

Using CAST-5 to address Title V Performance Measures

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

Title V Maternal and Child Health Services Block Grant programs monitor their performance with a set of national and state measures. These Title V Performance Measures include indicators of program capacity, process or activities/interventions, and population health status. Capacity Assessment for State Title V (CAST-5) provides an in-depth examination of program capacity and conceptually links the MCH program's roles and activities with the program and population outcomes those activities are meant to achieve.

How can CAST-5 be used with the Title V Performance Measures?

Many states have used CAST-5 to examine their organizational capacity in a specific program or functional area (e.g., for data-related activities). CAST-5 can be used in a similar fashion with the Title V Performance Measures, as a way to assess program roles and capacities that support reaching performance objectives. The process can be applied regardless of whether the measure is nationally designated or state-identified. CAST-5 can be especially useful with State Performance Measures that refer to improvements in program and staff capacity or the implementation of core public functions (e.g., the degree to which the MCH program increases data access and analysis; the degree to which the MCH program performs the 10 MCH Essential Services).

How can CAST-5 be applied to specific Performance Measures?

A number of approaches could be used to apply CAST-5 to specific Performance Measure(s). The following general steps describe just one approach:

- 1) **Assemble the assessment team** with the appropriate population and program area in mind.
- 2) **Answer the Core Questions** in the context of the specific Performance Measure(s).
- 3) **Identify a set of Essential Services** that are most relevant to the Performance Measure(s) in question and use the Process Indicators and SWOT tools for those Essential Services.
- 4) **Assess capacity** for carrying out the relevant Essential Services using the Capacity Needs tool.
- 5) **Consider obtaining input from other stakeholders** in portions of the assessment. For example, you could have them fill out relevant sections of the Process Indicators and/or invite them to participate in a ½ day retreat to devise an action plan.
- 6) **Develop a capacity-building action plan** and describe how each element will support the goal articulated by the Performance Measure(s).
- 7) **Develop a plan for monitoring implementation** of the action steps and progress toward the desired outcome. Build on relevant existing data collection opportunities.

An example illustrating one way to put these steps into practice appears on the back of this page.

Sample Scenario

Using CAST-5 to Build Capacity Related to Performance Measure #18:

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester

- 1) **Assemble the assessment team**, including the following perspectives:
 - Data/epi staff
 - Local level program staff
 - Family Planning program manager
 - TANF program representative
 - Health Education/Communications staff
 - Medicaid/SCHIP program representatives

- 2) **Answer the Core Questions**, modified to reflect the focus of the Performance Measure:
 - Have you established the vision/goals for women of childbearing age?
 - Have you identified priority population subgroups and significant factors contributing to late entry into prenatal care?
 - Have you identified the political, economic, and organizational environments for addressing late entry into prenatal care?
 - Have you identified “macro-level” strategies for improving rates of early entry into prenatal care? (e.g., enhancing collaborative relationships, supporting community-based initiatives)
 - Have you identified programmatic organizational strategies that will support these macro-level strategies? (e.g., initiate RFPs for community outreach consortia)

- 3) **Identify a set of Essential Services**. Use the Process Indicators and SWOT tools for Essential Services #1, 3, 4, 5, and 7, because:
 - Essential Service #1 (Assess and Monitor) involves identifying factors involved in late entry to care and tracking trends over time;
 - Essential Service #3 (Inform and educate) involves disseminating information about health issues and service availability;
 - Essential Service #4 (Mobilize community partnerships) involves supporting community partnerships that address maternal health issues;
 - Essential Service #5 (Leadership for priority setting, planning, and policy development) involves using data in program planning and collaborating with other public and private programs; and
 - Essential Service #7 (Link to services) involves outreach for prenatal services and promoting accessibility of services.

- 4) **Assess capacity** to carry out Essential Services #1, 3, 4, 5, and 7, using the Capacity Needs tool. Focus the discussion specifically on capacity for improving rates of first-trimester prenatal care.

- 5) **Consider obtaining input from other stakeholders**, such as the social services agency, health providers, managed care organizations, programs serving “at risk” women of childbearing age, state HMHB and MOD, etc.

- 6) **Develop a capacity-building action plan** and describe how each action step will support the goal of increasing the rates of first-trimester entry into prenatal care.

- 7) **Develop a plan for monitoring implementation** of the action steps and build in or synchronize with a periodic



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FOR MORE INFORMATION ON CAST-5, VISIT WWW.AMCHP.ORG/POLICY/DATA-CAST5.HTM OR CALL THE
WOMEN'S AND CHILDREN'S HEALTH POLICY CENTER
AT (410) 502-5443.



Further discussion of CAST-5 and Performance Measures can be found in “Assessing capacity and measuring performance in maternal and child health,” *Maternal and Child Health Journal*, vol. 6, no. 2, June 2002. This article can be viewed at www.jhsph.edu/WCHPC/Publications/AssessingCapacity.pdf.
