAH programs and services) through press releases, newsletters, and other local media and community channels? | <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 1=weak.....4=strong </div> | |

Assessment of Essential Service #3 Process Indicators (continued)

| Essential Service #3: Inform and educate the public and families about maternal and child health issues. | | |
|--|---|-------|
| Process Indicator | Level of Adequacy | Notes |
| <p>3.2.3 Do you develop, fund, and/or otherwise support the dissemination of MCAH information and education resources?</p> <p><u>For example:</u> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> • provide readily accessible MCAH information and education resources to local communities, policy makers, and stakeholders? • have access to information regarding current national, state, and local MCAH data reports? • get approached by policymakers, consumers, and others to provide descriptive information about MCAH populations and health status indicators? • have a regular means of publicizing its toll-free MCAH line that targets a full range of MCAH constituents in the jurisdiction? | <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 </div> <p>1=weak.....4=strong</p> | |
| <p>3.2.4 Do you release evaluative reports on the effectiveness of public awareness campaigns and other population-based health information services?</p> <p><u>For example:</u> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> • collect information on the individuals and organizations reached by health information campaigns and other methods of disseminating health information? • collect data on changes in knowledge and behavior resulting from its population-based health information services? • analyze data on outcomes of these services? • disseminate results of these analyses to provider organizations or other interested parties? • use this information to make decisions about continuation of funding or changes in programming? | <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 </div> <p>1=weak.....4=strong</p> | |

SWOT Analysis for Essential Service # 3: Inform and educate the public and families about maternal and child health issues.

Strengths (e.g., human, fiscal, or technological resources; social/political factors; demographic trends; past and current federal involvement/activities; state-local relationships, organizational culture, organizational structure)

Weaknesses: (e.g., human resources; budgetary restrictions and fiscal resources; technological resources; state-local relationships; organizational culture; organizational structure)

Opportunities: (e.g., human, fiscal, or technological resources; statutory/regulatory changes; community/business resources; social/political changes, technological developments)

Threats: (e.g., statutory/regulatory change; organizational change/reorganization; social/political factors; demographic trends)

Assessment of Essential Service #4: Mobilize community partnerships between policymakers, health care providers, families, the general public, and others to identify and solve maternal, child and adolescent health problems.

Instructions

The audience for this tool is the local MCAH system, which includes not only the local MCAH program but also other organizations that contribute to the health and well-being of the MCAH population in the jurisdiction. These may include the local health department, other governmental agencies, healthcare providers, human service organizations, schools, community based organizations, youth development organizations, and many others.

The Process Indicators are used to identify the *current* levels of performance for each of the 10 MCAH Essential Services. First, read through the entire list of Process Indicators for this Essential Service. After reading through the entire list, for each Process Indicator:

- 1) Discuss the Process Indicator and mark the response category that best reflects how adequately your local MCAH system performs the function based on a 4-point scale with “1” to mean weak or minimal level of adequacy and “4” to mean strong or optimal level of adequacy.

The following critical points will help the assessment team interpret indicators and reach consensus:

- **Assess adequacy in terms of “where you are at”** (taking into consideration the contributions of other agencies in the MCAH system) in terms of carrying out the Essential Service. A rating of “4” means that your local MCAH system has the capacity to address that component. Likewise, a low rating indicates your MCAH system needs additional staff and/or resources to perform that component. This is a self-assessment where there are no right or wrong answers, and your jurisdiction will not be ranked against other jurisdictions. The value of the mCAST-5 lies in the discussion it stimulates and does not rely heavily upon the adequacy ratings.
 - Suggested points for discussion, or examples, are provided below each Process Indicator. **These questions are intended as discussion guides only, not as checklists**, and some questions apply to more than one Process Indicator. Discussions should not focus exclusively on these suggested questions, as they do not necessarily represent *all* of the elements that must be in place for adequate performance. If deliberations tend to be focused exclusively on the questions listed, try skipping them and referring only to the indicators themselves.
 - The CAST-5 tool was developed for use by programs operating under a broad range of circumstances. **Some terms/examples may not apply to your local MCAH system.** Skip those questions and continue to the next component.
- 2) In the “Notes” box, record notes from the discussion that will inform your SWOT analysis. You may also record other comments or alternate viewpoints, as appropriate.
 - 3) **The SWOT analysis is the main focus of the capacity assessment.** Identify the strengths, weaknesses, opportunities, and threats (SWOT) that are relevant to performing or improving the specified function and record them on the last page of the worksheet for this Essential Service. Examples of factors to consider are provided for each component of the analysis. List concrete examples in the SWOT as it relates to the Essential Service being assessed.

Local MCAH Jurisdiction: _____

Assessment of Essential Service #4 Process Indicators

| Essential Service #4: Mobilize community partnerships between policymakers, health care providers, families, the general public, and others to identify and solve maternal, child and adolescent health problems. | | |
|---|---|-------|
| Process Indicator | Level of Adequacy | Notes |
| <p>4.1 Do you respond to community MCAH concerns as they arise?</p> <p><i>For example:</i></p> <ul style="list-style-type: none"> Are community organizations aware of how to and to whom within the local MCAH program to communicate their concerns? <p>Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> regularly hear from community organizations about their concerns and interests? respond actively to community concerns through changes in policies, programs, or other means? | <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 </div> <p>1=weak.....4=strong</p> | |
| <p>4.2 Do you identify community geographic boundaries and/or stakeholders for use in targeting interventions and services?</p> <p><i>For example:</i></p> <ul style="list-style-type: none"> Do needs assessments and planning activities incorporate detailed assessments of the segments of the community to which services and programs are targeted? Are community boundaries and/or identities determined with input from community members and/or stakeholder groups? | <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 </div> <p>1=weak.....4=strong</p> | |

Assessment of Essential Service #4 Process Indicators (continued)

| Essential Service #4: Mobilize community partnerships between policymakers, health care providers, families, the general public, and others to identify and solve maternal, child and adolescent health problems. | | |
|--|---|-------|
| Process Indicator | Level of Adequacy | Notes |
| <p>4.3 Do you provide trend information to targeted community audiences on local MCAH status and needs?</p> <p><i>For example:</i></p> <ul style="list-style-type: none"> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, provide current information about public health trends that are disseminated to provider associations, elected officials, and community organizations? | <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 1=weak.....4=strong </div> | |
| <p>4.4 Do you actively solicit and use community input about MCAH needs?</p> <p><i>For example:</i></p> <p>Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> have a mechanism for including the perspectives of community members/ organizations in identifying needs? provide technical assistance on collaborating with community organizations in identifying needs? | <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 1=weak.....4=strong </div> | |

Assessment of Essential Service #4 Process Indicators (continued)

| Essential Service #4: Mobilize community partnerships between policymakers, health care providers, families, the general public, and others to identify and solve maternal, child and adolescent health problems. | | |
|---|---|-------|
| Process Indicator | Level of Adequacy | Notes |
| <p>4.5 Do you provide resources for community generated initiatives and partnerships among public and/or private community stakeholders (e.g., CBOs, hospital associations, parent groups)?</p> <p><i>For example:</i> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> • provide funding and/or assistance for CBOs, stakeholders, and other local providers of MCAH services? • collaborate with community initiatives addressing problems/needs identified by the community? | <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 </div> <p>1=weak.....4=strong</p> | |
| <p>4.6 Do you collaborate with coalitions and/or professional organizations to develop strategic plans to address health status and health systems issues?</p> <p><i>For example:</i> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> • provide assistance to coalitions? • obtain funding from grants for convening or participating in coalitions or similar collaborative activities? | <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 </div> <p>1=weak.....4=strong</p> | |

SWOT Analysis for Essential Service #4: Mobilize community partnerships between policymakers, health care providers, families, the general public, and others to identify and solve maternal, child and adolescent health problems.

Strengths (e.g., human, fiscal, or technological resources; social/political factors; demographic trends; past and current federal involvement/activities; state-local relationships, organizational culture, organizational structure)

Weaknesses: (e.g., human resources; budgetary restrictions and fiscal resources; technological resources; state-local relationships; organizational culture; organizational structure)

Opportunities: (e.g., human, fiscal, or technological resources; statutory/regulatory changes; community/business resource; social/political changes, technological developments)

Threats: (e.g., statutory/regulatory change; organizational change/reorganization; social/political factors; demographic trends)

Assessment of Essential Service #5: Provide leadership for priority setting, planning, and policy development to support community efforts to assure the health of women, children, youth and their families.

Instructions

The audience for this tool is the local MCAH system, which includes not only the local MCAH program but also other organizations that contribute to the health and well-being of the MCAH population in the jurisdiction. These may include the local health department, other governmental agencies, healthcare providers, human service organizations, schools, community based organizations, youth development organizations, and many others.

The Process Indicators are used to identify the *current* levels of performance for each of the 10 MCAH Essential Services. First, read through the entire list of Process Indicators for this Essential Service. After reading through the entire list, for each Process Indicator:

- 1) Discuss the Process Indicator and mark the response category that best reflects how adequately your local MCAH system performs the function based on a 4-point scale with “1” to mean weak or minimal level of adequacy and “4” to mean strong or optimal level of adequacy.

The following critical points will help the assessment team interpret indicators and reach consensus:

- **Assess adequacy in terms of “where you are at”** (taking into consideration the contributions of other agencies in the MCAH system) in terms of carrying out the Essential Service. A rating of “4” means that your local MCAH system has the capacity to address that component. Likewise, a low rating indicates your MCAH system needs additional staff and/or resources to perform that component. This is a self-assessment where there are no right or wrong answers, and your jurisdiction will not be ranked against other jurisdictions. The value of the mCAST-5 lies in the discussion it stimulates and does not rely heavily upon the adequacy ratings.
 - Suggested points for discussion, or examples, are provided below each Process Indicator. **These questions are intended as discussion guides only, not as checklists**, and some questions apply to more than one Process Indicator. Discussions should not focus exclusively on these suggested questions, as they do not necessarily represent *all* of the elements that must be in place for adequate performance. If deliberations tend to be focused exclusively on the questions listed, try skipping them and referring only to the indicators themselves.
 - The CAST-5 tool was developed for use by programs operating under a broad range of circumstances. **Some terms/examples may not apply to your local MCAH system.** Skip those questions and continue to the next component.
- 2) In the “Notes” box, record notes from the discussion that will inform your SWOT analysis. You may also record other comments or alternate viewpoints, as appropriate.
 - 3) **The SWOT analysis is the main focus of the capacity assessment.** Identify the strengths, weaknesses, opportunities, and threats (SWOT) that are relevant to performing or improving the specified function and record them on the last page of the worksheet for this Essential Service. Examples of factors to consider are provided for each component of the analysis. List concrete examples in the SWOT as it relates to the Essential Service being assessed.

Local MCAH Jurisdiction: _____

Assessment of Essential Service #5 Process Indicators

| Essential Service #5: Provide leadership for priority setting, planning, and policy development to support community efforts to assure the health of women, children, youth and their families. | | |
|---|--|-------|
| Process Indicator | Level of Adequacy | Notes |
| 5.1 Data-Driven Decision Making/Planning Key Ideas: – Routine use of population-based quantitative and qualitative data, including stakeholder concerns – Dissemination of timely data for planning purposes | | |
| 5.1.1 Do you actively promote the use of the scientific knowledge base in the development, evaluation, and allocation of resources for MCAH policies, services, and programs? <u>For example:</u> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, <ul style="list-style-type: none"> • have a systematic process for evaluating current data pertaining to proposed policies, services, and programs? • regularly consult with expert advisory panels in the formulation of policies, services, and programs? • use health status indicators and/or other data to establish MCAH objectives and program plans? | <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 1=weak.....4=strong </div> | |
| 5.1.2 Do you support the production and dissemination of an annual local report on MCAH status, objectives, and programs? <u>For example:</u> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, <ul style="list-style-type: none"> • contribute resources to the production and dissemination of an annual MCAH local report? • contribute data and/or analysis in the production of an annual MCAH local report? • provide <i>leadership</i> for the production of an annual MCAH local report? | <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 1=weak.....4=strong </div> | |

Assessment of Essential Service #5 Process Indicators (continued)

| Essential Service #5: Provide leadership for priority setting, planning, and policy development to support community efforts to assure the health of women, children, youth and their families. | | |
|---|---|-------|
| Process Indicator | Level of Adequacy | Notes |
| <p>5.1.3 Do you establish and routinely use formal mechanisms to gather stakeholders' guidance on MCAH concerns?</p> <p><u>For example:</u></p> <ul style="list-style-type: none"> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population routinely consult with an advisory structure(s) in the prioritization of health issues and the development of health policies and programs? Does the advisory structure(s) include representatives of professional associations, community groups, and consumers/families? Does the advisory structure(s) refer to current data in formulating policy stances? Do members of the advisory structure(s) feel their input is valued and used in shaping policy? | <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 1=weak.....4=strong </div> | |
| <p>5.1.4 Do you use diverse data and perspectives for data-driven planning and priority-setting?</p> <p><u>For example:</u></p> <p>Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> regularly use data from other agencies (state, regional, local, and/or national)? have a systematic process for using these data to inform local and state MCAH health objectives and planning? | <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 1=weak.....4=strong </div> | |

Assessment of Essential Service #5 Process Indicators (continued)

| Essential Service #5: Provide leadership for priority setting, planning, and policy development to support community efforts to assure the health of women, children, youth and their families. | | |
|---|--|-------|
| Process Indicator | Level of Adequacy | Notes |
| 5.2 Negotiating Program and Policy Development Key Ideas: – Collaboration – Leadership in promoting the MCAH mission | | |
| 5.2.1 Do you participate in and provide consultation to ongoing state initiatives to address MCAH issues and coordination needs? <u>For example:</u> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, <ul style="list-style-type: none"> • participate, as a member, with two or more local or state level advisory councils or working committees? • routinely partner with other agencies or programs in activities related to training and education, program and policy development, and/or evaluation? • serve as agency representative for one or more private sector community projects or professional associations? • have involvement in activities that influence or inform the public health policy process? • Are there key issue areas for which agency partnerships are lacking? | <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 1=weak.....4=strong </div> | |
| 5.2.2 Do you develop, review, and routinely update formal interagency agreements for collaborative roles in established public programs (e.g., WIC, family planning, Medi-Cal, First Five)? <u>For example:</u> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, <ul style="list-style-type: none"> • participate in interagency agreements for joint needs assessment and/or program planning and evaluation? • review and update these interagency agreements on a reasonable routine schedule? • Are there programs or issue areas for which there are no interagency agreements but there should be? | <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 1=weak.....4=strong </div> | |

Assessment of Essential Service #5 Process Indicators (continued)

| Essential Service #5: Provide leadership for priority setting, planning, and policy development to support community efforts to assure the health of women, children, youth and their families. | | |
|---|---|-------|
| Essential Service Indicator | Level of Adequacy | Notes |
| <p>5.2.3 Do you serve as a consultant to and cultivate collaborative roles in new local or state initiatives through either informal mechanisms or formal interagency agreements?</p> <p><u>For example:</u> Has the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> contributed to the planning process of a new local or state initiative affecting the MCAH population? been part of the implementation of a joint local or state initiative? been routinely consulted by the leadership of other programs to provide insight into the impact of policies and procedures on MCAH populations? | <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 </div> <p>1=weak.....4=strong</p> | |

SWOT Analysis for Essential Service #5: Provide leadership for priority setting, planning, and policy development to support community efforts to assure the health of women, children, youth and their families.

Strengths (e.g., human, fiscal, or technological resources; social/political factors; demographic trends; past and current federal involvement/activities; state-local relationships, organizational culture, organizational structure)

Weaknesses: (e.g., human resources; budgetary restrictions and fiscal resources; technological resources; state-local relationships; organizational culture; organizational structure)

Opportunities: (e.g., human, fiscal, or technological resources; statutory/regulatory changes; community/business resources; social/political changes, technological developments)

Threats: (e.g., statutory/regulatory change; organizational change/reorganization; social/political factors; demographic trends)

Assessment of Essential Service #6: Promote and enforce legal requirements that protect the health and safety of women, children, and youth, and ensure public accountability for their well-being.

Instructions

The audience for this tool is the local MCAH system, which includes not only the local MCAH program but also other organizations that contribute to the health and well-being of the MCAH population in the jurisdiction. These may include the local health department, other governmental agencies, healthcare providers, human service organizations, schools, community based organizations, youth development organizations, and many others.

The Process Indicators are used to identify the *current* levels of performance for each of the 10 MCAH Essential Services. First, read through the entire list of Process Indicators for this Essential Service. After reading through the entire list, for each Process Indicator:

- 1) Discuss the Process Indicator and mark the response category that best reflects how adequately your local MCAH system performs the function based on a 4-point scale with “1” to mean weak or minimal level of adequacy and “4” to mean strong or optimal level of adequacy.

The following critical points will help the assessment team interpret indicators and reach consensus:

- **Assess adequacy in terms of “where you are at”** (taking into consideration the contributions of other agencies in the MCAH system) in terms of carrying out the Essential Service. A rating of “4” means that your local MCAH system has the capacity to address that component. Likewise, a low rating indicates your MCAH system needs additional staff and/or resources to perform that component. This is a self-assessment where there are no right or wrong answers, and your jurisdiction will not be ranked against other jurisdictions. The value of the mCAST-5 lies in the discussion it stimulates and does not rely heavily upon the adequacy ratings.
 - Suggested points for discussion, or examples, are provided below each Process Indicator. **These questions are intended as discussion guides only, not as checklists**, and some questions apply to more than one Process Indicator. Discussions should not focus exclusively on these suggested questions, as they do not necessarily represent *all* of the elements that must be in place for adequate performance. If deliberations tend to be focused exclusively on the questions listed, try skipping them and referring only to the indicators themselves.
 - The CAST-5 tool was developed for use by programs operating under a broad range of circumstances. **Some terms/examples may not apply to your local MCAH system.** Skip those questions and continue to the next component.
- 2) In the “Notes” box, record notes from the discussion that will inform your SWOT analysis. You may also record other comments or alternate viewpoints, as appropriate.
 - 3) **The SWOT analysis is the main focus of the capacity assessment.** Identify the strengths, weaknesses, opportunities, and threats (SWOT) that are relevant to performing or improving the specified function and record them on the last page of the worksheet for this Essential Service. Examples of factors to consider are provided for each component of the analysis. List concrete examples in the SWOT as it relates to the Essential Service being assessed.

Local MCAH Jurisdiction: _____

Assessment of Essential Service #6 Process Indicators

| Essential Service #6: Promote and enforce legal requirements that protect the health and safety of women, children, and youth, and ensure public accountability for their well-being. | | |
|---|---|-------|
| Process Indicator | Level of Adequacy | Notes |
| 6.1 Legislative and Regulatory Advocacy Key idea: — Assure legislative and regulatory adequacy | | |
| 6.1.1 Do you periodically review <i>existing</i> federal, state and local laws, regulations, and ordinances relevant to public health in the MCAH population? <u>For example:</u> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, <ul style="list-style-type: none"> include an assessment of MCAH legislation and ordinances in its long-term planning about needs and priorities for the local MCAH population? participate in an interagency review of legislation and ordinances affecting programs serving the MCAH population? review public health related legislation and ordinances to ensure adequacy of MCAH programming, resource allocation, and reporting standards? have access to legal counsel for assistance in the review of laws, regulations, and ordinances? | <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 1=weak.....4=strong </div> | |
| 6.1.2 Do you monitor <i>proposed</i> legislation, regulations, and local ordinances that might impact MCAH and participate in discussions about its appropriateness and effects? <u>For example:</u> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, <ul style="list-style-type: none"> communicate with legislators, regulatory officials, or other policymakers regarding proposed legislation, regulations, or ordinances? participate in the drafting, development, or modification of proposed legislation, regulations, or ordinances for current MCAH public health issues and issues that are not adequately addressed? Does the Local MCAH Director participate in MCAH Action meetings to receive updates on current legislation and communicate with other MCAH leaders on legal or regulatory MCAH issues? | <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 1=weak.....4=strong </div> | |

Assessment of Essential Service #6 Process Indicators (continued)

| Essential Service #6: Promote and enforce legal requirements that protect the health and safety of women, children, and youth, and ensure public accountability for their well-being. | | |
|--|---|--------------|
| Process Indicator | Level of Adequacy | Notes |
| <p>6.1.3 Do you devise and promote a strategy for informing elected officials about legislative/regulatory needs for MCAH?</p> <p><u>For example:</u> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> • identify MCAH public health issues that can only be addressed through new laws, regulations, or ordinances? • communicate or advocate to local, state, or national elected officials or to regulatory agencies by meeting, calling, faxing, e-mailing or writing to them about current and proposed legislation/ regulations affecting the MCAH population? • indirectly influence public opinion and policy affecting the MCAH population by writing a letter to the editor or an opinion piece in a newspaper, talking to a reporter or editor, doing radio call-ins, distributing action flyers, and/or bringing up issues at meeting of other groups you belong to and enlist other support in letter writing, signing petitions or grassroots advocacy? | <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 </div> <p>1=weak.....4=strong</p> | |

Assessment of Essential Service #6 Process Indicators (continued)

| Essential Service #6: Promote and enforce legal requirements that protect the health and safety of women, children, and youth, and ensure public accountability for their well-being. | | |
|---|--|-------|
| Process Indicator | Level of Adequacy | Notes |
| 6.2 Certification and Standards Key idea: — Provide leadership in promoting standards-based care | | |
| 6.2.1 Do you disseminate information about MCAH related legislation and local ordinances to the individuals and organizations who are required to comply with them? <u>For example:</u> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, <ul style="list-style-type: none"> disseminate information about new MCAH related legislation and local ordinances to individuals and organizations as appropriate? integrate new legislation and ordinances with existing MCAH programs and activities? | <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 1=weak.....4=strong </div> | |
| 6.2.2 Do you provide leadership to develop and publicize harmonious and complementary standards that promote excellence in quality care for women, infants, and children, in collaboration with professional organizations and other local agencies? <u>For example:</u> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, <ul style="list-style-type: none"> provide leadership and MCAH expertise in a standards-setting process for programs serving MCAH populations (e.g., school health services, family planning/reproductive health care, WIC, child care, CSHCN)? regularly review standards for consistency and appropriateness, based on current advances in the field? promote interagency consistency in standards? | <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 1=weak.....4=strong </div> | |

Assessment of Essential Service #6 Process Indicators (continued)

| Essential Service #6: Promote and enforce legal requirements that protect the health and safety of women, children, and youth, and ensure public accountability for their well-being. | | |
|--|--|-------|
| Process Indicator | Level of Adequacy | Notes |
| 6.2.3 Do you integrate standards of quality care into MCAH-funded activities and other publicly or privately funded services? <u>For example:</u> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, <ul style="list-style-type: none"> collaborate with other funded entities to incorporate MCAH standards of quality care and outcomes objectives into their grant/contract? provide resources and information to assist local agencies, providers, and CBOs to incorporate MCAH standards of quality care and outcome objectives into their protocols? | <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 </div> 1=weak.....4=strong | |
| 6.2.4 Do you develop, enhance, and promote protocols, instruments, and methodologies for use by local agencies that promote MCAH quality assurance? <u>For example:</u> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, <ul style="list-style-type: none"> lead or participate in a process to promote maternal, neonatal, perinatal, and children's services and conduct outcome analysis? provide leadership in promoting the implementation of existing MCAH standards-based protocols and instruments across the LHJ? promote and develop a process to identify quality issues pertaining to MCAH (e.g., infant, maternal, and child deaths, etc.)? | <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 </div> 1=weak.....4=strong | |
| 6.2.5 Do you participate in or provide oversight for quality assurance efforts among local health agencies and systems and contribute resources for correcting identified problems? <u>For example:</u> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, <ul style="list-style-type: none"> conduct record and site reviews of local health care providers, CBOs and subcontracts? allocate resources for addressing deficiencies identified in such reviews? | <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 </div> 1=weak.....4=strong | |

SWOT Analysis for Essential Service #6: Promote and enforce legal requirements that protect the health and safety of women, children, and youth, and ensure public accountability for their well-being.

Strengths (e.g., human, fiscal, or technological resources; social/political factors; demographic trends; past and current federal involvement/activities; state-local relationships, organizational culture, organizational structure)

Weaknesses: (e.g., human resources; budgetary restrictions and fiscal resources; technological resources; state-local relationships; organizational culture; organizational structure)

Opportunities: (e.g., human, fiscal, or technological resources; statutory/regulatory changes; community/business resources; social/political changes, technological developments)

Threats: (e.g., statutory/regulatory change; organizational change/reorganization; social/political factors; demographic trends)

Assessment of Essential Service #7: Link women, children, and youth to health and other community and family services, and assure access to comprehensive, quality systems of care.

Instructions

The audience for this tool is the local MCAH system, which includes not only the local MCAH program but also other organizations that contribute to the health and well-being of the MCAH population in the jurisdiction. These may include the local health department, other governmental agencies, healthcare providers, human service organizations, schools, community based organizations, youth development organizations, and many others.

The Process Indicators are used to identify the *current* levels of performance for each of the 10 MCAH Essential Services. First, read through the entire list of Process Indicators for this Essential Service. After reading through the entire list, for each Process Indicator:

- 1) Discuss the Process Indicator and mark the response category that best reflects how adequately your local MCAH system performs the function based on a 4-point scale with “1” to mean weak or minimal level of adequacy and “4” to mean strong or optimal level of adequacy.

The following critical points will help the assessment team interpret indicators and reach consensus:

- **Assess adequacy in terms of “where you are at”** (taking into consideration the contributions of other agencies in the MCAH system) in terms of carrying out the Essential Service. A rating of “4” means that your local MCAH system has the capacity to address that component. Likewise, a low rating indicates your MCAH system needs additional staff and/or resources to perform that component. This is a self-assessment where there are no right or wrong answers, and your jurisdiction will not be ranked against other jurisdictions. The value of the mCAST-5 lies in the discussion it stimulates and does not rely heavily upon the adequacy ratings.
 - Suggested points for discussion, or examples, are provided below each Process Indicator. **These questions are intended as discussion guides only, not as checklists**, and some questions apply to more than one Process Indicator. Discussions should not focus exclusively on these suggested questions, as they do not necessarily represent *all* of the elements that must be in place for adequate performance. If deliberations tend to be focused exclusively on the questions listed, try skipping them and referring only to the indicators themselves.
 - The CAST-5 tool was developed for use by programs operating under a broad range of circumstances. **Some terms/examples may not apply to your local MCAH system.** Skip those questions and continue to the next component.
- 2) In the “Notes” box, record notes from the discussion that will inform your SWOT analysis. You may also record other comments or alternate viewpoints, as appropriate.
 - 3) **The SWOT analysis is the main focus of the capacity assessment.** Identify the strengths, weaknesses, opportunities, and threats (SWOT) that are relevant to performing or improving the specified function and record them on the last page of the worksheet for this Essential Service. Examples of factors to consider are provided for each component of the analysis. List concrete examples in the SWOT as it relates to the Essential Service being assessed.

Local MCAH Jurisdiction: _____

Assessment of Essential Service #7 Process Indicators

| Essential Service #7: Link women, children, and youth to health and other community and family services, and assure access to comprehensive, quality systems of care. | | |
|--|--|--------------|
| Process Indicator | Level of Adequacy | Notes |
| 7.1 Assure access to services Key ideas: — Provide oversight and technical assistance — Ensure access to comprehensive and culturally appropriate services | | |
| 7.1.1 Do you develop, publicize, and routinely update a toll-free line and other resources for public access to information about health services availability? <u>For example:</u> Does the local MCAH program, including other agencies that contribute to the health and well-being of the MCAH population, <ul style="list-style-type: none"> • run ongoing TV, radio, print, and/or online advertisements publicizing its toll-free MCAH line? • provide information to consumers about private health insurance coverage and publicly funded MCAH services (e.g., family planning clinics, WIC)? • assist localities in promoting awareness about local MCAH services? • routinely evaluate the effectiveness and appropriateness of information about MCAH services availability? | <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 1=weak.....4=strong </div> | |
| 7.1.2 Do you provide resources and technical assistance for outreach, improved enrollment procedures, and service delivery methods for unserved and underserved populations? <u>For example:</u> Does the local MCAH program, including other agencies that contribute to the health and well-being of the MCAH population, <ul style="list-style-type: none"> • promote the development of subcontracts, partnerships, and collaboratives to enhance outreach and link people to health care services? • provide leadership and resources for developing and implementing effective methods of health care delivery (e.g., off-site services such as mobile vans and health centers)? • provide technical assistance to local agencies, providers, and health plans in identifying and serving unserved and underserved MCAH populations? • disseminate information on best practices among local agencies, providers, and health plans across LHJs? | <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 1=weak.....4=strong </div> | |

Assessment of Essential Service #7 Process Indicators (continued)

| Essential Service #7: Link women, children, and youth to health and other community and family services, and assure access to comprehensive, quality systems of care. | | |
|---|---|-------|
| Process Indicator | Level of Adequacy | Notes |
| <p>7.1.3 Do you assist unserved and underserved MCAH populations in accessing health care services?</p> <p><i>For example:</i> Does the local MCAH program, including other agencies that contribute to the health and well-being of the MCAH population,</p> <ul style="list-style-type: none"> provide information and assistance to link vulnerable MCAH populations to health services? provide information and assistance to link eligible women and children to Medi-Cal, WIC, or Healthy Families? work with local agencies to develop recommendations and implement improvements in identification, outreach, and follow-up of high risk, unserved, and underserved MCAH populations? | <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 </div> <p>1=weak.....4=strong</p> | |
| <p>7.1.4 Do you provide resources to strengthen the cultural and linguistic appropriateness of providers and services to enhance their accessibility and effectiveness?</p> <p><i>For example:</i> Does the local MCAH program, including other agencies that contribute to the health and well-being of the MCAH population,</p> <ul style="list-style-type: none"> train its own staff in cultural and linguistic competence for interacting with clients? sponsor continuing education opportunities for providers on cultural competence and health issues specific to racial/ethnic/cultural groups living in the LHJ? provide resources to culturally representative community groups and their local health agency for outreach materials and media messages targeted to specific audiences? provide leadership and resources for the recruitment and retention of culturally and linguistically appropriate staff to assist population groups in obtaining maternal and child health services? | <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 </div> <p>1=weak.....4=strong</p> | |

Assessment of Essential Service #7 Process Indicators (continued)

| Essential Service #7: Link women, children, and youth to health and other community and family services, and assure access to comprehensive, quality systems of care. | | |
|--|---|-------|
| Process Indicator | Level of Adequacy | Notes |
| <p>7.1.5 Do you collaborate with other local agencies to expand the capacity of the health and social services systems, and establish interagency agreements for capacity-building initiatives/access to services?</p> <p><u>For example:</u> Does the local MCAH program, including other agencies that contribute to the health and well-being of the MCAH population,</p> <ul style="list-style-type: none"> • collaborate with other agencies in developing proposals for enhanced MCAH services? • submit or support proposals for private foundation grants for enhanced MCAH services? • routinely review interagency agreements for effectiveness and meet with professional organizations and other local agencies to assess needs and capacity-building opportunities? • routinely assess system barriers and successes and develop strategies for making improvements? | <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 </div> <p>1=weak.....4=strong</p> | |
| <p>7.1.6 Do you actively participate in appropriate provider enrollment procedures and provision of services for new enrollees?</p> <p><u>For example:</u> Does the local MCAH program, including other agencies that contribute to the health and well-being of the MCAH population,</p> <ul style="list-style-type: none"> • update their enrollment screening protocols to comply with state MCAH program requirements? • oversee CPSP provider enrollment procedures and ensure compliance with program requirements? • interact with eligibility workers administering Medi-Cal enrollment protocols? • develop guides and/or other materials and protocols for assisting consumers in navigating the health care system? | <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 </div> <p>1=weak.....4=strong</p> | |

Assessment of Essential Service #7 Process Indicators (continued)

| Essential Service #7: Link women, children, and youth to health and other community and family services, and assure access to comprehensive, quality systems of care. | | |
|--|--|-------|
| Process Indicator | Level of Adequacy | Notes |
| 7.2 Coordinate a system of comprehensive care Key Idea: — Provide leadership and oversight | | |
| 7.2.1 Do you provide leadership and resources for a system of case management and coordination of services? <i>For example:</i> Does the local MCAH program, including other agencies that contribute to the health and well-being of the MCAH population, <ul style="list-style-type: none"> work with community service providers and health plan administrators to develop contracts that link and coordinate health services? compile and distribute information on best practices of case management and coordination of services across localities? | <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 1=weak.....4=strong </div> | |
| 7.2.2 Do you provide leadership and oversight for systems of risk-appropriate perinatal and children's care? <i>For example:</i> Does the local MCAH program, including other agencies that contribute to the health and well-being of the MCAH population, <ul style="list-style-type: none"> support the establishment of cross-agency review teams? support and promote the routine evaluation of systems of risk-appropriate perinatal and children's care? | <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 1=weak.....4=strong </div> | |

SWOT Analysis for Essential Service #7: Link women, children, and youth to health and other community and family services, and assure access to comprehensive, quality systems of care.

Strengths (e.g., human, fiscal, or technological resources; social/political factors; demographic trends; past and current federal involvement/activities; state-local relationships, organizational culture, organizational structure)

Weaknesses: (e.g., human resources; budgetary restrictions and fiscal resources; technological resources; state-local relationships; organizational culture; organizational structure)

Opportunities: (e.g., human, fiscal, or technological resources; statutory/regulatory changes; community/business resources; social/political changes, technological developments)

Threats: (e.g., statutory/regulatory change; organizational change/reorganization; social/political factors; demographic trends)

Assessment of Essential Service #8: Assure the capacity and competency of the public health and personal health* workforce to effectively and efficiently address maternal and child health needs.

Instructions

The audience for this tool is the local MCAH system, which includes not only the local MCAH program but also other organizations that contribute to the health and well-being of the MCAH population in the jurisdiction. These may include the local health department, other governmental agencies, healthcare providers, human service organizations, schools, community based organizations, youth development organizations, and many others.

The Process Indicators are used to identify the *current* levels of performance for each of the 10 MCAH Essential Services. First, read through the entire list of Process Indicators for this Essential Service. After reading through the entire list, for each Process Indicator:

- 1) Discuss the Process Indicator and mark the response category that best reflects how adequately your local MCAH system performs the function based on a 4-point scale with “1” to mean weak or minimal level of adequacy and “4” to mean strong or optimal level of adequacy.

The following critical points will help the assessment team interpret indicators and reach consensus:

- **Assess adequacy in terms of “where you are at”** (taking into consideration the contributions of other agencies in the MCAH system) in terms of carrying out the Essential Service. A rating of “4” means that your local MCAH system has the capacity to address that component. Likewise, a low rating indicates your MCAH system needs additional staff and/or resources to perform that component. This is a self-assessment where there are no right or wrong answers, and your jurisdiction will not be ranked against other jurisdictions. The value of the mCAST-5 lies in the discussion it stimulates and does not rely heavily upon the adequacy ratings.
 - Suggested points for discussion, or examples, are provided below each Process Indicator. **These questions are intended as discussion guides only, not as checklists**, and some questions apply to more than one Process Indicator. Discussions should not focus exclusively on these suggested questions, as they do not necessarily represent *all* of the elements that must be in place for adequate performance. If deliberations tend to be focused exclusively on the questions listed, try skipping them and referring only to the indicators themselves.
 - The CAST-5 tool was developed for use by programs operating under a broad range of circumstances. **Some terms/examples may not apply to your local MCAH system.** Skip those questions and continue to the next component.
- 2) In the “Notes” box, record notes from the discussion that will inform your SWOT analysis. You may also record other comments or alternate viewpoints, as appropriate.
 - 3) **The SWOT analysis is the main focus of the capacity assessment.** Identify the strengths, weaknesses, opportunities, and threats (SWOT) that are relevant to performing or improving the specified function and record them on the last page of the worksheet for this Essential Service. Examples of factors to consider are provided for each component of the analysis. List concrete examples in the SWOT as it relates to the Essential Service being assessed.

Local MCAH Jurisdiction: _____

Assessment of Essential Service #8 Process Indicators

| Essential Service #8: Assure the capacity and competency of the public health and personal health* workforce to effectively and efficiently address maternal and child health needs. | | |
|---|--|--------------|
| Process Indicator | Level of Adequacy | Notes |
| 8.1 Capacity Key Ideas: — Assure workforce capacity and distribution — Assure competency across a wide range of skill areas (e.g., technical, cultural, content-related) | | |
| 8.1.1 Do you develop and enhance formal and informal relationships with outside analysts, such as students of public health schools or professionals from other agencies, to enhance local public agency analytic capacity? <u>For example:</u> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, <ul style="list-style-type: none"> collaborate with outside analysts to conduct analyses as a part of needs assessment, program planning, evaluation, or other planning cycle activities? seek out internship/practicum students for mentoring and collaboration? seek out and support academic partnerships with professional schools in the state (e.g., joint appointments, adjunct appointments, Memoranda of Understanding between the agency and the school, sabbatical placements)? provide leadership opportunities for outside analysts in areas where their expertise can provide insight, direction, or resources? | <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 1=weak.....4=strong </div> | |
| 8.1.2 Do you monitor the numbers, types, and skills of the MCAH labor force available at the local level? <u>For example:</u> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, <ul style="list-style-type: none"> assess existing workforce size, skills and experience? collaborate with universities/schools/professional organizations to identify education and training needs and encourage opportunities for workforce development? regularly obtain updated workforce data? | <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 1=weak.....4=strong </div> | |

*This refers to professionals who provide health-related services to individuals on a one-on-one basis.

Assessment of Essential Service #8 Process Indicators (continued)

| Essential Service #8: Assure the capacity and competency of the public health and personal health* workforce to effectively and efficiently address maternal and child health needs. | | |
|--|---|--------------|
| Process Indicator | Level of Adequacy | Notes |
| 8.1.3 Do you monitor provider and program distribution throughout the LHJ? <u>For example:</u> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, <ul style="list-style-type: none"> maintain or have access to a complete resource inventory of relevant programs and providers reaching MCAH populations? assess the geographic coverage/availability of programs and providers? | <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 1=weak.....4=strong </div> | |
| 8.1.4 Do you integrate information on workforce and program distribution with ongoing health status needs assessment in order to address identified gaps and areas of concerns? <u>For example:</u> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, <ul style="list-style-type: none"> consider workforce capacity to address identified needs in the five year needs assessment? consider workforce gaps as part of ongoing program planning? | <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 1=weak.....4=strong </div> | |
| 8.1.5 Do you create financial and/or other incentives and program strategies to address identified clinical professional and/or public health workforce shortages? <u>For example:</u> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, <ul style="list-style-type: none"> provide financial and/or other incentives to encourage a career in public health? actively recruit graduates of public health and other professional schools? | <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 1=weak.....4=strong </div> | |

*This refers to professionals who provide health-related services to individuals on a one-on-one basis.

Assessment of Essential Service #8 Process Indicators (continued)

| Essential Service #8: Assure the capacity and competency of the public health and personal health* workforce to effectively and efficiently address maternal and child health needs. | | |
|---|---|-------|
| Process Indicator | Level of Adequacy | Notes |
| 8.2 Competency Key Ideas: — Provide and support continuing professional education — Participate in pre-service and in-service training | | |
| 8.2.1 Do you make available and/or support continuing education on clinical and public health skills, emerging MCAH issues, and other topics pertaining to MCAH populations (e.g., cultural competence, availability of ancillary services and community resources, the community development process)? <u>For example:</u> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, <ul style="list-style-type: none"> collaborate with state professional associations, universities, and others in providing continuing education courses (face-to-face or distance learning)? provide training, workshops, or conferences for local public health professionals and others on key emerging MCAH issues? provide or support in-service training for program staff? | <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 1=weak.....4=strong </div> | |
| 8.2.2 Do you play a leadership role in establishing professional competencies for MCAH programs? <u>For example:</u> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population, <ul style="list-style-type: none"> collaborate with LHJ personnel/human resources in establishing job competencies, qualifications, and hiring policies? include job competencies and qualifications in contract requirements with local agencies and in Title V grants to community-based organizations and others? | <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 1=weak.....4=strong </div> | |

*This refers to professionals who provide health-related services to individuals on a one-on-one basis.

SWOT Analysis for Essential Service #8: Assure the capacity and competency of the public health and personal health* workforce to effectively and efficiently address maternal and child health needs.

Strengths (e.g., human, fiscal, or technological resources; social/political factors; demographic trends; past and current federal involvement/activities; state-local relationships, organizational culture, organizational structure)

Weaknesses: (e.g., human resources; budgetary restrictions and fiscal resources; technological resources; state-local relationships; organizational culture; organizational structure)

Opportunities: (e.g., human, fiscal, or technological resources; statutory/regulatory changes; community/business resources; social/political changes, technological developments)

Threats: (e.g., statutory/regulatory change; organizational change/reorganization; social/political factors; demographic trends)

*This refers to professionals who provide health-related services to individuals on a one-on-one basis.

Assessment of Essential Service #9: Evaluate the effectiveness, accessibility, and quality of personal health and population-based maternal, child and adolescent health services.

Instructions

The audience for this tool is the local MCAH system, which includes not only the local MCAH program but also other organizations that contribute to the health and well-being of the MCAH population in the jurisdiction. These may include the local health department, other governmental agencies, healthcare providers, human service organizations, schools, community based organizations, youth development organizations, and many others.

The Process Indicators are used to identify the *current* levels of performance for each of the 10 MCAH Essential Services. First, read through the entire list of Process Indicators for this Essential Service. After reading through the entire list, for each Process Indicator:

- 1) Discuss the Process Indicator and mark the response category that best reflects how adequately your local MCAH system performs the function based on a 4-point scale with “1” to mean weak or minimal level of adequacy and “4” to mean strong or optimal level of adequacy.

The following critical points will help the assessment team interpret indicators and reach consensus:

- **Assess adequacy in terms of “where you are at”** (taking into consideration the contributions of other agencies in the MCAH system) in terms of carrying out the Essential Service. A rating of “4” means that your local MCAH system has the capacity to address that component. Likewise, a low rating indicates your MCAH system needs additional staff and/or resources to perform that component. This is a self-assessment where there are no right or wrong answers, and your jurisdiction will not be ranked against other jurisdictions. The value of the mCAST-5 lies in the discussion it stimulates and does not rely heavily upon the adequacy ratings.
 - Suggested points for discussion, or examples, are provided below each Process Indicator. **These questions are intended as discussion guides only, not as checklists**, and some questions apply to more than one Process Indicator. Discussions should not focus exclusively on these suggested questions, as they do not necessarily represent *all* of the elements that must be in place for adequate performance. If deliberations tend to be focused exclusively on the questions listed, try skipping them and referring only to the indicators themselves.
 - The CAST-5 tool was developed for use by programs operating under a broad range of circumstances. **Some terms/examples may not apply to your local MCAH system.** Skip those questions and continue to the next component.
- 2) In the “Notes” box, record notes from the discussion that will inform your SWOT analysis. You may also record other comments or alternate viewpoints, as appropriate.
 - 3) **The SWOT analysis is the main focus of the capacity assessment.** Identify the strengths, weaknesses, opportunities, and threats (SWOT) that are relevant to performing or improving the specified function and record them on the last page of the worksheet for this Essential Service. Examples of factors to consider are provided for each component of the analysis. List concrete examples in the SWOT as it relates to the Essential Service being assessed.

Local MCAH Jurisdiction: _____

Assessment of Essential Service #9 Process Indicators

| Essential Service #9: Evaluate the effectiveness, accessibility, and quality of personal health and population-based maternal, child and adolescent health services. | | |
|--|---|-------|
| Process Indicator | Level of Adequacy | Notes |
| <p>9.1 Do you support and/or assure routine monitoring and structured evaluations of MCAH services and programs?</p> <p><u>For example:</u></p> <ul style="list-style-type: none"> Are routine <i>process</i> evaluations built into the planning, implementation, and funding cycles of local MCAH programs? Are routine <i>outcome</i> evaluations built into the planning, implementation, and funding cycles of local MCAH programs? <p>Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> have contracts with local providers that require monitoring and evaluation strategies? identify gaps in the provision of MCAH services and programs? establish criteria (goals, quality standards, target rates, etc.) to evaluate MCAH services and programs? | <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 1=weak.....4=strong </div> | |

Assessment of Essential Service #9 Process Indicators (continued)

| Essential Service #9: Evaluate the effectiveness, accessibility, and quality of personal health and population-based maternal, child and adolescent health services. | | |
|--|---|--------------|
| Process Indicator | Level of Adequacy | Notes |
| <p>9.2 Do you collaborate with local or community based organizations in collecting and analyzing data on consumer satisfaction with services/programs and on perceptions of health needs, access issues, and quality of care?</p> <p><u>For example:</u> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> • allocate and/or advocate for funding for state and local efforts to collect information on consumer satisfaction with services and/or programs? • allocate and/or advocate for funding for state and local efforts to collect information on community constituents' perceptions of health and health services systems needs? • assist localities in study design, data collection, and analysis (including surveys, focus groups, town meetings, and other mechanisms) for the purpose of obtaining community input on programs and services? • regularly receive and use input from an advisory structure(s) composed of parents, community members, and/or other constituents? | <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 1=weak.....4=strong </div> | |
| <p>9.3 Do you perform comparative analyses of programs and services?</p> <p><u>For example:</u> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> • perform analyses comparing the effectiveness of programs/services across different populations or service arrangements? • compare local data on program effectiveness with data from other health jurisdictions or the state as a whole? | <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 1=weak.....4=strong </div> | |

Assessment of Essential Service #9 Process Indicators (continued)

| Essential Service #9: Evaluate the effectiveness, accessibility, and quality of personal health and population-based maternal, child and adolescent health services. | | |
|--|---|--------------|
| Essential Service Indicator | Level of Adequacy | Notes |
| <p>9.4 Do you disseminate information about the effectiveness, accessibility, and quality of personal health and population-based MCAH services?</p> <p><i>For example:</i> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> report the results of monitoring and evaluation activities to program managers, policy-makers, communities, and families/consumers? disseminate information on “best practices” in the local jurisdiction, other LHJs or the state? | <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 </div> <p>1=weak.....4=strong</p> | |
| <p>9.5 Do you use data for quality improvement at the state and local levels?</p> <p><i>For example:</i> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> provide data to local agencies for quality improvement activities? communicate to local agencies about national, state, or local (public and/or non-governmental) quality improvement efforts, activities, or resources? translate information from evaluation activities and best practices reports into local-level programs and policies to improve services and programs? | <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 </div> <p>1=weak.....4=strong</p> | |
| <p>9.6 Do you assume a leadership role in disseminating information on private sector MCAH outcomes?</p> <p><i>For example:</i> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> identify a core set of indicators for monitoring the outcomes of private providers? “come to the table” in discussions with insurance agencies, provider plans, etc. about the use of these MCAH outcome indicators in their own assessment tools? | <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 </div> <p>1=weak.....4=strong</p> | |

SWOT Analysis for Essential Service #9: Evaluate the effectiveness, accessibility, and quality of personal health and population-based maternal, child and adolescent health services.

Strengths (e.g., human, fiscal, or technological resources; social/political factors; demographic trends; past and current federal involvement/activities; state-local relationships, organizational culture, organizational structure)

Weaknesses: (e.g., human resources; budgetary restrictions and fiscal resources; technological resources; state-local relationships; organizational culture; organizational structure)

Opportunities: (e.g., human, fiscal, or technological resources; statutory/regulatory changes; community/business resources; social/political changes, technological developments)

Threats: (e.g., statutory/regulatory change; organizational change/reorganization; social/political factors; demographic trends)

Assessment of Essential Service #10: Support research and demonstrations to gain new insights and innovative solutions to maternal child and adolescent health-related problems.

Instructions

The audience for this tool is the local MCAH system, which includes not only the local MCAH program but also other organizations that contribute to the health and well-being of the MCAH population in the jurisdiction. These may include the local health department, other governmental agencies, healthcare providers, human service organizations, schools, community based organizations, youth development organizations, and many others.

The Process Indicators are used to identify the *current* levels of performance for each of the 10 MCAH Essential Services. First, read through the entire list of Process Indicators for this Essential Service. After reading through the entire list, for each Process Indicator:

- 1) Discuss the Process Indicator and mark the response category that best reflects how adequately your local MCAH system performs the function based on a 4-point scale with “1” to mean weak or minimal level of adequacy and “4” to mean strong or optimal level of adequacy.

The following critical points will help the assessment team interpret indicators and reach consensus:

- **Assess adequacy in terms of “where you are at”** (taking into consideration the contributions of other agencies in the MCAH system) in terms of carrying out the Essential Service. A rating of “4” means that your local MCAH system has the capacity to address that component. Likewise, a low rating indicates your MCAH system needs additional staff and/or resources to perform that component. This is a self-assessment where there are no right or wrong answers, and your jurisdiction will not be ranked against other jurisdictions. The value of the mCAST-5 lies in the discussion it stimulates and does not rely heavily upon the adequacy ratings.
 - Suggested points for discussion, or examples, are provided below each Process Indicator. **These questions are intended as discussion guides only, not as checklists**, and some questions apply to more than one Process Indicator. Discussions should not focus exclusively on these suggested questions, as they do not necessarily represent *all* of the elements that must be in place for adequate performance. If deliberations tend to be focused exclusively on the questions listed, try skipping them and referring only to the indicators themselves.
 - The CAST-5 tool was developed for use by programs operating under a broad range of circumstances. **Some terms/examples may not apply to your local MCAH system.** Skip those questions and continue to the next component.
- 2) In the “Notes” box, record notes from the discussion that will inform your SWOT analysis. You may also record other comments or alternate viewpoints, as appropriate.
 - 3) **The SWOT analysis is the main focus of the capacity assessment.** Identify the strengths, weaknesses, opportunities, and threats (SWOT) that are relevant to performing or improving the specified function and record them on the last page of the worksheet for this Essential Service. Examples of factors to consider are provided for each component of the analysis. List concrete examples in the SWOT as it relates to the Essential Service being assessed.

Local MCAH Jurisdiction: _____

Assessment of Essential Service #10 Process Indicators

| Essential Service #10: Support research* and demonstrations to gain new insights and innovative solutions to maternal child and adolescent health-related problems. | | |
|---|---|--------------|
| Process Indicator | Level of Adequacy | Notes |
| <p>10.1 Do you encourage staff to develop new solutions to MCAH-related problems in Local Health Jurisdictions (LHJ)?</p> <p><u>For example:</u> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> • provide time and/or resources for staff to pilot test, review best/promising practices or conduct studies to determine better solutions? • identify activities and barriers to the implementation of better solutions to health-related problems? • implement activities most likely to improve maternal, child, and adolescent health-related conditions? | <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 </div> <p>1=weak.....4=strong</p> | |
| <p>10.2 Do you serve as a source for expert consultations to MCAH research endeavors at the local level?</p> <p><u>For example:</u> Is the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> • viewed by local agencies and organizations as a leading and important source of information on MCAH population characteristics (e.g., health status, health service use, access to care)? • consulted by other agencies when they plan MCAH research? | <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 </div> <p>1=weak.....4=strong</p> | |
| <p>10.3 Do you conduct and/or provide resources for state and local studies of MCAH issues/priorities?</p> <p><u>For example:</u> Does the local MCAH program, including other agencies that contribute to the health and well-being of the local MCAH population,</p> <ul style="list-style-type: none"> • provide resources for local demonstration projects and special studies of longstanding and/or emerging MCAH problems? • respond to RFAs or otherwise seek funding for state and local studies? • participate in demonstrations and “best practices” research beyond the LHJ boundaries? • coordinate multi-site studies within the state? | <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4 </div> <p>1=weak.....4=strong</p> | |

*This refers to systematic information gathering and analyses.

SWOT Analysis for Essential Service #10: Support research* and demonstrations to gain new insights and innovative solutions to maternal child and adolescent health-related problems.

Strengths (e.g., human, fiscal, or technological resources; social/political factors; demographic trends; past and current federal involvement/activities; state-local relationships, organizational culture, organizational structure)

Weaknesses: (e.g., human resources; budgetary restrictions and fiscal resources; technological resources; state-local relationships; organizational culture; organizational structure)

Opportunities: (e.g., human, fiscal, or technological resources; statutory/ regulatory changes; community/business resources; social/political changes, technological developments)

Threats: (e.g., statutory/regulatory change; organizational change/reorganization; social/political factors; demographic trends)

*This refers to systematic information gathering and analyses.

MCAH Capacity Needs Worksheet

Part A (Optional). The intent of this step is to identify from the list of Capacity Needs identified through the mCAST-5 a set of priority areas to address in the near term. Given the local context (e.g., funding cuts, hiring freezes, political will...) how realistic is it to focus on this capacity need? See Section 9 of the guidelines for instructions on completing this worksheet.

MCAH Jurisdiction: _____

| Capacity Need | Importance 5=high 3=moderate 1=low | Minimal Cost 5=high 3=moderate 1=low | Minimal Time 5=high 3=moderate 1=low | Commitment 5=high 3=moderate 1=low | Feasibility 5=high 3=moderate 1=low | Total Points | Priority Ranking |
|----------------------|--|--|--|--|---|---------------------|-------------------------|
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Part B (Required). Copy the top 5 to 10 capacity needs (e.g., as ranked in Part A above) and provide your analysis below. Bulleted points are preferred over narrative descriptions.

MCAH Jurisdiction: _____

| Capacity Need | How this capacity could be improved (include any short term or long term strategies) | Potential challenges on improving this capacity (e.g., impact on local MCAH services, stakeholder concerns, availability of resources) | How other local organizations, local jurisdictions, or the State MCAH Program can help improve this capacity |
|----------------------|---|---|---|
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