

Process Indicators

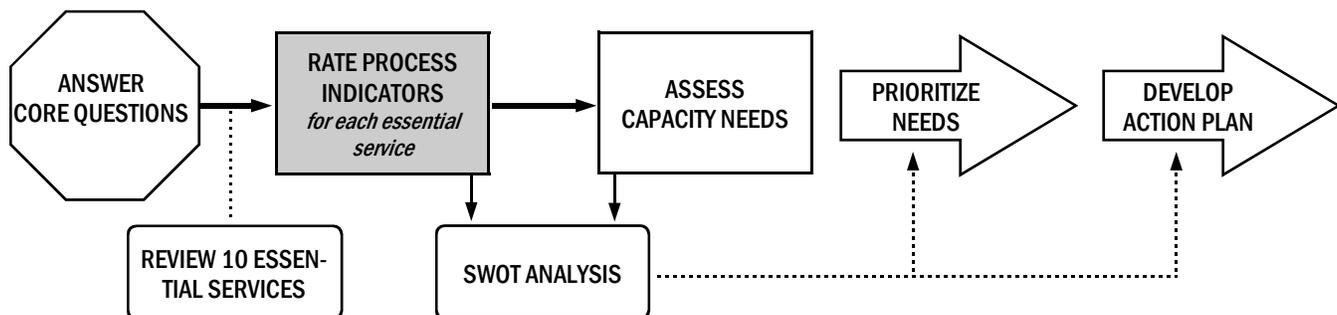
Essential
Service **1**

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 Process Indicators represent program output and activities corresponding to the 10 MCH Essential Services at the state level.

Instructions

First, read through the entire list of Process Indicators for this Essential Service. Each set of Process Indicators reflects program output or activities along a continuum; the first indicator in a list represents a more basic level of performance than does the last. The continuum does not necessarily reflect the order in which one would approach the tasks. Rather, it allows programs of diverse structures and resources to identify the program outputs they currently achieve and those they aim to achieve in the future.

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 the Title V program performs the function detailed: *minimally adequate, partially adequate, substantially adequate, or fully adequate.*

The following points are critical to this discussion and will help the assessment team interpret indicators and reach consensus:

- ◆ **Responses should be determined in light of “where you want/need to be,” given the strategic goals the assessment team has articulated.** For this reason, a rating of “fully adequate” should not be interpreted to mean “perfect.” The response categories are aligned along an ar-

(Continued on page 2)

row to reflect the continuous nature of quality improvement. “Fully adequate” is intended to reflect adequacy *given the program’s strategic goals*.

- ◆ Mark one box for the overall Title V program (or organizational entity being assessed). If performance ratings differ by sub-units of the program, you may write those units in the appropriate places along the arrow.
- ◆ Suggested points for discussion are provided below each Process Indicator. These questions are intended as discussion guides only, not as checklists. Deliberations should not focus exclusively on these discussion questions, as they do not necessarily represent all of the elements that must be in place for adequate performance related to the Process Indicator.

(2) Record contributions of other entities in the MCH system in the space provided.

After completing all of the Process Indicators, transfer the ratings onto the Summary Sheet that follows.

Essential Service #1

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

1.DU Data Use

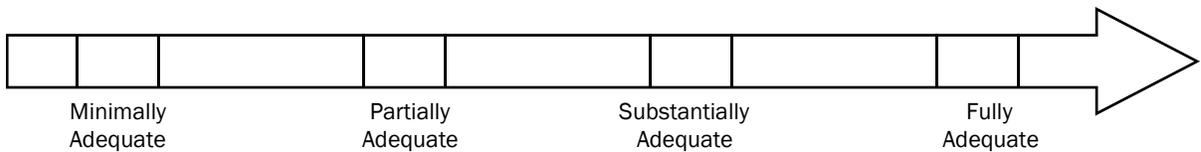
Key Ideas:

- Access and utilize up-to-date MCH/public health and related population data
- Generate and utilize data in planning cycle activities (e.g., planning and policy development)

1.DU.1 Use public health data sets to prepare basic descriptive analyses related to priority health issues (e.g., PRAMS; BRFSS; YRBS; live birth, fetal death, abortion, linked live birth/infant death data; community health surveys; census data; etc.)

Points for discussion:

- Does the Title V program have documentation (e.g., users guide/list of variables, contact information for the entity generating the data) for a core set of data sources?
- Does the Title V program have access to raw data from these sources?
- Does the Title V program refer to these data sources when it becomes aware of emergent MCH problems?
- Does the Title V program have the capacity to use these data sources to generate information?

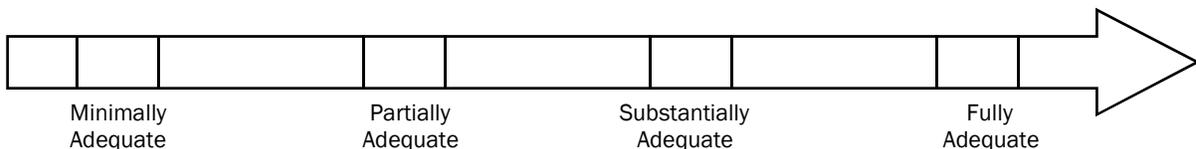


Performed by another agency/institution (specify): _____

1.DU.2 Conduct analyses of public health data sets that go beyond descriptive statistics

Points for discussion:

- Does the Title V program analyze existing data sets to identify associations among risk factors, environmental and other contextual factors, and outcomes?
- Does the Title V program compare health status measures across populations or against other states?

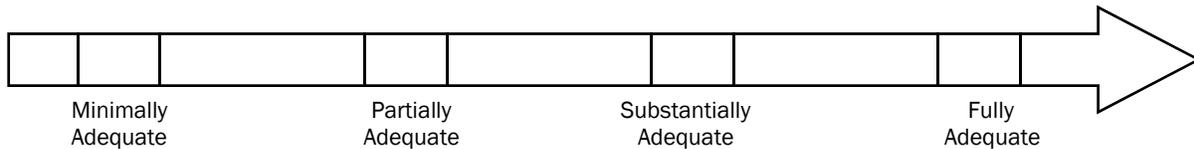


Performed by another agency/institution (specify): _____

1.DU.3 Generate and analyze primary data to address state- and local-specific knowledge base gaps

Points for discussion:

- Does the Title V program have established and routinely used procedures for identifying knowledge gaps (e.g., community or professional advisory boards)?
- Does the Title V program collaborate with local health agencies to collect and analyze data related to these knowledge gaps?
- Does the Title V program field surveys or otherwise collect data on MCH populations and the health care delivery system?
- Does the Title V program use that data to examine relationships among risk factors, environmental/contextual factors, and outcomes?

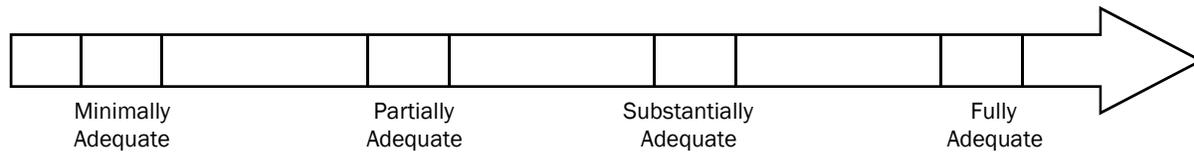


Performed by another agency/institution (specify): _____

1.DU.4 Interpret and report on primary and secondary data analysis for use in policy and program development

Points for discussion:

- Does the Title V program routinely review the current science base and the results of current research studies for use in planning and policy development?
- Does the Title V program produce briefs on selected, timely MCH issues to distribute to appropriate policy and program-related staff members?



Performed by another agency/institution (specify): _____

1.TA. Data-Related Technical Assistance

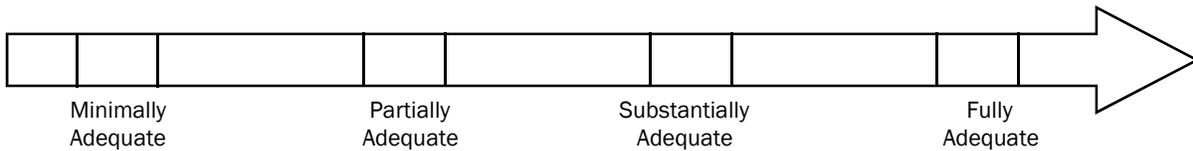
Key Idea:

- Enhance local data capacity

1.TA.1 Establish framework/template/standards about core data expectations for local health agencies and other MCH providers/programs

Points for discussion:

- Has the Title V program established (or participated in the development of) maternal and child health status indicators and disseminated them to local agencies and other Title V-funded programs?
- Has the Title V program disseminated maternal and child health status indicators to local, non-Title V programs/providers?

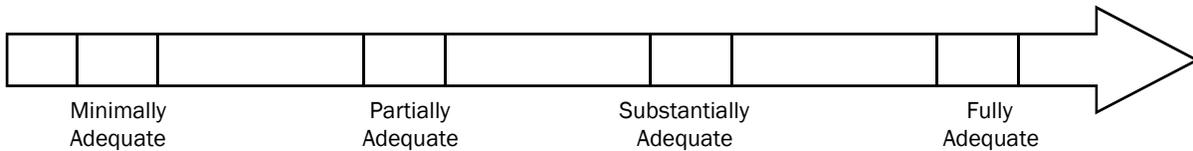


Performed by another agency/institution (specify): _____

1.TA.2 Provide training/expertise about the collection and use of MCH data to local health agencies or other constituents for MCH populations

Points for discussion:

- Does the Title V program have an identified staff person(s) responsible for technical assistance on data-related matters?
- Does the Title V program assist local health agencies and other MCH providers/programs in developing standardized data collection methods related to established MCH indicators?
- Does the Title V program’s budget include technical assistance to localities on data use?

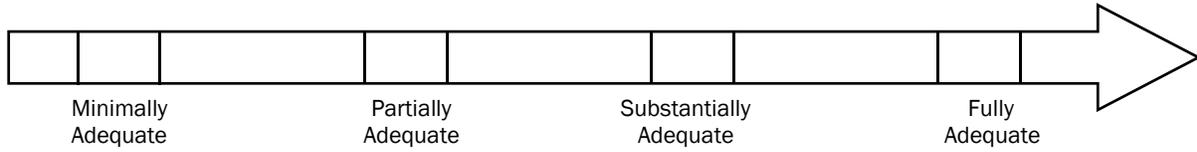


Performed by another agency/institution (specify): _____

1.TA.3 Assist local health agencies in data system development and coordination across geographic areas so that MCH data outputs can be compared

Points for discussion:

- Does the Title V program earmark funds and staff time to enhancing local data capacity through data systems development and coordination?



Performed by another agency/institution (specify): _____

Minimally Adequate	Partially Adequate	Substantially Adequate	Fully Adequate	Process Indicator
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.DU.1 Use public health data sets to prepare basic descriptive analyses related to priority health issues (e.g., PRAMS; BRFSS; YRBS; live birth, fetal death, abortion, linked live birth/infant death data; community health surveys; census data; etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.DU.2 Conduct analyses of public health data sets that go beyond descriptive statistics
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.DU.3 Generate and analyze primary data to address state- and local-specific knowledge base gaps
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.DU.4 Interpret and report on primary and secondary data analysis for use in policy and program development
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.TA.1 Establish framework/template/standards about core data expectations for local health agencies and other MCH providers/programs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.TA.2 Provide training/expertise about the collection and use of MCH data to local health agencies or other constituents for MCH populations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.TA.3 Assist local health agencies in data system development and coordination across geographic areas so that MCH data outputs can be compared

Process Indicators

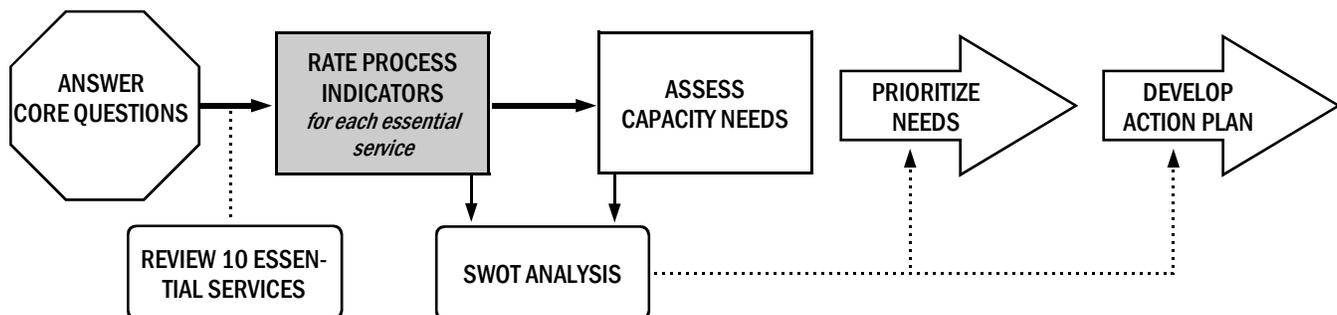
Essential
Service 2

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 Process Indicators represent program output and activities corresponding to the 10 MCH Essential Services at the state level.

Instructions

First, read through the entire list of Process Indicators for this Essential Service. Each set of Process Indicators reflects program output or activities along a continuum; the first indicator in a list represents a more basic level of performance than does the last. The continuum does not necessarily reflect the order in which one would approach the tasks. Rather, it allows programs of diverse structures and resources to identify the program outputs they currently achieve and those they aim to achieve in the future.

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 the Title V program performs the function detailed: *minimally adequate, partially adequate, substantially adequate, or fully adequate*.

The following points are critical to this discussion and will help the assessment team interpret indicators and reach consensus:

- ◆ **Responses should be determined in light of “where you want/need to be,” given the strategic goals the assessment team has articulated.** For this reason, a rating of “fully adequate” should not be interpreted to mean “perfect.” The response categories are aligned along an ar-

(Continued on page 2)

row to reflect the continuous nature of quality improvement. “Fully adequate” is intended to reflect adequacy *given the program’s strategic goals*.

- ◆ Mark one box for the overall Title V program (or organizational entity being assessed). If performance ratings differ by sub-units of the program, you may write those units in the appropriate places along the arrow.
- ◆ Suggested points for discussion are provided below each Process Indicator. These questions are intended as discussion guides only, not as checklists. Deliberations should not focus exclusively on these discussion questions, as they do not necessarily represent all of the elements that must be in place for adequate performance related to the Process Indicator.

(2) Record contributions of other entities in the MCH system in the space provided.

After completing all of the Process Indicators, transfer the ratings onto the Summary Sheet that follows.

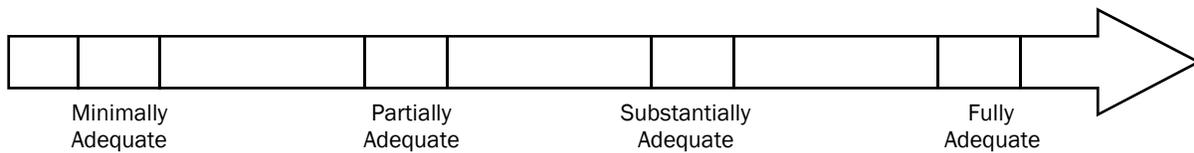
Essential Service #2

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

2.1 Use epidemiologic methods to respond to MCH issues and sentinel events as they arise

Points for discussion:

- Within the last three years, has the Title V program undertaken a study of and/or analysis of existing data on an MCH issue at the request of the state legislature, the governor, or community or professional groups, or in response to media coverage of an issue?



Performed by another agency/institution (specify): _____

2.2 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 domains affecting MCH populations, to identify threats to maternal and child health

Points for discussion:

- Does the Title V program work with agencies responsible for monitoring environmental conditions affecting MCH populations to jointly produce or sponsor reports or recommendations to state and local legislative bodies?
- Does the Title V program establish interagency agreements with these agencies for collecting, reporting on, and sharing data related to environments affecting MCH populations?

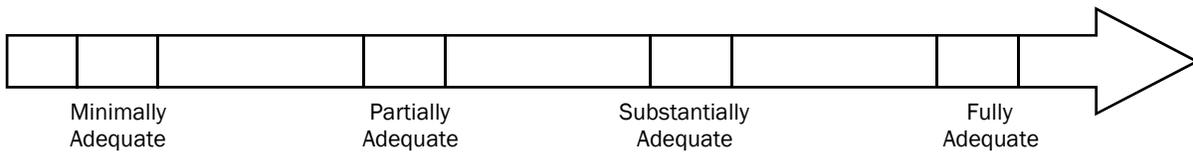


Performed by another agency/institution (specify): _____

2.3 Develop and enhance ongoing surveillance systems/population risk surveys and disseminate the results at the state and local levels

Points for discussion:

- Does the Title V program maintain its own ongoing surveillance systems/populations risk surveys to address gaps in knowledge?
- Does the Title V program regularly evaluate the quality of the data collected by existing surveillance systems or population-based surveys?
- Does the Title V program have a routine means of reporting the results of these surveillance systems/surveys to localities?

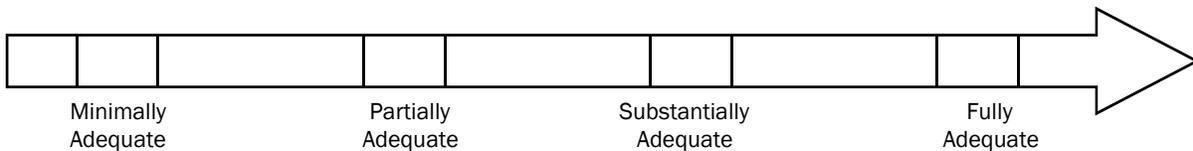


Performed by another agency/institution (specify): _____

2.4 Serve as the state’s expert resource for interpretation of data related to MCH issues

Points for discussion:

- Is the Title V program regularly consulted on MCH issues by the chief state public health executive, by other state agencies and programs, and by state legislators?
- Has the Title V program been asked to participate in the planning process on an MCH issue for at least one non-Title V program in the state in the last three years, either inside or outside of the health agency?

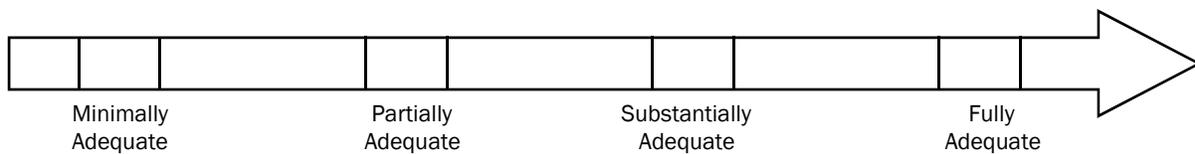


Performed by another agency/institution (specify): _____

2.5 Provide leadership for reviews of fetal, infant, child, and maternal deaths and provide direction and technical assistance for state and local systems improvements based on their findings

Points for discussion:

- Do any fetal, infant, or child death review processes exist in the state, and, if so, does the Title V program participate in or provide resources for them?
- Does the Title V program provide technical assistance to localities in conducting FIMRs and/or child fatality reviews?
- Does the Title V program participate in or provide leadership for a statewide maternal mortality review program?
- Does the Title V program produce an annual or bi-annual report consolidating the findings of local and state mortality reviews?

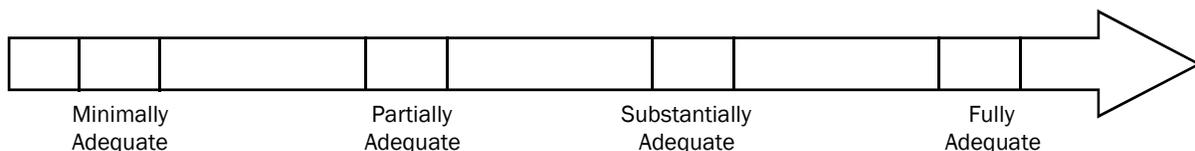


Performed by another agency/institution (specify): _____

2.6 Use epidemiologic methods to forecast emerging MCH threats that must be addressed in strategic planning

Points for discussion:

- In the last five years, has the Title V program conducted an “environmental scan” or other process to identify *emerging* changes in the MCH system of care and/or in the demographics or health status of MCH populations?
- Did the Title V program use the results of that process to plan for data collection and/or analysis to identify avenues for intervention?



Performed by another agency/institution (specify): _____

Minimally Adequate	Partially Adequate	Substantially Adequate	Fully Adequate	Process Indicator
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.1 Use epidemiologic methods to respond to MCH issues and sentinel events as they arise
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.2 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 domains affecting MCH populations, to identify threats to maternal and child health
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.3 Develop and enhance ongoing surveillance systems/population risk surveys and disseminate the results at the state and local levels
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.4 Serve as the state's expert resource for interpretation of data related to MCH issues
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.5 Provide leadership in reviews of fetal, infant, child, and maternal deaths and provide direction and technical assistance for state and local systems improvements based on their findings
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.6 Use epidemiologic methods to forecast emerging MCH threats that must be addressed in strategic planning

Process Indicators

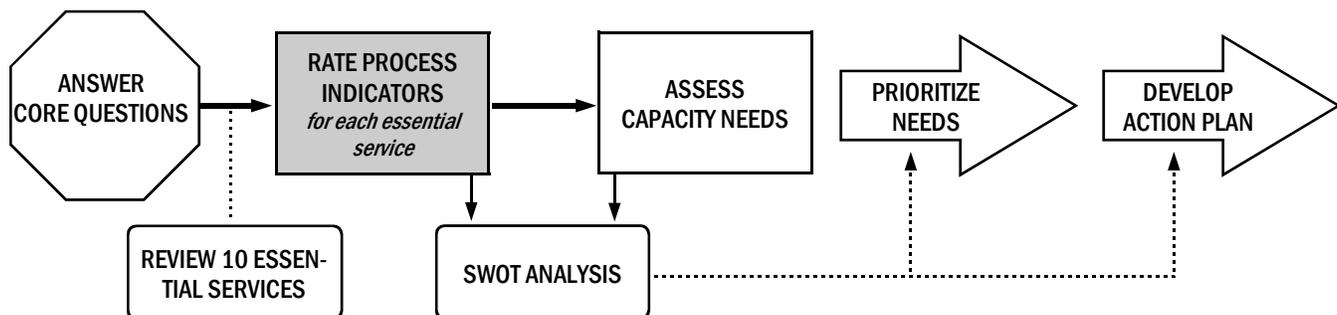
Essential
Service 3

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 Process Indicators represent program output and activities corresponding to the 10 MCH Essential Services at the state level.

Instructions

First, read through the entire list of Process Indicators for this Essential Service. Each set of Process Indicators reflects program output or activities along a continuum; the first indicator in a list represents a more basic level of performance than does the last. The continuum does not necessarily reflect the order in which one would approach the tasks. Rather, it allows programs of diverse structures and resources to identify the program outputs they currently achieve and those they aim to achieve in the future.

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 the Title V program performs the function detailed: *minimally adequate, partially adequate, substantially adequate, or fully adequate.*

The following points are critical to this discussion and will help the assessment team interpret indicators and reach consensus:

- ◆ **Responses should be determined in light of “where you want/need to be,” given the strategic goals the assessment team has articulated.** For this reason, a rating of “fully adequate” should not be interpreted to mean “perfect.” The response categories are aligned along an ar-

(Continued on page 2)

row to reflect the continuous nature of quality improvement. “Fully adequate” is intended to reflect adequacy *given the program’s strategic goals*.

- ◆ Mark one box for the overall Title V program (or organizational entity being assessed). If performance ratings differ by sub-units of the program, you may write those units in the appropriate places along the arrow.
- ◆ Suggested points for discussion are provided below each Process Indicator. These questions are intended as discussion guides only, not as checklists. Deliberations should not focus exclusively on these discussion questions, as they do not necessarily represent all of the elements that must be in place for adequate performance related to the Process Indicator.

(2) Record contributions of other entities in the MCH system in the space provided.

After completing all of the Process Indicators, transfer the ratings onto the Summary Sheet that follows.

Essential Service #3

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

3.IB Individual-Based Health Education

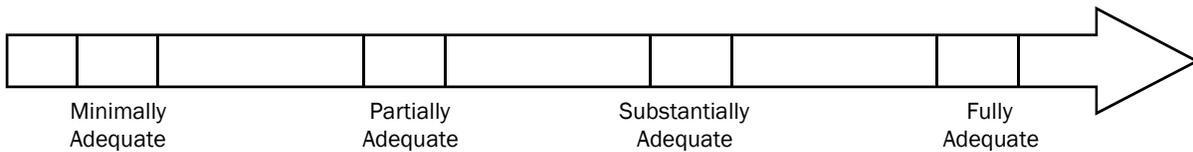
Key Idea:

- Assure the provision and quality of personal health education services)

3.IB.1 Utilize a routine mechanism for identifying existing and emerging health education needs and appropriate target audiences

Points for discussion:

- Is information from the Title V needs assessment used in determining priorities for health education services and appropriate audiences for those services?
- Is the Title V program aware of existing resources relating to these health education needs?
- Does the Title V program determine what health education programs and services are already in place when assessing priorities for developing new programs?

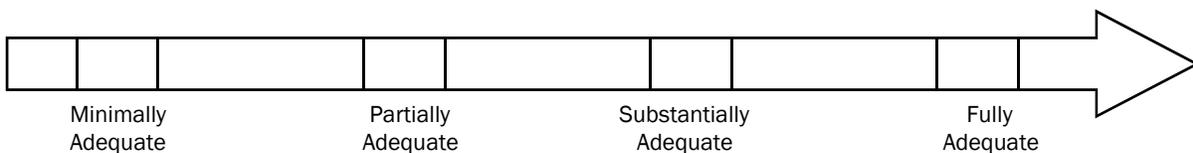


Performed by another agency/institution (specify): _____

3.IB.2 Conduct and/or fund health education programs/services on MCH topics targeted to specific audiences to promote the health of MCH populations

Points for discussion:

- Does the Title V program provide grants to local organizations to implement health education activities?
- Does the Title V program use MCH or other state dollars to leverage other funds to support existing health education programs?
- Does the Title V program offer technical assistance, funding, or other incentives to MCOs to develop and offer health education programs?
- Does the Title V program jointly sponsor and implement health education activities across localities?
- Does the Title V program collaborate with other public and private agencies/organizations in implementing health education services (e.g., establishing partnerships with faith-based organizations or businesses)?

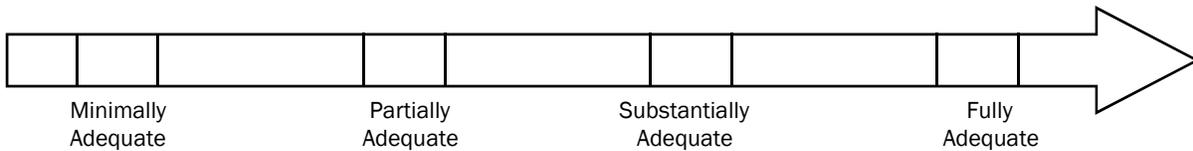


Performed by another agency/institution (specify): _____

3.IB.3 Produce and disseminate evaluative reports on the effectiveness of health promotion and health education programs/campaigns

Points for discussion:

- Does the Title V program collect information on individuals participating in health education and promotion programs?
- Does the Title V program have a means of collecting information on segments of target populations *not* participating in health education and promotion programs?
- Does the Title V program collect data on changes in knowledge and behavior resulting from participation in health education and promotion programs?
- Does the Title V program analyze data on outcomes with data on contributing factors and/or participant demographics?
- Does the Title V program disseminate results of these analyses to provider institutions, publish them in professional journals, or otherwise share what is learned with interested parties?
- Does the Title V program use information from these evaluations to make decisions about continuation of funding or changes in programming?



Performed by another agency/institution (specify): _____

3.PB Population-Based Health Information Services

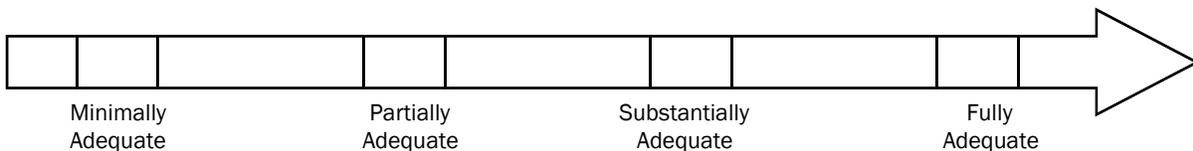
Key Idea:

- Provision of health information to broad audiences

3.PB.1 Utilize a routine mechanism for identifying existing and emerging population-based health information needs

Points for discussion:

- Is information from the Title V needs assessment used in determining priorities for population-based health information campaigns?
- Is the Title V program familiar with a wide range of health information resources?
- Does the Title V program determine what health information campaigns are already in place when assessing priorities for developing new ones?

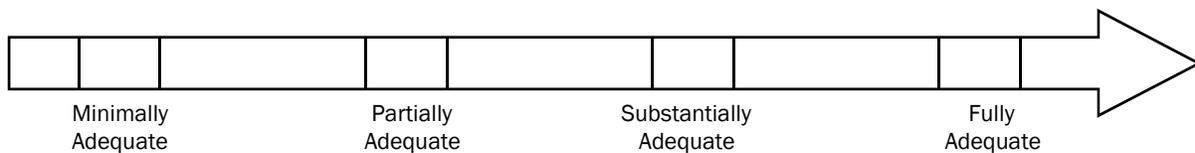


Performed by another agency/institution (specify): _____

3.PB.2 Design and implement public awareness campaigns on specific MCH issues to promote behavior change

Points for discussion:

- Has the Title V program contracted for a comprehensive public awareness campaign using a variety of media and communication methods?
- Has the Title V program developed business plans for financing public awareness campaigns?
- Has the Title V program used MCH money to leverage other funds to support public awareness campaigns?
- Has the Title V program collaborated with other public and private entities in implementing public awareness campaigns?
- Has the Title V program identified and educated other entities (including nontraditional ones) to carry forth priority health behavior change messages?
- Does the Title V program communicate timely information on MCH topics (e.g., current state and national research findings, MCH programs and services) through press releases, newsletters, and other contacts with the media, state agency bulletins, and other community channels?

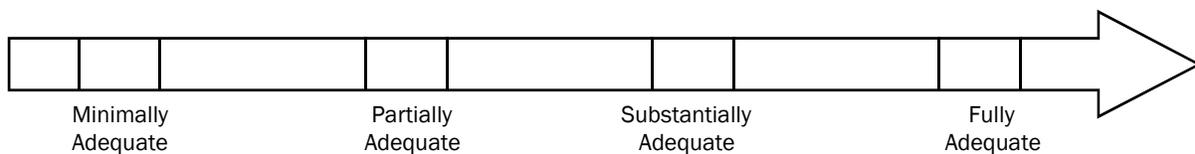


Performed by another agency/institution (specify): _____

3.PB.3 Develop, fund, and/or otherwise support the dissemination of MCH information and education resources

Points for discussion:

- Does the Title V program house a clearinghouse of state-specific MCH resources, or does it provide funding or staff time to support one housed in another agency or organization?
- Does the Title V program maintain or have access to a library of current national and state-specific MCH data-based reports?
- Is the Title V program approached by policymakers, consumers, and others to provide descriptive information about MCH populations and health status indicators?
- Does the Title V program have a regular means of publicizing its toll-free MCH line in a manner that is targeted to reach the full range of MCH constituents in the state?

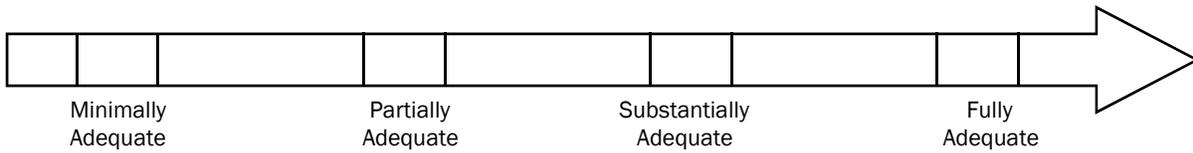


Performed by another agency/institution (specify): _____

3.PB.4 Produce and disseminate evaluative reports on the effectiveness of public awareness campaigns and other population-based health information services

Points for discussion:

- Does the Title V program collect information on the individuals and organizational entities reached by health information campaigns and other methods of disseminating health information?
- Does the Title V program collect data on changes in knowledge and behavior resulting from its population-based health information services?
- Does the Title V program analyze data on outcomes of these services with data on other contributing factors?
- Does the Title V program disseminate results of these analyses to provider institutions, publish them in professional journals, or otherwise share what is learned with interested parties?
- Does the Title V program use information from these evaluations to make decisions about continuation of funding or changes in programming?



Performed by another agency/institution (specify): _____

Minimally Adequate	Partially Adequate	Substantially Adequate	Fully Adequate	Process Indicator
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.IB.1 Utilize a routine mechanism for identifying existing and emerging health education needs and appropriate target audiences
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.IB.2 Conduct and/or fund health education programs/services on MCH topics targeted to specific audiences to promote the health of MCH populations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.IB.3 Produce and disseminate evaluative reports on the effectiveness of health promotion and health education programs/campaigns
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.PB.1 Utilize a routine mechanism for identifying existing and emerging population-based health information needs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.PB.2 Design and implement public awareness campaigns on specific MCH issues to promote behavior change
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.PB.3 Develop, fund, and/or otherwise support the dissemination of MCH information and education resources
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.PB.4 Produce and disseminate evaluative reports on the effectiveness of public awareness campaigns and other population-based health information services

Process Indicators

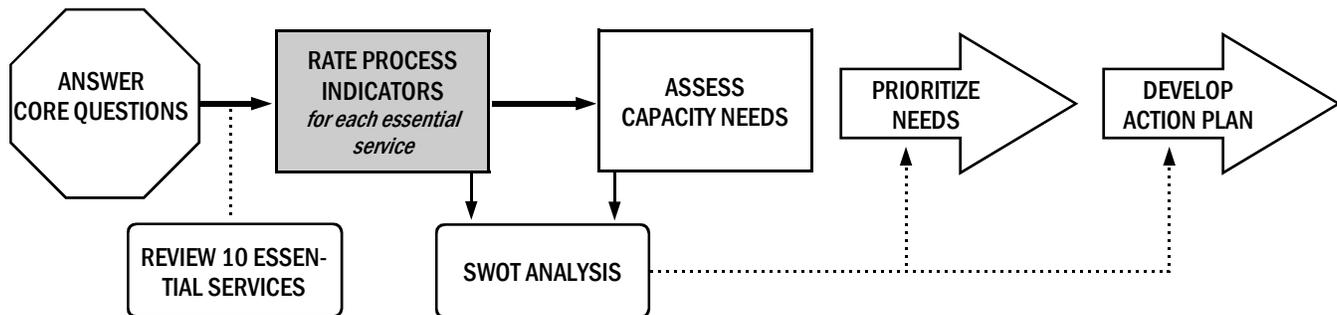
Essential
Service 4

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 Process Indicators represent program output and activities corresponding to the 10 MCH Essential Services at the state level.

Instructions

First, read through the entire list of Process Indicators for this Essential Service. Each set of Process Indicators reflects program output or activities along a continuum; the first indicator in a list represents a more basic level of performance than does the last. The continuum does not necessarily reflect the order in which one would approach the tasks. Rather, it allows programs of diverse structures and resources to identify the program outputs they currently achieve and those they aim to achieve in the future.

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 the Title V program performs the function detailed: *minimally adequate, partially adequate, substantially adequate, or fully adequate*.

The following points are critical to this discussion and will help the assessment team interpret indicators and reach consensus:

- ◆ **Responses should be determined in light of “where you want/need to be,” given the strategic goals the assessment team has articulated.** For this reason, a rating of “fully adequate” should not be interpreted to mean “perfect.” The response categories are aligned along an ar-

(Continued on page 2)

row to reflect the continuous nature of quality improvement. “Fully adequate” is intended to reflect adequacy *given the program’s strategic goals*.

- ◆ Mark one box for the overall Title V program (or organizational entity being assessed). If performance ratings differ by sub-units of the program, you may write those units in the appropriate places along the arrow.
- ◆ Suggested points for discussion are provided below each Process Indicator. These questions are intended as discussion guides only, not as checklists. Deliberations should not focus exclusively on these discussion questions, as they do not necessarily represent all of the elements that must be in place for adequate performance related to the Process Indicator.

(2) Record contributions of other entities in the MCH system in the space provided.

After completing all of the Process Indicators, transfer the ratings onto the Summary Sheet that follows.

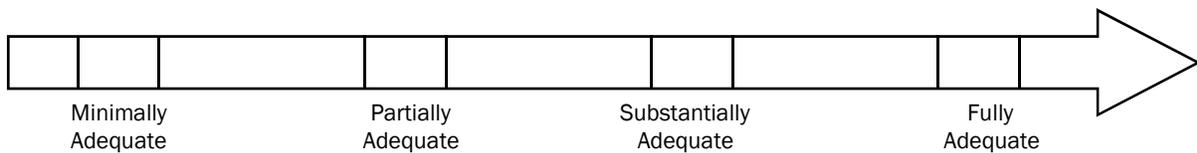
Essential Service #4

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

4.1 Respond to community MCH concerns as they arise

Points for discussion:

- Are community organizations aware of how and to whom within the Title V program to communicate their concerns?
- Do community organizations regularly communicate their concerns and interests to the Title V program?
- Does the Title V program have a track record of responding actively to community concerns through changes in policies, programs, or other means?

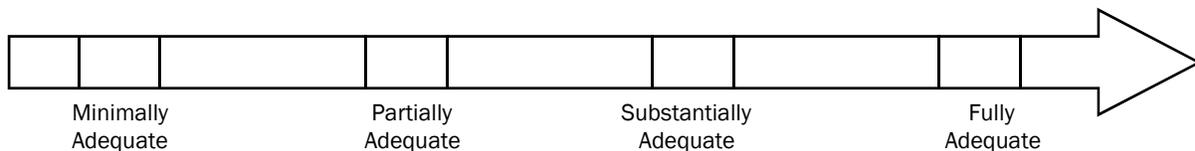


Performed by another agency/institution (specify): _____

4.2 Specify geographic boundaries of communities and/or stakeholder groups for targeting interventions and services

Points for discussion:

- Do needs assessments and planning activities incorporate detailed assessments of the segments of the community/state to which services and programs are targeted?
- Are community boundaries and/or identities (definitions) determined with input from community members themselves?

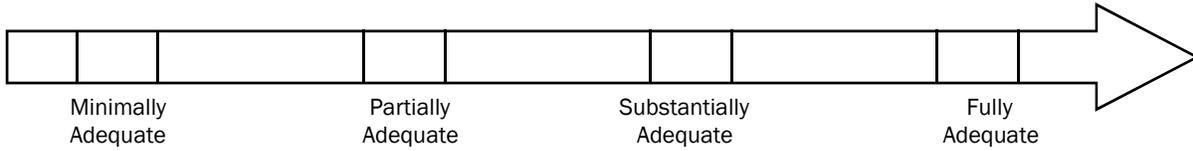


Performed by another agency/institution (specify): _____

4.3 Provide trend information to targeted community audiences on state and local MCH status and needs

Points for discussion:

- Does the Title V program produce issue- and population-specific fact sheets, briefs, and other reports that are disseminated to provider associations, elected officials, and community organizations?

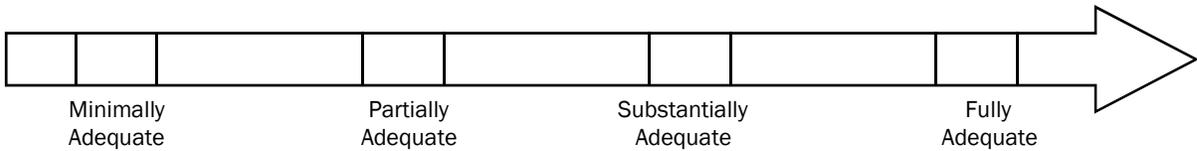


Performed by another agency/institution (specify): _____

4.4 Actively solicit and use community input about MCH needs

Points for discussion:

- Does the Title V program have a formal mechanism for including the perspectives of community members/ organizations in identifying needs?
- Does the Title V program provide technical assistance to local agencies on collaborating with community organizations in identifying needs?

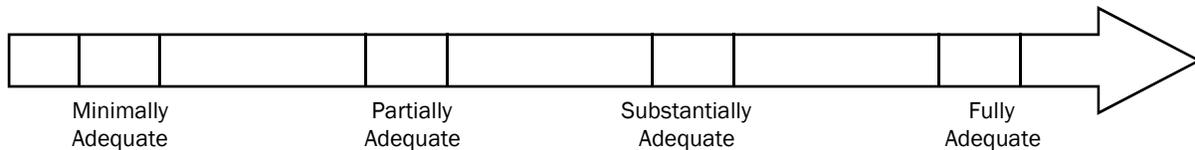


Performed by another agency/institution (specify): _____

4.5 Provide funding and/or technical assistance for community-driven and –generated initiatives and partnerships among public and/or private community stakeholders (e.g., MCOs, hospital associations, parent groups)

Points for discussion:

- Does the Title V program provide incentives (e.g., mini grants, adjusted payment rates, public recognition, develop and/or disseminate “how to” publications) for MCOs and other state and local providers of MCH services to establish consumer advisory boards?
- Does the Title V program fund community initiatives addressing problems/needs identified by the community?

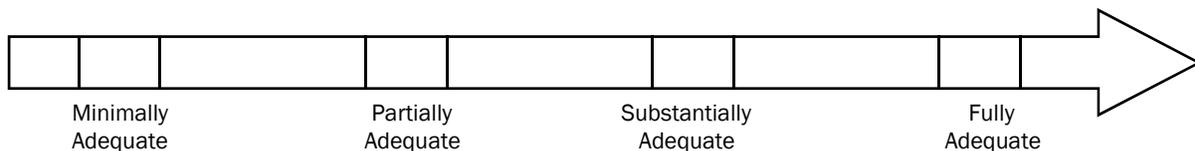


Performed by another agency/institution (specify): _____

4.6 Convene, stimulate, and/or provide resources (e.g., staffing, funding) for coalitions of agencies and/or constituent professional organizations to develop strategic plans to address health status and health systems issues

Points for discussion:

- Does the Title V program provide technical assistance and/or monetary contributions to coalitions?
- Has the Title V program obtained funding from grants for convening or participating in coalitions or similar collaborative activities?



Performed by another agency/institution (specify): _____

Minimally Adequate	Partially Adequate	Substantially Adequate	Fully Adequate	Process Indicator
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.1 Respond to community MCH concerns as they arise
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.2 Specify community geographic boundaries and/or stakeholders for use in targeting interventions and services
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.3 Provide trend information to targeted community audiences on state and local MCH status and needs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.4 Actively solicit and use community input about MCH needs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.5 Provide funding and/or technical assistance for community-driven and generated initiatives and partnerships among public and/or private community stakeholders (e.g., MCOs, hospital associations, parent groups)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.6 Convene, stimulate, and/or provide resources (e.g., staffing, funding) for coalitions of agencies and/or constituent professional organizations to develop strategic plans to address health status and health systems issues

Process Indicators

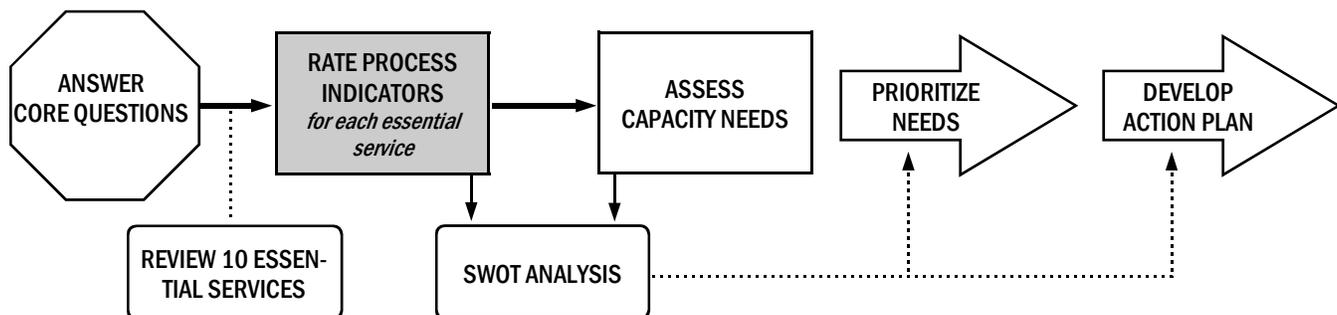
Essential
Service 5

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 Process Indicators represent program output and activities corresponding to the 10 MCH Essential Services at the state level.

Instructions

First, read through the entire list of Process Indicators for this Essential Service. Each set of Process Indicators reflects program output or activities along a continuum; the first indicator in a list represents a more basic level of performance than does the last. The continuum does not necessarily reflect the order in which one would approach the tasks. Rather, it allows programs of diverse structures and resources to identify the program outputs they currently achieve and those they aim to achieve in the future.

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 the Title V program performs the function detailed: *minimally adequate, partially adequate, substantially adequate, or fully adequate.*

The following points are critical to this discussion and will help the assessment team interpret indicators and reach consensus:

- ◆ **Responses should be determined in light of “where you want/need to be,” given the strategic goals the assessment team has articulated.** For this reason, a rating of “fully adequate” should not be interpreted to mean “perfect.” The response categories are aligned along an ar-

(Continued on page 2)

row to reflect the continuous nature of quality improvement. “Fully adequate” is intended to reflect adequacy *given the program’s strategic goals*.

- ◆ Mark one box for the overall Title V program (or organizational entity being assessed). If performance ratings differ by sub-units of the program, you may write those units in the appropriate places along the arrow.
- ◆ Suggested points for discussion are provided below each Process Indicator. These questions are intended as discussion guides only, not as checklists. Deliberations should not focus exclusively on these discussion questions, as they do not necessarily represent all of the elements that must be in place for adequate performance related to the Process Indicator.

(2) Record contributions of other entities in the MCH system in the space provided.

After completing all of the Process Indicators, transfer the ratings onto the Summary Sheet that follows.

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.

5.DD Data-Driven Decision Making/Planning

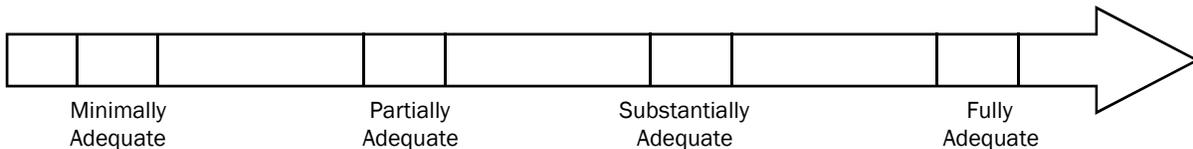
Key Idea:

- Routine use of population-based quantitative and qualitative data, including stakeholder concerns
- Dissemination of timely data for planning purposes

5.DD.1 Actively promote the use of the scientific knowledge base in the development, evaluation, and allocation of resources for MCH policies, services, and programs

Points for discussion:

- Does the Title V program have a systematic process for evaluating current data pertaining to proposed policies, services, and programs?
- Does the Title V program regularly consult with expert advisory panels in the formulation of policies, services, and programs?
- Are MCH objectives and program plans based on current health status and other data?
- Does the Title V program regularly consult with published literature, research studies, and national health data profiles in the formulation of policies, services, and programs?

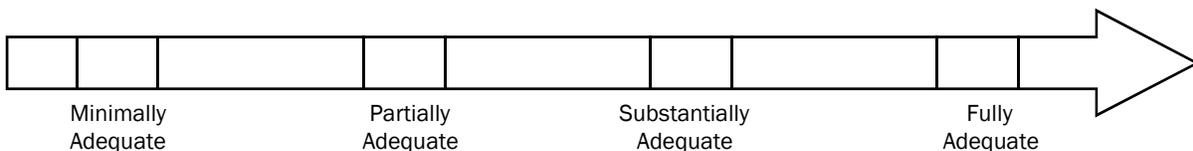


Performed by another agency/institution (specify): _____

5.DD.2 Support the production and dissemination of an annual state report on MCH status, objectives, and programs, beyond the annual Block Grant submission

Points for discussion:

- Does the Title V program contribute funds to the production and dissemination of an annual MCH state report?
- Does the Title V program contribute data and/or analysis in the production of an annual MCH state report?
- Does the Title V program contribute staff time to the production and dissemination of an annual MCH state report?
- Does the Title V program provide *leadership* for the production of an annual MCH state report?

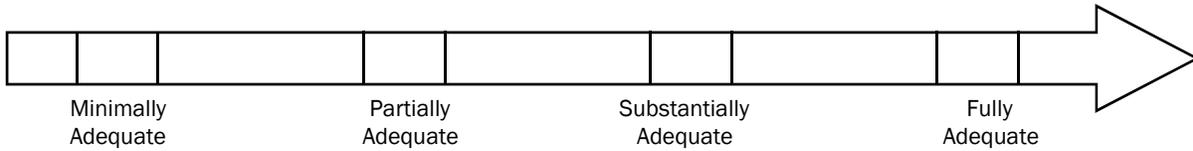


Performed by another agency/institution (specify): _____

5.DD.3 Establish and routinely use formal mechanisms to gather stakeholders’ guidance on MCH concerns

Points for discussion:

- Does the Title V program 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?

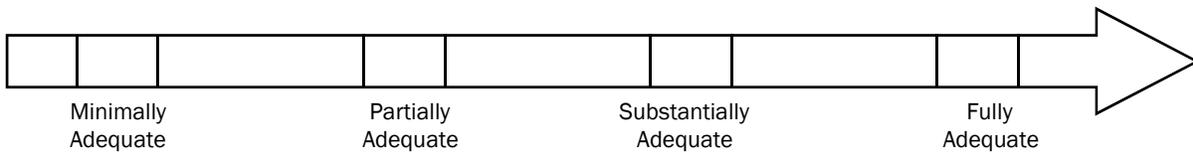


Performed by another agency/institution (specify): _____

5.DD.4 Use diverse data and perspectives for data-driven planning and priority setting

Points for discussion:

- Does the Title V program regularly utilize data from other agencies (state, regional, local, and/or national)?
- Does the Title V program have a systematic process for using these data to inform state MCH health objectives and planning?



Performed by another agency/institution (specify): _____

5.PD Negotiating Program and Policy Development

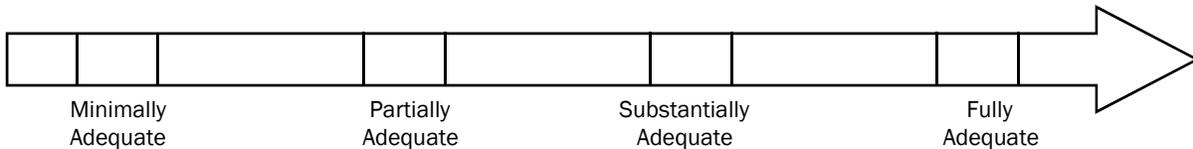
Key Idea:

- Collaboration
- Leadership in promoting the MCH mission

5.PD.1 Participate in and provide consultation to ongoing state initiatives to address MCH issues and coordination needs

Points for discussion:

- Is the Title V program a member of two or more state-level advisory councils or working committees?
- Does the Title V program routinely partner with other agencies or programs in activities related to training and education, program and policy development, and/or evaluation?
- Does the Title V program serve as agency representative for one or more private sector community projects or professional associations?
- Are there key issue areas for which agency partnerships are lacking?

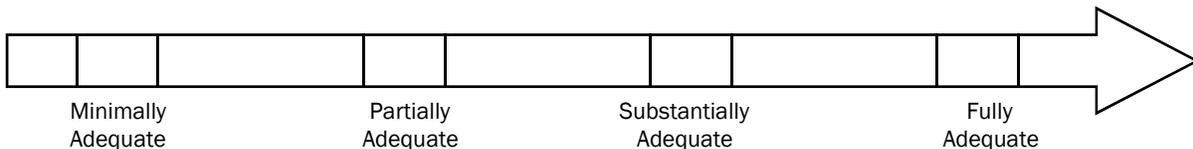


Performed by another agency/institution (specify): _____

5.PD.2 Develop, review, and routinely update formal interagency agreements for collaborative roles in established public programs (e.g., WIC, family planning, Medicaid)

Points for discussion:

- Does the Title V program participate in interagency agreements for joint needs assessment and/or program planning and evaluation?
- Does the Title V program review and update these interagency agreements on a reasonable routine schedule?
- Are there programs or issue areas for which the Title V program does not have interagency agreements but should?

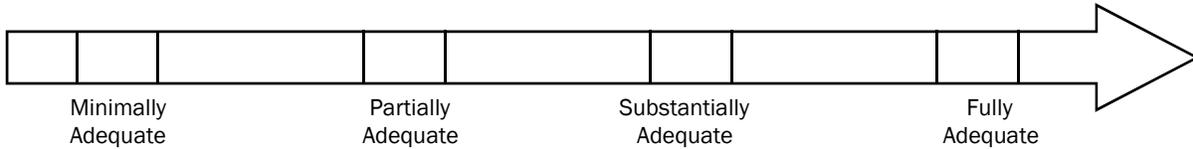


Performed by another agency/institution (specify): _____

5.PD.3 Serve as a consultant to, and cultivate collaborative roles in, new state initiatives, through either informal mechanisms or formal interagency agreements

Points for discussion:

- Has the Title V program contributed to the planning process of at least one new state initiative affecting the MCH population within the last three years?
- Has the Title V program been part of the implementation of a joint state initiative in the last three years?
- Is the Title V program routinely consulted by the leadership of other programs to provide insight into the impact of policies and procedures on MCH populations?

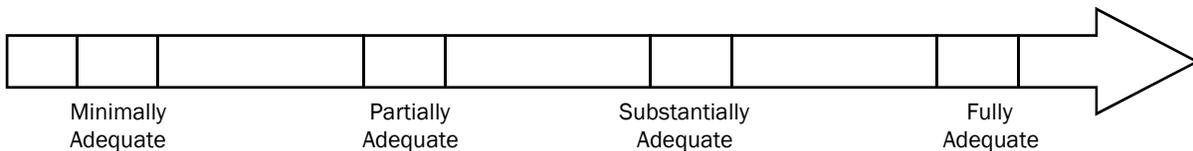


Performed by another agency/institution (specify): _____

5.PD.4 Advocate for programs and policies necessary to promote the health of MCH populations based on the scientific knowledge base/data and community input

Points for discussion:

- Does the Title V program routinely produce and/or disseminate MCH science or policy news to providers and/or the general public?
- Does the Title V program serve as a representative of the health agency at public/legislative hearings?
- Does the Title V program make recommendations and advocate for state and local systems improvements based on mortality review findings (if such reviews exist in the state)?



Performed by another agency/institution (specify): _____

Minimally Adequate	Partially Adequate	Substantially Adequate	Fully Adequate	Process Indicator
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.DD.1 Actively promote the use of the scientific knowledge base in the development, evaluation, and allocation of resources for MCH policies, services, and programs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.DD.2 Support the production and dissemination of an annual state report on MCH status, objectives, and programs, beyond the annual Block Grant submission
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.DD.3 Establish and routinely use formal mechanisms to gather stakeholders' guidance on MCH concerns
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.DD.4 Use diverse data and perspectives for data-driven planning and priority setting
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.PD.1 Participate in and provide consultation to ongoing state initiatives to address MCH issues and coordination needs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.PD.2 Develop, review, and routinely update formal interagency agreements for collaborative roles in established public programs (e.g., WIC, family planning, Medicaid)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.PD.3 Serve as a consultant to, and cultivate collaborative roles in, new state initiatives, through either informal mechanisms or formal interagency agreements
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.PD.4 Advocate for programs and policies necessary to promote the health of MCH populations based on the scientific knowledge base/data and community input

Process Indicators

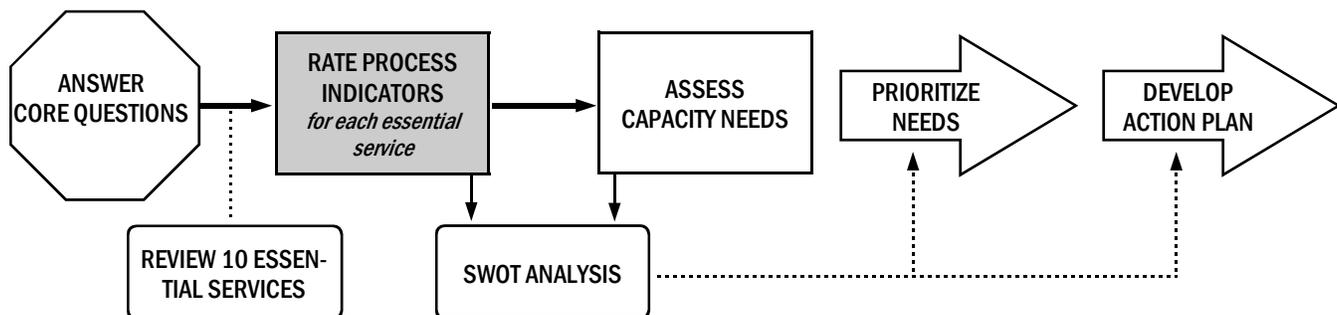
Essential Service **6**

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 Process Indicators represent program output and activities corresponding to the 10 MCH Essential Services at the state level.

Instructions

First, read through the entire list of Process Indicators for this Essential Service. Each set of Process Indicators reflects program output or activities along a continuum; the first indicator in a list represents a more basic level of performance than does the last. The continuum does not necessarily reflect the order in which one would approach the tasks. Rather, it allows programs of diverse structures and resources to identify the program outputs they currently achieve and those they aim to achieve in the future.

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 the Title V program performs the function detailed: *minimally adequate, partially adequate, substantially adequate, or fully adequate*.

The following points are critical to this discussion and will help the assessment team interpret indicators and reach consensus:

- ◆ **Responses should be determined in light of “where you want/need to be,” given the strategic goals the assessment team has articulated.** For this reason, a rating of “fully adequate” should not be interpreted to mean “perfect.” The response categories are aligned along an ar-

(Continued on page 2)

row to reflect the continuous nature of quality improvement. “Fully adequate” is intended to reflect adequacy *given the program’s strategic goals*.

- ◆ Mark one box for the overall Title V program (or organizational entity being assessed). If performance ratings differ by sub-units of the program, you may write those units in the appropriate places along the arrow.
- ◆ Suggested points for discussion are provided below each Process Indicator. These questions are intended as discussion guides only, not as checklists. Deliberations should not focus exclusively on these discussion questions, as they do not necessarily represent all of the elements that must be in place for adequate performance related to the Process Indicator.

(2) Record contributions of other entities in the MCH system in the space provided.

After completing all of the Process Indicators, transfer the ratings onto the Summary Sheet that follows.

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.

6.LA Legislative and Regulatory Advocacy

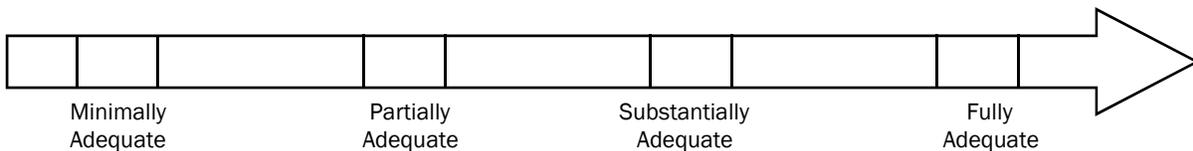
Key ideas:

- Assure legislative and regulatory adequacy

6.LA.1 Periodically review *existing* state MCH-related legislation to assess adequacy and any inconsistencies in legislative/regulatory mandates across programs serving MCH populations

Points for discussion:

- Does the Title V program include assessment of MCH legislation in its long-term planning about needs and priorities for the state’s MCH population?
- In the last 3-5 years, has the Title V program undertaken or participated in an interagency review of state legislation affecting programs serving MCH populations, in order to address conflicting language and mandates?
- In the last three years, has the Title V program reviewed state health-related legislation to ensure adequacy of MCH programming, resource allocation, and reporting standards?

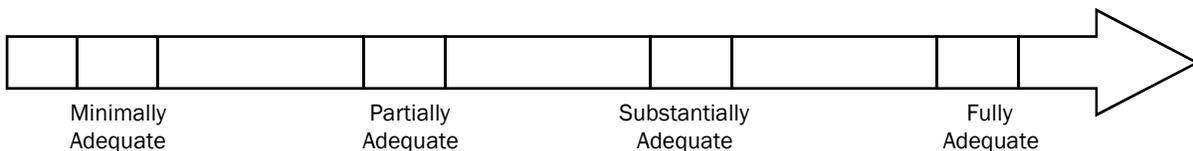


Performed by another agency/institution (specify): _____

6.LA.2 Monitor *proposed* legislation that may impact MCH and participate in discussions about its appropriateness and effects

Points for discussion:

- Do Title V staff members routinely attend legislative hearings?
- Does the Title V program participate in legislative hearings?
- Does the Title V program prepare and present testimony at legislative hearings?

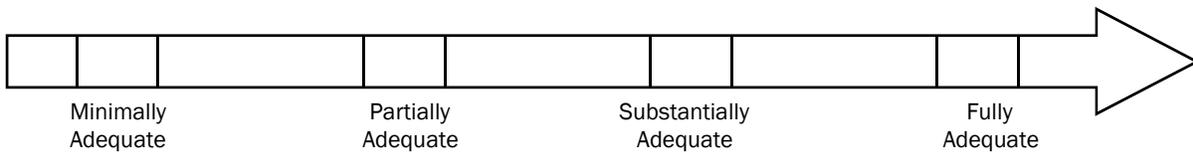


Performed by another agency/institution (specify): _____

6.LA.3 Devise and promote a strategy (specific to state constraints/protocols) for informing elected officials about legislative/regulatory needs for MCH

Points for discussion:

- Does the Title V program have established and routinely used procedures for identifying knowledge gaps (e.g., community or professional advisory boards)?
- Does the Title V program collaborate with local health agencies to collect and analyze data related to these knowledge gaps?
- Does the Title V program field surveys or otherwise collect data on MCH populations and the health care delivery system?
- Does the Title V program use that data to examine relationships among risk factors, environmental/contextual factors, and outcomes?

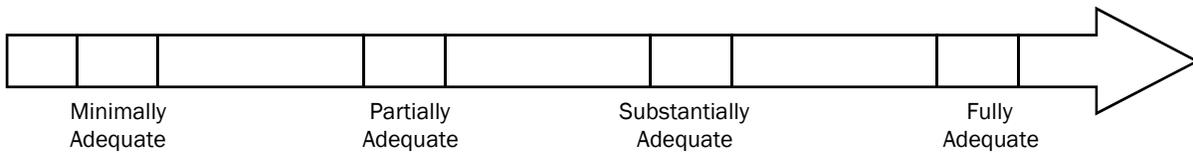


Performed by another agency/institution (specify): _____

6.LA.4 Initiate legislative proposals and/or lead regulatory efforts (specific to state constraints and protocols) pertaining to MCH concerns when appropriate

Points for discussion:

- Does the Title V program on an annual basis consider needs for new legislation or regulations?
- Does the Title V program have a mechanism for initiating legislative or regulatory efforts?



Performed by another agency/institution (specify): _____

6.CS Certification and Standards

Key ideas:

- Provide leadership in promoting standards-based care

6.CS.1 Participate in processes led by professional organizations and other state agencies to provide MCH expertise in the development of licensure and certification processes

Points for discussion:

- In the past five years, has the Title V program provided MCH expertise in state efforts to develop or revise *professional* licensure and certification processes and standards?
- In the past five years, has the Title V program provided MCH expertise in state efforts to develop or revise *institutional* licensure and certification processes and standards?

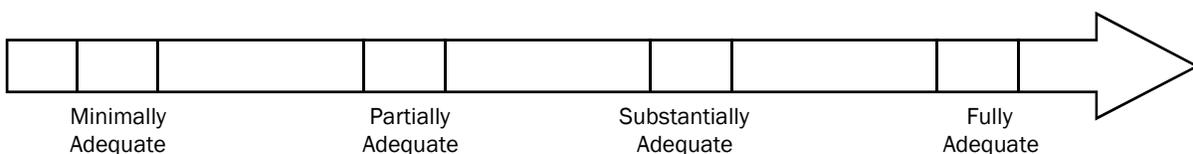


Performed by another agency/institution (specify): _____

6.CS.2 Provide leadership to develop and promulgate harmonious and complementary standards that promote excellence in quality care for women, infants, and children, in collaboration with professional organizations and other state agencies with regulatory capacity as appropriate

Points for discussion:

- In the past three years, has the Title V program provided leadership and MCH expertise in a standards-setting process for programs and insurers serving MCH populations (e.g., school health services, family planning/reproductive health care, WIC, child care, CSHCN)?
- Does the Title V program regularly review standards for consistency and appropriateness, based on current advances in the field?
- Does the Title V program promote interagency consistency in standards?

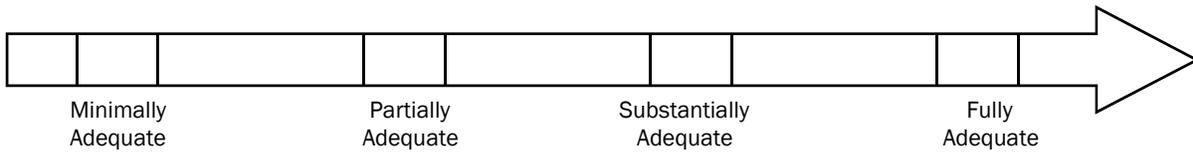


Performed by another agency/institution (specify): _____

6.CS.3 Integrate standards of quality care into third party contracts for Title V-funded services, other publicly-funded services (e.g., Medicaid, SCHIP, WIC, family planning), and/or privately-financed services

Points for discussion:

- Has the Title V program collaborated with Medicaid and SCHIP to incorporate MCH standards and outcomes objectives in provider contracts?
- Has the Title V program incorporated fiscal and administrative incentives for standards-based performance and reporting in third party contracts?
- Has the Title V program directly negotiated with private insurance companies to incorporate MCH standards of care into their protocols?
- Has the Title V program communicated with major purchasers of private insurance about incorporating MCH standards of care into their contracts with insurers?

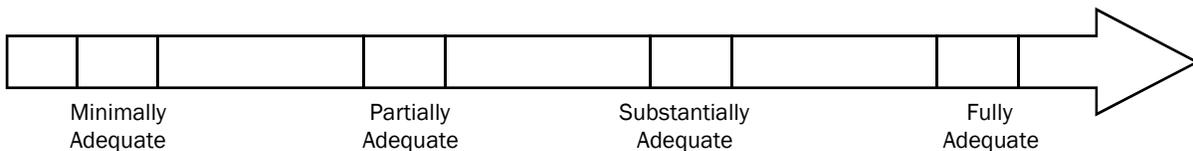


Performed by another agency/institution (specify): _____

6.CS.4 Develop, enhance, and promote protocols, instruments, and methodologies for use by health plans, insurance agencies, and other relevant state and local agencies that promote MCH quality assurance

Points for discussion:

- Has the Title V program led or participated in a process to define perinatal regions and corresponding standards, convene a perinatal oversight committee, and conduct process and outcome analysis?
- In the last three years, has the Title V program provided leadership in promoting the implementation of existing MCH standards-based protocols and instruments (e.g., Bright Futures) across the state?
- Has the Title V program promoted and developed a process to identify quality issues pertaining to MCH in the state (e.g., infant, maternal, and child death reviews)?

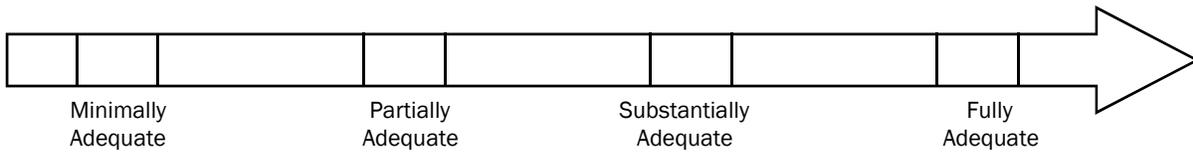


Performed by another agency/institution (specify): _____

6.CS.5 Participate in or provide oversight for quality assurance efforts among regional health providers and systems and local health agencies and contribute resources for correcting identified problems

Points for discussion:

- In the past 3-5 years, has the Title V program conducted record and site reviews of local and regional health care providers, agencies, and/or systems?
- Has the Title V program allocated financial and/or staff resources for addressing deficiencies identified in such reviews?



Performed by another agency/institution (specify): _____

Minimally Adequate	Partially Adequate	Substantially Adequate	Fully Adequate	Process Indicator
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.LA.1 Periodically review <i>existing</i> state MCH-related legislation to assess adequacy and any inconsistencies in legislative/regulatory mandates across programs serving MCH populations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.LA.2 Monitor <i>proposed</i> legislation that may impact MCH and participate in discussions about its appropriateness and effects
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.LA.3 Devise and promote a strategy (specific to state constraints/protocols) for informing elected officials about legislative/regulatory needs for MCH
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.LA.4 Initiate legislative proposals and/or lead regulatory efforts (specific to state constraints and protocols) pertaining to MCH concerns when appropriate
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.CS.1 Participate in processes led by professional organizations and other state agencies to provide MCH
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.CS.2 Provide leadership to develop and promulgate harmonious and complementary standards that promote excellence in quality care for women, infants, and children, in collaboration with professional organizations and other state agencies with regulatory capacity as appropriate
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.CS.3 Integrate standards of quality care into third party contracts for Title V-funded services, other publicly-funded services (e.g., Medicaid, SCHIP, WIC, family planning), and/or privately-financed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.CS.4 Develop, enhance, and promote protocols, instruments, and methodologies for use by health plans, insurance agencies, and other relevant state and local agencies that promote MCH quality assurance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.CS.5 Participate in or provide oversight for quality assurance efforts among regional health providers and systems and local health agencies and contribute resources for correcting identified problems

Process Indicators

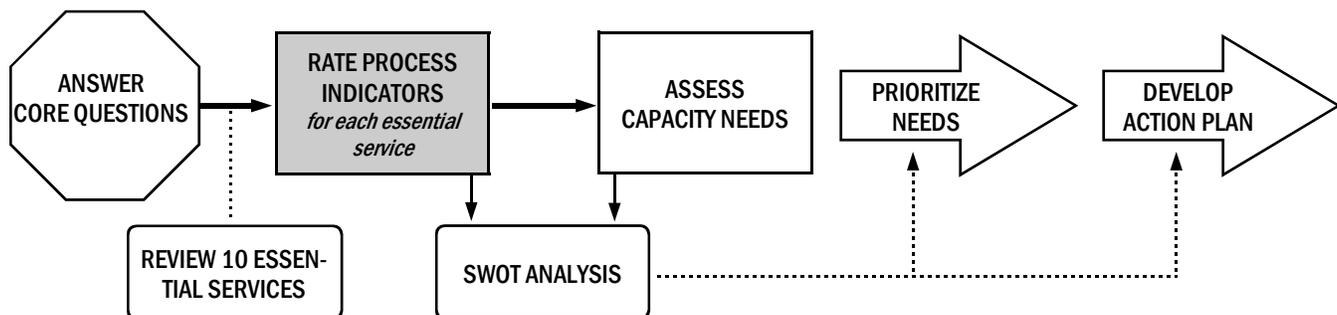
Essential
Service 7

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 Process Indicators represent program output and activities corresponding to the 10 MCH Essential Services at the state level.

Instructions

First, read through the entire list of Process Indicators for this Essential Service. Each set of Process Indicators reflects program output or activities along a continuum; the first indicator in a list represents a more basic level of performance than does the last. The continuum does not necessarily reflect the order in which one would approach the tasks. Rather, it allows programs of diverse structures and resources to identify the program outputs they currently achieve and those they aim to achieve in the future.

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 the Title V program performs the function detailed: *minimally adequate, partially adequate, substantially adequate, or fully adequate*.

The following points are critical to this discussion and will help the assessment team interpret indicators and reach consensus:

- ◆ **Responses should be determined in light of “where you want/need to be,” given the strategic goals the assessment team has articulated.** For this reason, a rating of “fully adequate” should not be interpreted to mean “perfect.” The response categories are aligned along an ar-

(Continued on page 2)

row to reflect the continuous nature of quality improvement. “Fully adequate” is intended to reflect adequacy *given the program’s strategic goals*.

- ◆ Mark one box for the overall Title V program (or organizational entity being assessed). If performance ratings differ by sub-units of the program, you may write those units in the appropriate places along the arrow.
- ◆ Suggested points for discussion are provided below each Process Indicator. These questions are intended as discussion guides only, not as checklists. Deliberations should not focus exclusively on these discussion questions, as they do not necessarily represent all of the elements that must be in place for adequate performance related to the Process Indicator.

(2) Record contributions of other entities in the MCH system in the space provided.

After completing all of the Process Indicators, transfer the ratings onto the Summary Sheet that follows.

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.

7.AA Assure access to services

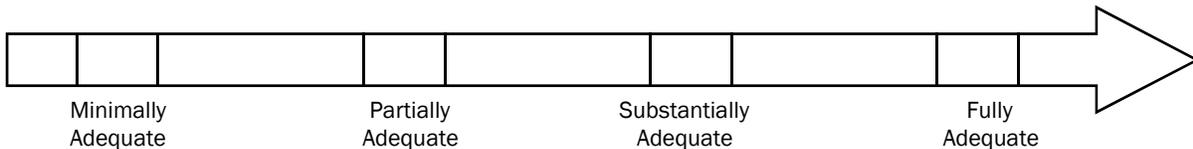
Key ideas:

- Provide oversight and technical assistance
- Ensure access to comprehensive and culturally appropriate services

7.AA.1 Develop, publicize, and routinely update a toll-free line and other resources for public access to information about health services availability

Points for discussion:

- Does the Title V program run ongoing TV, radio, and print advertisements publicizing its toll-free MCH line?
- Does the Title V program provide information to consumers about public and private health insurance coverage of MCH services?
- Does the Title V program provide information about publicly funded health services (e.g., family planning clinics, WIC sites) at points of contact with women, children, and families?
- Does the Title V program assist localities in developing and disseminating information and promoting awareness about local health services?
- Does the Title V program routinely evaluate the effectiveness and appropriateness of efforts to disseminate information about health services availability?

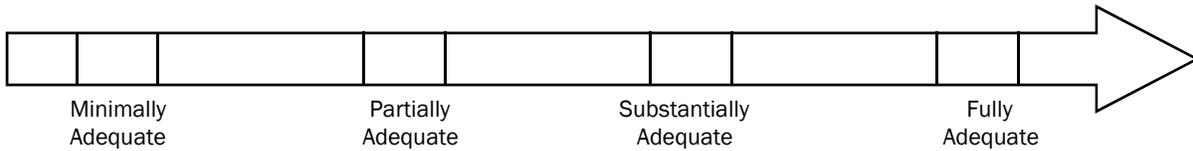


Performed by another agency/institution (specify): _____

7.AA.2 Provide resources and technical assistance for outreach, improved enrollment procedures, and service delivery methods for hard-to-reach populations

Points for discussion:

- Has the Title V program promoted the development of statewide or regional subcontracts with MCOs for outreach and home visiting services?
- Does the Title V program provide leadership and resources for developing and implementing innovative methods of health care delivery (e.g., off-site services such as mobile vans and storefront health centers)?
- Does the Title V program provide technical assistance to local agencies, providers, and health plans in identifying and serving hard-to-reach populations?
- Does the Title V program disseminate information on best practices among local agencies, providers, and health plans across the state?

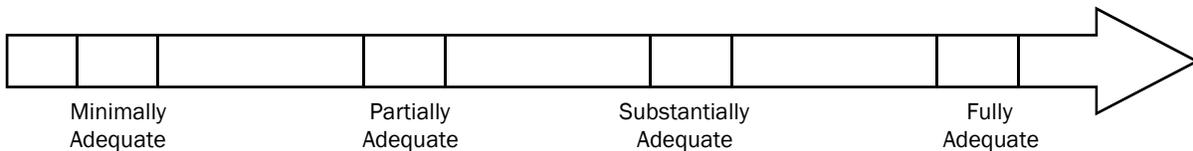


Performed by another agency/institution (specify): _____

7.AA.3 Develop and routinely evaluate tracking systems for universal, high risk, and underserved populations

Points for discussion:

- Has the Title V program conducted an evaluation of the newborn screening (metabolic, hearing, etc.) and follow-up system in the past five years?
- In the last five years, has the Title V program worked with local agencies to develop recommendations for and implement improvements in outreach, identification, and follow-up of high risk populations?

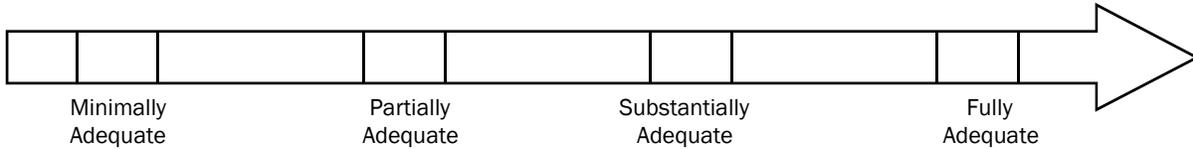


Performed by another agency/institution (specify): _____

7.AA.4 Provide or pay for direct services not otherwise available to CSHCN and other MCH populations (with Title V or other available funding)

Points for discussion:

- Does the Title V program operate clinics or provide staff support to existing clinics?
- Does the Title V program serve as an MCO subcontractor for services for CSHCN?
- Does the Title V program purchase insurance coverage?

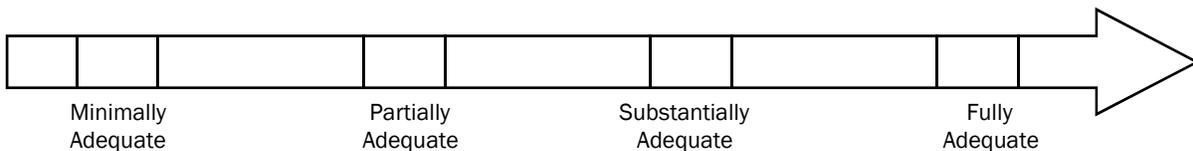


Performed by another agency/institution (specify): _____

7.AA.5 Provide resources to strengthen the cultural and linguistic competence of providers and services to enhance their accessibility and effectiveness

Points for discussion:

- Does the Title V program train its own staff in medical Spanish and/or “linguistic competence” for interacting with clients?
- In the past three years, has the Title V program sponsored continuing education opportunities for providers on cultural competence and health issues specific to racial/ethnic groups represented in the state?
- Does the Title V program work with culturally representative community groups and local health departments to provide resources for the preparation of outreach materials and media messages targeted to specific audiences?
- Does the Title V program provide leadership and resources for the recruitment and retention of persons of color and bilingual persons in maternal and child health services?

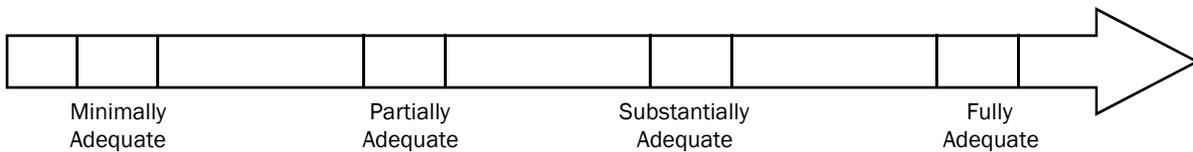


Performed by another agency/institution (specify): _____

7.AA.6 Collaborate with other state agencies to identify and obtain resources to expand the capacity of the health and social services systems, and establish interagency agreements for the administration of capacity-expanding initiatives/protocols

Points for discussion:

- Has the Title V program provided MCH expertise to the Medicaid agency and insurance commission in developing proposals for Medicaid waiver programs, enhanced/wrap-around MCH services, and/or other initiatives?
- Has the Title V program submitted or supported proposals for private foundation grants for enhanced MCH services?
- Does the Title V program routinely meet with professional organizations (e.g., ACOG, AAFP, AAP) and other state agencies to assess needs and capacity-expanding opportunities?
- Does the Title V program routinely assess system failures and successes and develop strategies for making needed improvements?
- Does the Title V program routinely review interagency agreements for effectiveness and appropriateness?

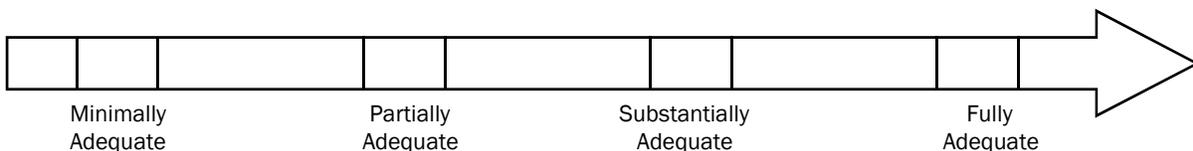


Performed by another agency/institution (specify): _____

7.AA.7 Actively participate in public insurers’ oversight of health plan/provider enrollment procedures and development of plans for appropriate provision of services for new enrollees

Points for discussion:

- Has the Title V program worked with the Medicaid agency and Insurance Commission to develop model enrollment screening protocols?
- Does the Title V program track new enrollees’ utilization of services?
- Does the Title V program interact with eligibility workers administering Medicaid managed care enrollment protocols (e.g., through joint staff development initiatives)?
- Does the Title V program develop consumer guides and/or other materials and protocols for assisting consumers in navigating the health care system?



Performed by another agency/institution (specify): _____

7.CC Coordinate a system of comprehensive care

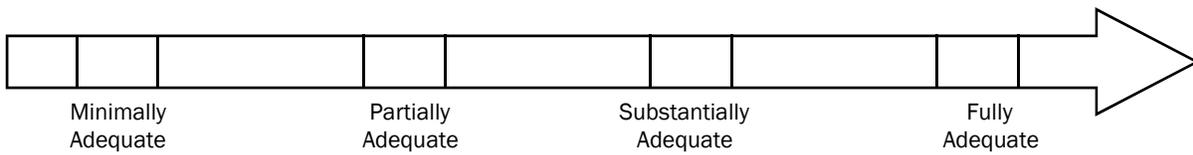
Key Idea:

- Provide leadership and oversight

7.CC.1 Provide leadership and resources for a system of case management and coordination of services

Points for discussion:

- Has the Title V program convened community service providers and health plan administrators to develop model contracts for MCOs that provide for linkages among all types of health services?
- Does the Title V program compile and distribute information on best practices across localities?

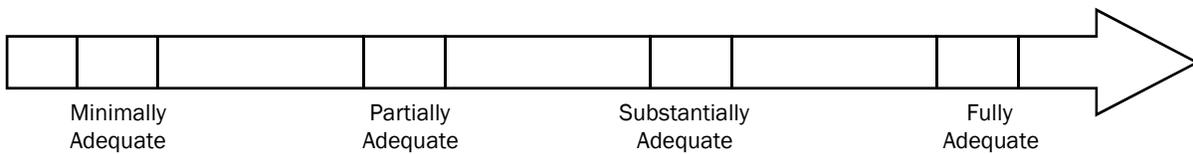


Performed by another agency/institution (specify): _____

7.CC.2 Provide leadership and oversight for systems of risk-appropriate perinatal and children’s care and care for CSHCN

Points for discussion:

- Does the Title V program support the establishment of cross-agency review teams?
- Does the Title V program develop and monitor compliance with risk-appropriate standards of care?
- Does the Title V program support and promote the routine evaluation of systems?



Performed by another agency/institution (specify): _____

Minimally Adequate	Partially Adequate	Substantially Adequate	Fully Adequate	Process Indicator
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.AA.1 Develop, publicize and routinely update a toll-free line and other resources for public access to information about health services availability
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.AA.2 Provide resources and technical assistance for outreach , improved enrollment procedures, and service delivery methods for hard-to reach populations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.AA.3 Develop and routinely evaluate tracking systems for universal, high risk, and underserved populations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.AA.4 Provide or pay for direct services not otherwise available to CSHCN and other MCH populations (with Title V or other available funding)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.AA.5 Provide resources to strengthen the cultural and linguistic competence of providers and services to enhance their accessibility and effectiveness
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.AA.6 Collaborate with other state agencies to identify and obtain resources to expand the capacity of the health and social services systems, and establish inter-agency agreements for the administration of capacity-expanding initiatives/ protocols
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.AA.7 Actively participate in public insurers' oversight of health plan/provider enrollment procedures and development of plans for appropriate provision of services for new enrollees
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.CC.1 Provide leadership and resources for a system of case management and coordination of services
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.CC.2 Provide leadership and oversight for systems of risk-appropriate perinatal and children's care and care for CSHCN

Process Indicators

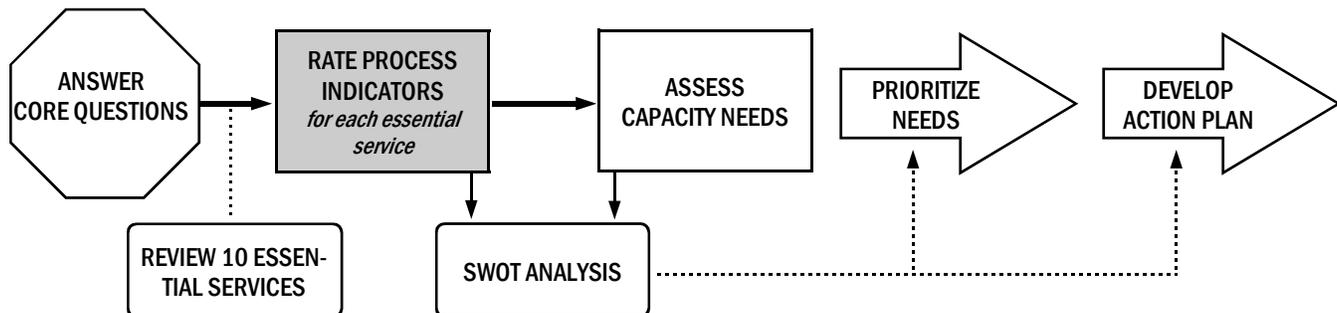
Essential
Service 8

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 Process Indicators represent program output and activities corresponding to the 10 MCH Essential Services at the state level.

Instructions

First, read through the entire list of Process Indicators for this Essential Service. Each set of Process Indicators reflects program output or activities along a continuum; the first indicator in a list represents a more basic level of performance than does the last. The continuum does not necessarily reflect the order in which one would approach the tasks. Rather, it allows programs of diverse structures and resources to identify the program outputs they currently achieve and those they aim to achieve in the future.

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 the Title V program performs the function detailed: *minimally adequate, partially adequate, substantially adequate, or fully adequate.*

The following points are critical to this discussion and will help the assessment team interpret indicators and reach consensus:

- ◆ **Responses should be determined in light of “where you want/need to be,” given the strategic goals the assessment team has articulated.** For this reason, a rating of “fully adequate” should not be interpreted to mean “perfect.” The response categories are aligned along an ar-

(Continued on page 2)

row to reflect the continuous nature of quality improvement. “Fully adequate” is intended to reflect adequacy *given the program’s strategic goals*.

- ◆ Mark one box for the overall Title V program (or organizational entity being assessed). If performance ratings differ by sub-units of the program, you may write those units in the appropriate places along the arrow.
- ◆ Suggested points for discussion are provided below each Process Indicator. These questions are intended as discussion guides only, not as checklists. Deliberations should not focus exclusively on these discussion questions, as they do not necessarily represent all of the elements that must be in place for adequate performance related to the Process Indicator.

(2) Record contributions of other entities in the MCH system in the space provided.

After completing all of the Process Indicators, transfer the ratings onto the Summary Sheet that follows.

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.

8.CP Capacity

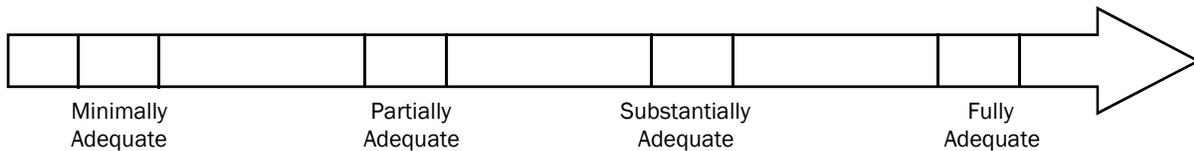
Key Ideas:

- Assure workforce capacity and distribution
- Assure competency across a wide range of skill areas (e.g., technical, cultural, content-related)

8.CP.1 Develop and enhance formal and informal relationships with schools of public health and other professional schools to enhance state and local public agency analytic capacity

Points for discussion:

- Does the Title V program collaborate with professional schools to conduct analyses as part of needs assessment, program planning, evaluation, or other planning cycle activities?
- Does the Title V program seek out internship/practicum students for mentoring and collaboration?
- Do the Title V program and its parent agency 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)?
- Do Title V staff serve on advisory committees, student thesis committees, and/or guest lecture at professional schools in the state?

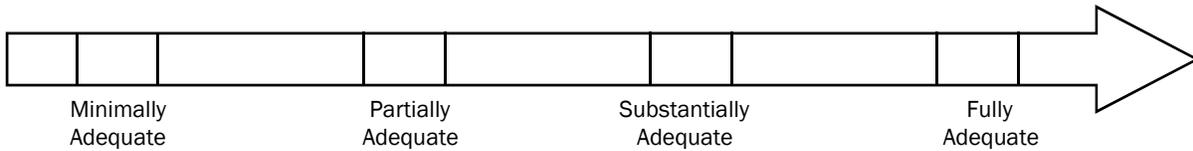


Performed by another agency/institution (specify): _____

8.CP.2 Monitor the numbers, types, and skills of the MCH labor force available to the state and localities

Points for discussion:

- Does the Title V program collaborate with federal, state, and local agencies (e.g., commerce, labor, HRSA) and/or professional organizations to assess needs and collect labor force data on the full spectrum of health providers for MCH populations in the state?
- Does the Title V program collaborate with universities in assessing needs and collecting labor force data?
- Does the Title V program regularly obtain updated data in this area?

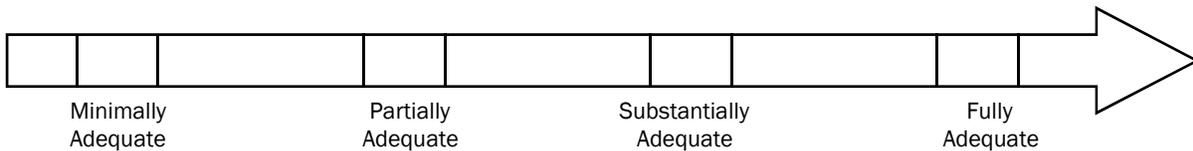


Performed by another agency/institution (specify): _____

8.CP.3 Monitor facility/institutional provider and program distribution throughout the state

Points for discussion:

- Does the Title V program maintain or have access to a resource inventory of all relevant programs and institutional providers reaching MCH populations?
- Does the Title V program assess the geographic coverage/availability of programs and institutional providers?

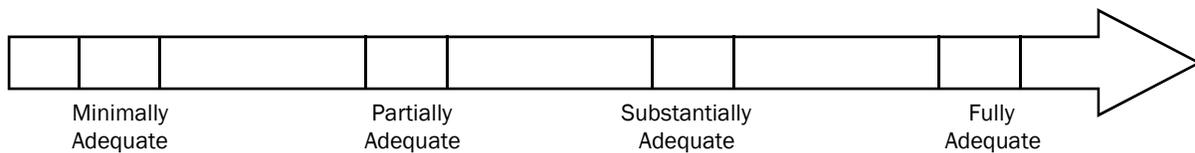


Performed by another agency/institution (specify): _____

8.CP.4 Integrate information on workforce and facility/program availability or distribution with ongoing health status needs assessment in order to address identified gaps and areas of concern

Points for discussion:

- In carrying out the 5 year needs assessment, does the Title V program consider workforce capacity to address identified needs?
- Does the Title V program consider workforce gaps as part of ongoing program planning?

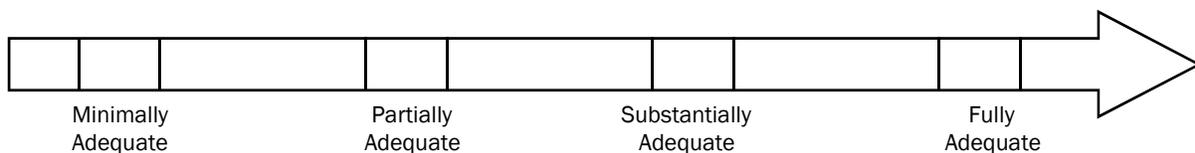


Performed by another agency/institution (specify): _____

8.CP.5 Create financial and other incentives and program strategies to address identified clinical professional and/or public health workforce shortages

Points for discussion:

- Does the Title V program make use of state-specific programs, the National Health Service Corps, or other programs providing financial incentives for providers to work in underserved areas of the state?
- Does the Title V program seek opportunities to host fellows, Epidemiological Intelligence Service officers, CSTE placements, MCH Epidemiology program placements, and professionals from similar programs?
- Does the Title V program actively recruit graduates of public health and other professional schools?



Performed by another agency/institution (specify): _____

8.CM Competency

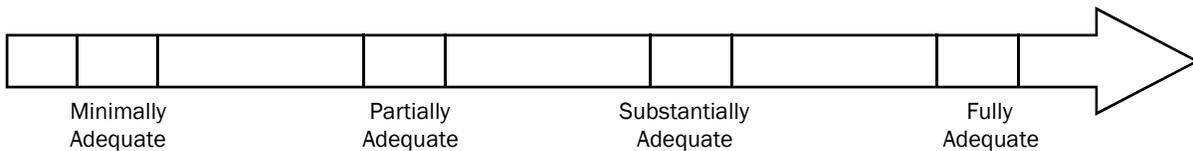
Key Idea:

- Provide and support continuing professional education
- Participate in pre-service and in-service training

8.CM.1 Make available and/or support continuing education for targeted professional audiences in public and private provider sectors on clinical and public health skills, emerging MCH issues, and other topics pertaining to MCH populations (e.g., cultural competence, availability of ancillary services and community resources, the community development process)

Points for discussion:

- Does the Title V program collaborate with state professional associations, universities, and others in providing continuing education courses (face-to-face or distance learning)?
- Does the Title V program provide training, workshops, or conferences for state and local public health professionals and others on key emerging MCH issues?
- Does the Title V program provide or support in-service training for program staff?

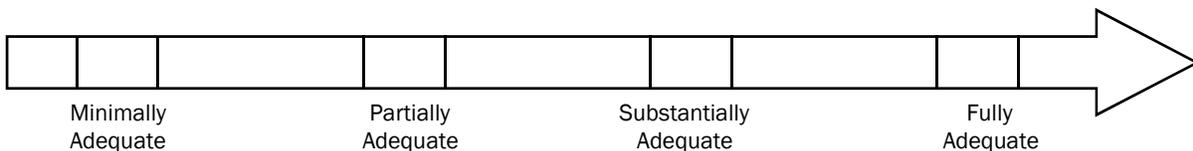


Performed by another agency/institution (specify): _____

8.CM.2 Play a leadership role in establishing professional competencies for Title V and other MCH programs

Points for discussion:

- Does the Title V program collaborate with state personnel/human resources offices in establishing job competencies, qualifications, and hiring policies?
- Does the Title V program include job competencies and qualifications in contract requirements with local agencies and in Title V grants to community-based organizations and others?



Performed by another agency/institution (specify): _____

Minimally Adequate	Partially Adequate	Substantially Adequate	Fully Adequate	Process Indicator
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.CP.1 Develop and enhance formal and informal relationships with schools of public health and other professional schools to enhance state and local public agency analytic capacity
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.CP.2 Monitor the numbers, types and skills of the MCH labor force available to the state and localities
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.CP.3 Monitor facility/institutional provider and program distribution throughout the state
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.CP.4 Integrate information on workforce and facility/program availability or distribution with ongoing health status needs assessment in order to address identified gaps and areas of concern
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.CP.5 Create financial and other incentives and program strategies to address identified clinical professional and/or public health workforce shortages
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.CM.1 Make available and/or support continuing education for targeted professional audiences in public and private provider sectors on clinical and public health skills, emerging MCH issues, and other topics pertaining to MCH populations (e.g., cultural competence, availability of ancillary services and community resources, the community development process)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.CM.2 Play a leadership role in establishing professional competencies for Title V and other MCH programs

Process Indicators

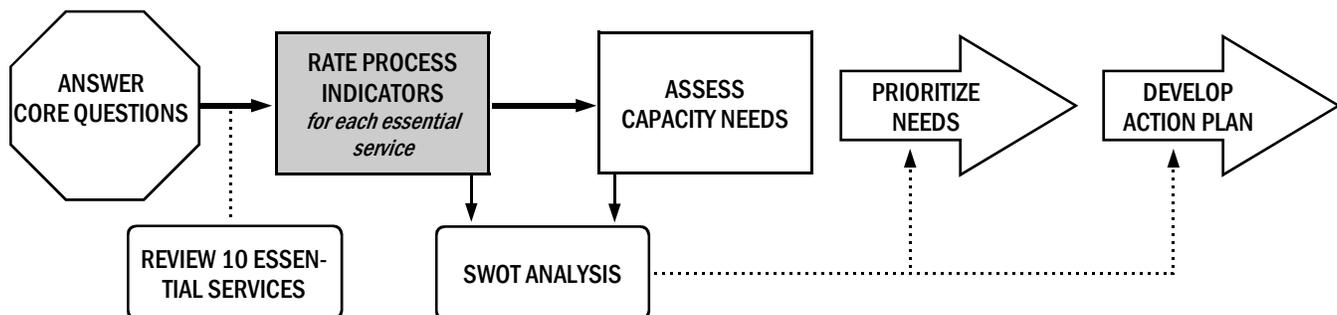
Essential
Service 9

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 Process Indicators represent program output and activities corresponding to the 10 MCH Essential Services at the state level.

Instructions

First, read through the entire list of Process Indicators for this Essential Service. Each set of Process Indicators reflects program output or activities along a continuum; the first indicator in a list represents a more basic level of performance than does the last. The continuum does not necessarily reflect the order in which one would approach the tasks. Rather, it allows programs of diverse structures and resources to identify the program outputs they currently achieve and those they aim to achieve in the future.

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 the Title V program performs the function detailed: *minimally adequate, partially adequate, substantially adequate, or fully adequate*.

The following points are critical to this discussion and will help the assessment team interpret indicators and reach consensus:

- ◆ **Responses should be determined in light of “where you want/need to be,” given the strategic goals the assessment team has articulated.** For this reason, a rating of “fully adequate” should not be interpreted to mean “perfect.” The response categories are aligned along an ar-

(Continued on page 2)

row to reflect the continuous nature of quality improvement. “Fully adequate” is intended to reflect adequacy *given the program’s strategic goals*.

- ◆ Mark one box for the overall Title V program (or organizational entity being assessed). If performance ratings differ by sub-units of the program, you may write those units in the appropriate places along the arrow.
- ◆ Suggested points for discussion are provided below each Process Indicator. These questions are intended as discussion guides only, not as checklists. Deliberations should not focus exclusively on these discussion questions, as they do not necessarily represent all of the elements that must be in place for adequate performance related to the Process Indicator.

(2) Record contributions of other entities in the MCH system in the space provided.

After completing all of the Process Indicators, transfer the ratings onto the Summary Sheet that follows.

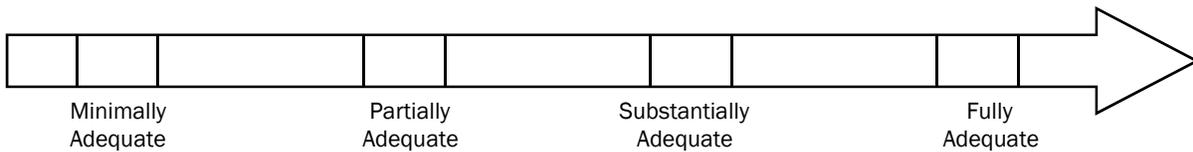
Essential Service #9

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

9.1 Support and/or assure routine monitoring and structured evaluations of state-funded services and programs

Points for discussion:

- Are routine *process* evaluations built into the planning, implementation, and funding cycles of Title V-supported programs?
- Are routine *outcome* evaluations built into the planning, implementation, and funding cycles of Title V-supported programs?
- Do Title V-issued RFPs/RFAs require monitoring and evaluation strategies, including the ongoing reporting and sharing of data?
- Do the Title V program’s contracts with local providers require monitoring and evaluation strategies?

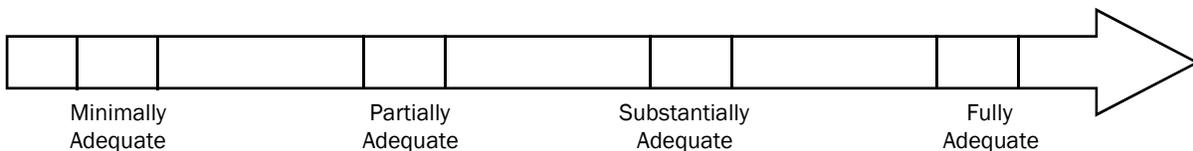


Performed by another agency/institution (specify): _____

9.2 Provide and/or assure technical assistance to local health agencies in conducting evaluations

Points for discussion:

- Does the Title V program provide technical assistance to local agencies in study design, analysis, and interpretation of evaluation results?
- Does the Title V program provide access to state data sets to local agencies to facilitate the implementation of evaluations?

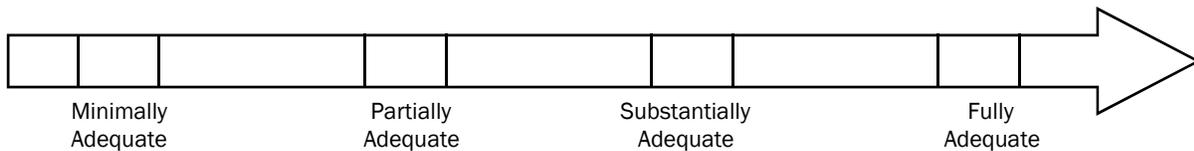


Performed by another agency/institution (specify): _____

9.3 Provide resources for and/or collaborate with local health or other appropriate agencies in collecting and analyzing data on consumer satisfaction with services/programs and community perceptions of health needs, access issues, and quality of care

Points for discussion:

- Does the Title V program allocate and/or advocate for funding for state and local efforts to collect information on consumer satisfaction with services and/or programs?
- Does the Title V program 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?
- Does the Title V program 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?
- Does the Title V program receive input at least annually from an advisory structure(s) composed of parents, community members, and/or other constituents, and does the agency use that input in its five year needs assessment?

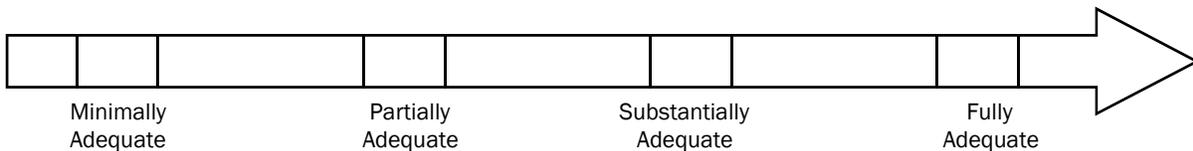


Performed by another agency/institution (specify): _____

9.4 Perform comparative analyses of programs and services

Points for discussion:

- Does the Title V program perform analyses comparing the effectiveness of programs/services across different populations or service arrangements?
- Does the Title V program compare state-specific data on program effectiveness with data from other states and/or nationally?

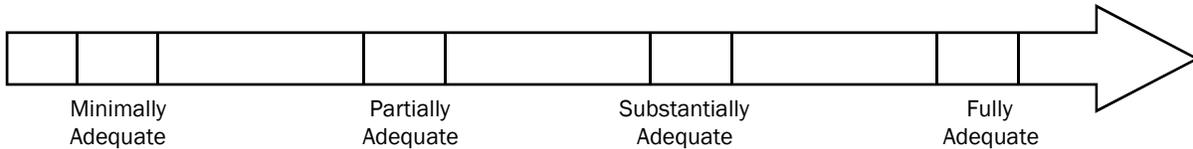


Performed by another agency/institution (specify): _____

9.5 Disseminate information about the effectiveness, accessibility, and quality of personal health and population-based MCH services

Points for discussion:

- Does the Title V program report the results of monitoring and evaluation activities to program managers, policy-makers, communities, and families/consumers?
- Does the Title V program disseminate information on “best practices” in the state and nationally?

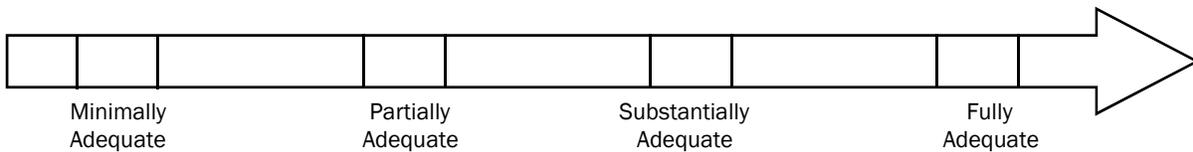


Performed by another agency/institution (specify): _____

9.6 Utilize data for quality improvement at the state and local levels

Points for discussion:

- Does the Title V program provide technical assistance to local agencies in quality improvement activities?
- Does the Title V program communicate to local agencies and community organizations about national (public and/or non-governmental) efforts, activities, and resources in quality improvement?
- Does the Title V program translate information from evaluation activities and best practices reports into state-level programs and policies?

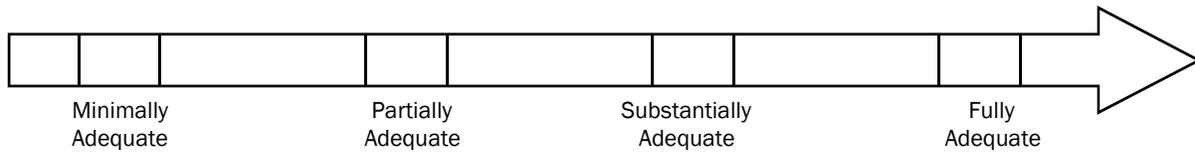


Performed by another agency/institution (specify): _____

9.7 Assume a leadership role in generating and disseminating information on private sector MCH outcomes

Points for discussion:

- Has the Title V program identified a core set of indicators for monitoring the outcomes of private providers?
- Is the Title V program “at the table” in discussions with insurance agencies, provider plans, etc. about the use of these MCH outcomes indicators in their own assessment tools?



Performed by another agency/institution (specify): _____

Minimally Adequate	Partially Adequate	Substantially Adequate	Fully Adequate	Process Indicator
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9.1 Support and/or assure routine monitoring and structured evaluations of state-funded services and programs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9.2 Provide and/or assure technical assistance to local health agencies in conducting evaluations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9.3 Provide resources for and/or collaborate with local health or other appropriate agencies in collecting and analyzing data on consumer satisfaction with services/programs and community perceptions of health needs, access issues, and quality of care
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9.4 Perform comparative analyses of programs and services
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9.5 Disseminate information about the effectiveness, accessibility, and quality of personal health and population-based MCH services
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9.6 Utilize data for quality improvement at the state and local levels
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9.7 Assume a leadership role in generating and disseminating information on private sector MCH outcomes

Process Indicators

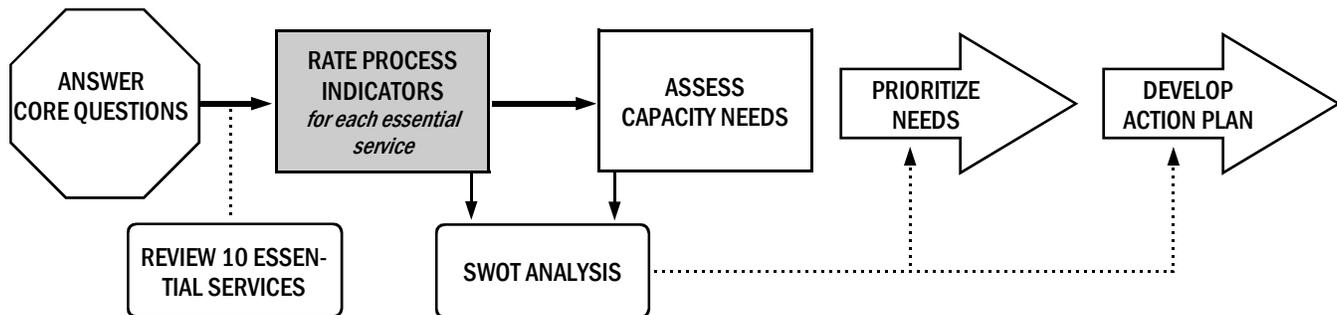
Essential
Service 10

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 Process Indicators represent program output and activities corresponding to the 10 MCH Essential Services at the state level.

Instructions

First, read through the entire list of Process Indicators for this Essential Service. Each set of Process Indicators reflects program output or activities along a continuum; the first indicator in a list represents a more basic level of performance than does the last. The continuum does not necessarily reflect the order in which one would approach the tasks. Rather, it allows programs of diverse structures and resources to identify the program outputs they currently achieve and those they aim to achieve in the future.

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 the Title V program performs the function detailed: *minimally adequate, partially adequate, substantially adequate, or fully adequate.*

The following points are critical to this discussion and will help the assessment team interpret indicators and reach consensus:

- ◆ **Responses should be determined in light of “where you want/need to be,” given the strategic goals the assessment team has articulated.** For this reason, a rating of “fully adequate” should not be interpreted to mean “perfect.” The response categories are aligned along an ar-

(Continued on page 2)

row to reflect the continuous nature of quality improvement. “Fully adequate” is intended to reflect adequacy *given the program’s strategic goals*.

- ◆ Mark one box for the overall Title V program (or organizational entity being assessed). If performance ratings differ by sub-units of the program, you may write those units in the appropriate places along the arrow.
- ◆ Suggested points for discussion are provided below each Process Indicator. These questions are intended as discussion guides only, not as checklists. Deliberations should not focus exclusively on these discussion questions, as they do not necessarily represent all of the elements that must be in place for adequate performance related to the Process Indicator.

(2) Record contributions of other entities in the MCH system in the space provided.

After completing all of the Process Indicators, transfer the ratings onto the Summary Sheet that follows.

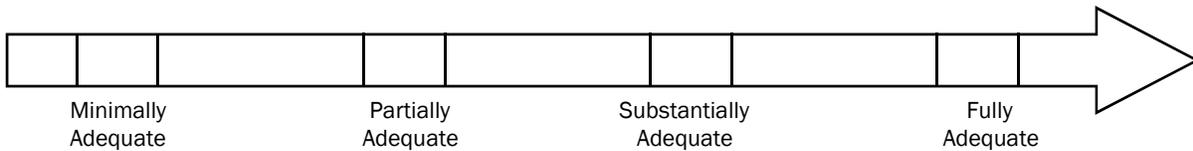
Essential Service #10

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

10.1 Monitor the progress of state-specific and national MCH research and disseminate results of that research to providers, public health practitioners, and policy makers

Points for discussion:

- Does the Title V program disseminate a routine publication containing abstracts of current MCH research studies?
- Does the Title V program routinely disseminate reports on MCH-related research and demonstration projects in the state (e.g., GAO reports on Medicaid expansion)?
- Does the Title V program routinely disseminate final reports from its own research studies to clinical and public health professionals and policymakers?

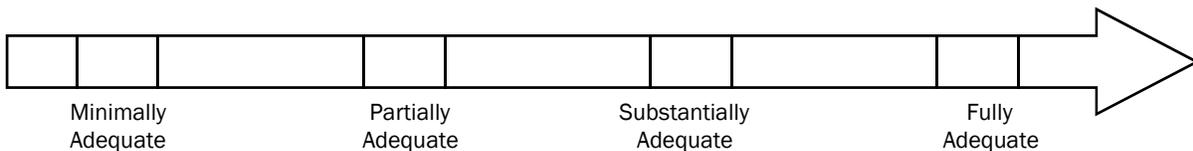


Performed by another agency/institution (specify): _____

10.2 Serve as a source for expert consultation to MCH research endeavors in the state

Points for discussion:

- Is the Title V program viewed by other state and local agencies and organizations as the leading source of information on MCH population characteristics (e.g., health status, health service use, access to care)?
- Do other agencies/programs keep the Title V program informed about research endeavors in the state?

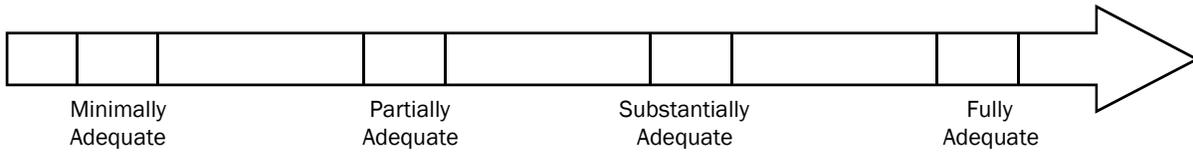


Performed by another agency/institution (specify): _____

10.3 Conduct and/or provide resources for state and local studies of MCH issues/priorities

Points for discussion:

- Does the Title V program provide MCH leadership and resources for local demonstration projects and special studies of longstanding and emerging MCH problems?
- Has the Title V program responded to RFAs or otherwise sought funds for state and local studies?
- Does the Title V program participate in national demonstrations and “best practices” research?
- Does the Title V program coordinate multi-site studies within the state?



Performed by another agency/institution (specify): _____

Minimally Adequate	Partially Adequate	Substantially Adequate	Fully Adequate	Process Indicator
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10.1 Monitor the progress of state-specific and national MCH research and disseminate results of that research to providers, public health practitioners, and policy makers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10.2 Serve as a source for expert consultation to MCH research endeavors in the state
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10.3 Conduct and/or provide resources for state and local studies of MCH issues/priorities