

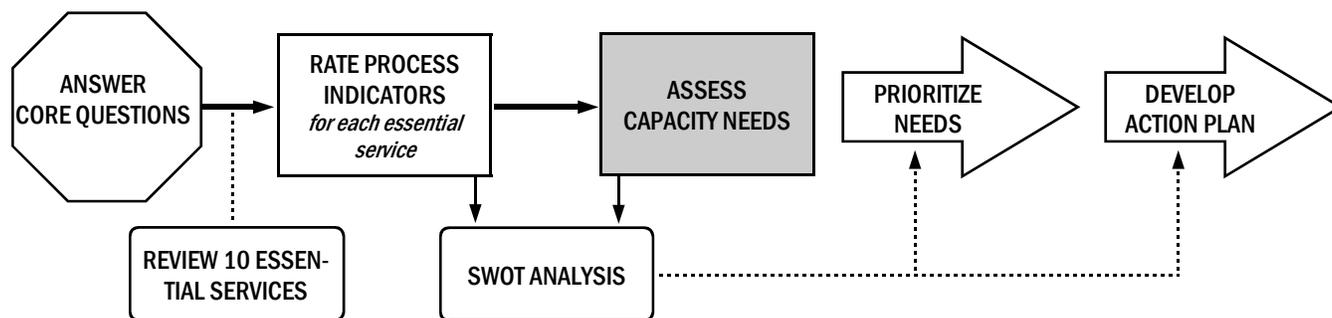
Capacity Needs

CAST-5 Second Edition

A collaborative project of the Association of Maternal and Child Health Programs and the Johns Hopkins Women's and Children's Health Policy Center

Capacity Assessment for State Title V (CAST-5) is a set of assessment and planning tools for state Title V Maternal and Child Health Services Block Grant programs interested in examining their organizational capacity to carry out key MCH program functions. For more information on CAST-5, visit www.amchp.org/cast5.

The CAST-5 Process



The Capacity Needs tool lists organizational resources needed to perform the 10 MCH Essential Services.

Instructions

The Capacity Needs are grouped into four categories of resources:

Structural Resources: Financial, human, and material resources; policies and protocols; and other resources held by or accessible to the program that form the groundwork for the performance of core functions.

Data/Information Systems: Technological resources enabling state of the art information management and data analysis.

Organizational Relationships: Partnerships, communication channels, and other types of interactions and collaborations with public and private entities, including, but not restricted to, local, state, and federal agencies, professional associations, academic institutions, research groups, private providers and insurers of health care, community-based organizations, consumer groups, the media, and elected officials.

Competencies/Skills: Knowledge, skills, and abilities of Title V staff and/or other individuals/agencies accessible to the Title V program (i.e., borrowed/purchased staff resources).

Review each Capacity Need listed and discuss the extent to which that resource is sufficiently present or in need of enhancement, given the activities and performance goals of the program. Other considerations might include the applicability and feasibility for the state and whether the resource is accessible from other entities. Using the scoring worksheet at the end of the list, check the box indicating whether the program *has* or *needs* each resource. For every identified need, indicate for what area of programmatic performance or function the capacity is needed (e.g., for a particular Essential Service or Process Indicator, for interagency data sharing, for “marketing” the program to the public and policymakers).

Information that does not fit into the form provided may be recorded in the summary SWOT (e.g., if the response would be different for an individual program area than for the overall Title V program, that information might be noted as a weakness).

Structural Resources

1) Authority and funding sufficient for functioning at the desired level of performance

Examples:

- Sufficient authority and immunity (statutory, etc.) for carrying out the function at the desired level of performance
- Adequate funding for carrying out the function at the desired level of performance/intensity
- Authority to accept and utilize grants, donations, and other funds

2) Routine, two-way communication channels or mechanisms with relevant constituencies

Examples:

- A means of regular communication with all relevant constituencies (e.g., newsletter, listserv)
- Identified staff or institutionalized process for reviewing communication channels where local concerns might be voiced (e.g., local news venues)
- Mechanisms for information dissemination
 - Effective dissemination of information to media and other networks
 - Formal mechanism for disseminating information about MCH status, goals, initiatives, and evaluation findings to the public on a routine basis
 - Written protocols for informing the public about MCH threats and appropriate public response
- Easily accessible and routinely updated inventories
 - Of community groups and organizations concerned with or affected by state and community MCH
 - Of health care providers and facilities
 - Of public and nonprofit organizations and health plans/providers providing health education and/or population-based health information services to MCH populations, including the specific topics covered and other program characteristics (e.g., language, methods, tools)
- Routine mechanisms for identifying the information needs of providers, community groups, the state legislature, and the public
- Mechanism for learning about consumer experiences (e.g., routine consumer survey, consumer advisory board)

3) Access to up-to-date science, policy, and programmatic information

Examples:

- Access to current journals and technical bulletins of major professional organizations
- Access to reference resources about current research
- Access to information about model programs/best practices nationally
- Designated site/staff responsible for collection of MCH information and resources
- Up-to-date syntheses of research and data on salient MCH issues (e.g., policy briefs)
- Up-to-date files on state health-related legislation and regulatory mandates
- Legal consultation/resources for counsel on legislative language, intents, and effects

4) Partnership mechanisms (e.g., collaborative planning processes and community advisory structures)

Examples:

- Collaborative planning processes between state and local health agencies
- Community advisory structure with a partial or total focus on MCH

5) Workforce capacity institutionalized through job descriptions, contract language about skills and credentials, training programs, and routine assessments of capacity and training plans

Examples:

- Relevant contract language about staffing requirements and credentials incorporated in grants/contracts with local providers and agencies
- Routine assessments of internal unfilled budgeted positions, current workforce skills, and professional development plans
- A staff member with assigned responsibility/accountability for each priority health issue identified in the needs assessment and planning process
- Job descriptions that specify responsibility for:
 - Consultation role
 - Training and technical assistance
 - Establishing and building strong external and internal working relationships with state and national agencies, organizations, universities, and other key groups
 - Routine monitoring and evaluation
- Adequate numbers of staff for carrying out functions
- Access to distance learning technology
- Routine training programs in data collection and management
- Access to mapping software or other mechanisms for identifying the locations of providers/facilities and assessing the adequacy of population coverage

6) Mechanisms for accountability and quality improvement

Examples:

- Publicly articulated performance standards for:
 - Title V staff at the state, regional, and local levels
 - Contractors (addressing competencies, credentialing, and qualifications, etc.)
 - MCH care system as a whole
- Incentives for program improvement (e.g., compliance with performance expectations, program changes)
- Regular feedback process to LHDs and other grantees for program improvement
- Regular process for providing directed information about the effectiveness, accessibility, and quality of MCH services to relevant stakeholders (e.g., routine reports to grantees/agencies, “report cards”)

7) Formal protocols and guidance for all aspects of assessment, planning, and evaluation cycle

Examples:

- Development of written protocols, based on the scientific knowledge base, for tracking systems, clinical services, and case management
- Written guide/standards for community MCH needs assessments
- Written protocols for data integrity and confidentiality
- Written standard for minimum data set for all MCH/Title V programs

Data/Information Systems

8) Access to timely program and population data from relevant public and private sources

Examples:

- Access to a health statistics/surveillance unit and/or adequate population data
- Access to public and private provider/health plan data, particularly data collected by contractors
- Access to state databases, including vital statistics, Medicaid, Education, Justice, and other state agency data

9) Supportive environment for data sharing

Examples:

- Standardized definitions and categories in systems of data collection and transmittal
- Access to state program and population data in a timely fashion
- Clarity about data sharing and client confidentiality provisions across agencies
- Legal basis and permissive/supportive environment for data sharing

10) Adequate data infrastructure

Examples:

- Access to computer support personnel and funding for maintenance, upgrades, and technical assistance
- Adequate technological capacity (i.e., computer hardware and software) to support efficient data collection and analysis activities; integration of data sets; and the ability to access, report on, and share data
- Adequate information systems for creating and disseminating information in a timely manner to policy makers and the public
- Data collection system able to feed data back to programs in a timely manner and in a form that can be readily accessed and used by programs for reporting and decision making
- Electronic data collection process and access to core data sets electronically at all levels, including geocoded data
- Information systems integrated across state agencies/units/programs
- Internal Management Information System for tracking provision of services to clients
- Management Information System linking population-based data to program data
- Local-state network allowing the timely transfer of data between local and state agencies
- Access to and facility with internet-based resources and communication strategies
- Adequate funding to maintain and periodically update information systems and computer-related infrastructure
- Access to online databases for literature searches and raw data

Organizational Relationships

11) State *health* department/agencies/programs

Including:

- Collaboration among Title V programs units
- WIC
- Medicaid/SCHIP
- Early intervention
- Public affairs/communications unit (and/or access to the governor's public relations office)
- Health education unit
- State data unit
- Office of Medical Examiner (e.g., for involvement in mortality review programs)
- Other(s) (specify):

12) Other state agencies

Including:

- Environmental
- Education
- Social services
- Housing
- Transportation
- Child care
- Personnel/human resources
- Other(s) (specify):

13) Insurers and insurance oversight stakeholders

Including:

- Medicaid/SCHIP
- Commercial insurance companies
- Managed care organizations
- Employers
- State Insurance Commission
- Health Care Financing Authority (if applicable)

14) Local providers of health and other services

Including:

- Local Health Departments
- Community Health Centers
- Hospitals and other institutional providers, provider networks, and private providers
- Other local health agencies/facilities serving MCH populations (e.g., Planned Parenthood)
- Child care facilities
- School systems
- Other(s) (specify):

15) Superstructure of local health operations and state-local linkages

- *Including:*
- Head of the state unit with responsibility for local health operations
- Regional health authorities
- Individual local health officials/agency or program directors
- State organization of health officers
- Other(s) (specify):

16) State and national entities enhancing analytical and programmatic capacity

Including:

- Professional organizations (e.g., state medical society, state chapters of AAP, ACOG, AAFP)
- Universities and academic centers (e.g., Schools of Public Health, Medicine, Nursing, Social Work, Business/Marketing)
- Organizations sponsoring fellowships and student internships (e.g., CityMatCH)
- Media and other communication networks
- Commercial software and programming vendors
- Other(s) (specify):

17) National governmental sources of data

Including:

- Bureau of Health Professions, Labor Department, and other agencies monitoring workforce capacity
- National health data units (e.g., NHIS, CDC)
- Social Security Administration
- Other(s) (specify):

18) State and local policymakers

Including:

- State legislators (and/or their staff) serving on health oversight committees
- County/city councils
- Governor's office
- Other(s) (specify):

19) Non-governmental advocates, funders, and resources for state and local public health activities

Including:

- Private philanthropic organizations
- MCH advocacy organizations (e.g., MOD, HMHB)
- Other community advocacy organizations (e.g., for immigrants, families with special needs)
- Faith-based and cultural groups
- Community and neighborhood associations
- Other(s) (specify):

20) Businesses

- *Including:*
- Employers of women of reproductive age
- Manufacturers
- Large corporations
- Small businesses (e.g., supermarkets, drugstores, fast food restaurants)
- Other(s) (specify):

Competencies

21) Communication and Data Translation Skills

Examples:

- Health communication skills
- Mass communication skills and/or knowledge of social marketing theories and techniques
- Ability to design and produce high quality data-based reports and other information-based products
- Ability to effectively leverage the media, consumer groups, and other networks to communicate health information
- Ability to identify and establish relationships with appropriate “messengers” (key figures who can get the message across)
- Ability to translate data and other scientific and programmatic information for diverse professional and lay audiences and decision-makers
- Ability to translate health-related data and information into language and formats appropriate to diverse audiences
- Ability to work with communities to produce reports that are useful to them
- Ability to communicate difficult or sensitive health status information in a manner that inspires and motivates communities
- Knowledge of distance learning technology
- Knowledge of general theories on education and learning, as well as of specific health education methods, tools, and innovations, including the ability to adapt curricula/approaches to take into account cultural differences
- Familiarity with local systems development and comprehensive care provision
- Ability to reach the full spectrum of providers serving a range of MCH populations

22) Ability to work effectively with public and private organizations/agencies and constituencies

Examples:

- Ability to effectively staff, lead, and participate in policy working groups and facilitate consensus development
- Facilitation, consultation, and negotiation skills (e.g., listening, facilitating problem-solving and decision making, conflict resolution and sensitivity to cultural diversity and its effects on interactions)
- Partnership and collaboration skills
- Ability to convene and lead groups
- Ability to effectively solicit input from individuals and organizations

23) Ability to influence the policymaking process

Examples:

- Ability to develop, evaluate, and communicate policy options
- Ability to leverage support and resources for implementing policies and programs
- Ability to use the legal and political system to effect change
- Knowledge of agency process and protocols for initiating legislative proposals or discussions with elected officials
- Understanding of state legislative processes and legislative language
- Advocacy skills
- Knowledge of goals, objectives, and priority concerns of national organizations (public/federal, nonprofit, and professional organizations)

24) Experience and expertise in working with and in communities

Examples:

- Experience conducting focus groups and community forums
- Community organizing and coalition building skills
- Understanding of community development concepts and methods
- Expertise in constituency building
- Knowledge of concepts and methods related to assets-based community diagnosis and problem solving
- Cultural and community-specific competence
- Understanding of the communities in the state, including social and political contexts and local governmental structure and processes
- Knowledge of public and private community organizations and existing local partnerships

25) Management and organizational development skills

Examples:

- Leadership skills
- Mentoring and preceptorship skills
- Skills transferable to the academic environment (e.g., ability to obtain a joint appointment, to lecture and prepare presentations, to develop a research agenda)
- Grantsmanship
- Experience and facility in leveraging resources from grants, Medicaid, and commercial insurance
- Experience with fiscal and human resources management
- Information management and communication skills (e.g., ability to cull information relevant to key MCH issues from large amounts of material – journals, reports, newsletters, etc.)
- Experience with quality assurance and quality improvement concepts and their application
- Knowledge of and the ability to conduct cost effectiveness analysis
- Knowledge of appropriate contracting language
- Knowledge of organizational management theory/organizational development
- Knowledgeable about performance appraisal systems for state and local public health staff in MCH
- Expertise in confidentiality law

26) Knowledge and understanding of the state context

Examples:

- Familiarity with the state's code and regulatory literature/documents
- Knowledge of licensing and certification processes in the state
- Knowledge of health coverage plans and enrollment mechanisms
- Understanding of state trends in women's and child health
- Understanding of the political climate in the state
- Knowledge of population health status and needs
- Broad knowledge of both Title V and non-Title V programs serving MCH populations
- Knowledge of statewide service delivery systems, utilization patterns, and trends

27) Data and analytic skills

Examples:

- Ability to translate health data into viable information for the MCH planning cycle
- Functional knowledge of capacities/constraints of local health agencies and other providers related to data functions and program operations
- Ability to produce high quality local data
- Ability to turn high quality local data into information at the state level and return it to localities for use in a timely fashion
- Ability to access and use data from a variety of sources
- Knowledge of online databases for literature searches and raw data
- Familiarity with state, national, and regional data sources
- Familiarity with the major, routine, state-based surveys and surveillance systems and their methodology
- Trained in needs assessment, planning, and evaluation
- Knowledge of the public health problem solving paradigm/process
- Data collection, management, and analytic skills
- Epidemiology skills
- Quantitative and qualitative research and evaluation skills (e.g., survey design and sampling methodology, key informant interviews, focus groups)

28) Knowledge of MCH and related content areas

Examples:

- Knowledge of environmental health risks
- Knowledge of FIMR and other death review models and methods
- Knowledge of MCH content areas and clinical skills reflective of the current science base, including emerging issues
- Knowledge of relevant regulatory and legal requirements pertaining to environmental conditions affecting MCH populations (e.g., OSHA, DOL)
- Knowledgeable about the links between culture and health behavior/attitudes

Capacity Need	Have	Need	If need, for what area(s) of programmatic performance?
Structural Resources			
1) Authority and funding sufficient for functioning at the desired level of performance			
2) Routine, two-way communication channels or mechanisms with relevant constituencies			
3) Access to up-to-date science, policy, and programmatic information			
4) Partnership mechanisms (e.g., collaborative planning processes and community advisory structures)			
5) Workforce capacity institutionalized through job descriptions, contract language about skills and credentials, training programs, and routine assessments of capacity and training plans			
6) Mechanisms for accountability and quality improvement			
7) Formal protocols and guidance for all aspects of assessment, planning, and evaluation cycle			
Data/Information Systems			
8) Access to timely program and population data from relevant public and private sources			
9) Supportive environment for data sharing			
10) Adequate data infrastructure			
Organizational Relationships			
11) State <i>health</i> department/agencies/programs			
12) Other relevant state agencies			
13) Insurers and insurance oversight stakeholders			
14) Local providers of health and other services			
15) Superstructure of local health operations and state-local linkages			

Capacity Need	Have	Need	If need, for what area(s) of programmatic performance?
16) State and national entities enhancing analytical and programmatic capacity			
17) National governmental sources of data			
18) State and local policymakers			
19) Non-governmental advocates, funders, and resources for state and local public health activities			
20) Businesses			
Competencies			
21) Communication and data translation skills			
22) Ability to work effectively with public and private organizations/agencies and constituencies			
23) Ability to influence the policymaking process			
24) Experience and expertise in working with and in communities			
25) Management and organizational development skills			
26) Knowledge and understanding of the state context			
27) Data and analytic skills			
28) Knowledge of MCH and related content areas			