

Overview of CAST-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.

Over a number of years, states requested assistance from AMCHP in re-centering around the MCH mission and strategically positioning themselves in a changing public health environment. CAST-5 is an outgrowth of AMCHP's work with states on operationalizing the core public health functions specific to MCH and developing tools to assist Title V programs in translating policy into practice.

The development of CAST-5 began in late 1998, under the guidance of key AMCHP committees and an advisory group of current and former Title V directors, academicians, and other MCH colleagues (see page 8). These consultants crafted a vision for a tool, or tools, that would fulfill several related purposes:

- To guide the conceptualization of MCH/CSHCN programs for internal and external education and advocacy,
- For guidance in transitioning to core public health functions,
- Self-assessment of fundamental program capacities,
- For internal needs assessment and determining staff capacity requirements,
- For long-term strategic planning and strategizing for change,
- For analysis of organizational structure and functions, and
- As part of a quality improvement process.

Pilot tests of an initial draft set of tools were completed in 2000 in Alabama, Colorado, and Ohio, and a *Preliminary Edition* of CAST-5 was disseminated at the 2001 AMCHP Annual Meeting. Since then, many states have used CAST-5 in full or in part. Their experiences led to the development of the *Second Edition*, which was pilot tested in Florida and Minnesota in 2003. A variety of additional resources have been developed to assist states in using CAST-5; all of these resources are available on the CAST-5 web site.

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Background

A major strength of the federal-state maternal and child health program embodied in Title V of the Social Security Act (1935 to present) is its potential to identify and address persistent and emerging health issues for women, children, and families, and to be adaptive to changes generated by the larger health services environment. The past two decades have seen particularly rapid and complex changes in social policies and in the health care delivery system, as well as important challenges from within the public health field. Highlights of these changes include:

- In 1988, the Institute of Medicine issued its *Report on the Future of Public Health*, challenging public health as a field to redefine and regroup itself around the core functions of assessment, policy development, and assurance. The practice of public health shifted away from a medical, or treatment, model toward a broader, prevention-oriented framework.
- An increasing reliance on insurance strategies for improving population health led to a series of incremental Medicaid reforms that have variously improved and diminished access to needed services. Efforts to enact national health care reform legislation failed in the mid-1990s, but a new federal State Children's Health Insurance Program (S-CHIP) was enacted in 1997.
- Managed care strategies and market competition increasingly have been used to reduce health care costs while promoting health systems accountability for population health outcomes.
- Welfare reform broke the link between welfare and Medicaid eligibility and in some cases effectively ended families' enrollment in Medicaid, even when they remained eligible. Those women who are no longer eligible for Medicaid once they move into the workforce are often employed in low-wage jobs without insurance benefits.
- A series of public program and systems reforms have altered the way government programs and agencies interact with other community and state entities to achieve public health goals. Categorical programs are increasingly integrated with other complementary governmental initiatives. In keeping with this move from a categorical perspective to a systems approach, many state agencies have reorganized around shared missions and visions and undergone significant structural changes.
- Recent state fiscal crises have imposed additional constraints on health and human services programs while increasing the need for services, requiring difficult prioritizing for allocation of limited resources.

The public health field has built consensus around the core public health functions (assessment, policy development, and assurance), along with an underlying set of ten essential public health services, as the blueprint for local and state agency operations. In the maternal and child health field, a corresponding, discipline-specific framework was devised and disseminated as the *Public MCH Program Functions Framework: Essential Public Health Services to Promote Maternal and Child Health in America* (Grason and Guyer, 1995). Given all of these related efforts, public health agencies increasingly have examined their capacity to implement these functions and services in a reconfigured and fluid policy and market environment. CAST-5 builds on the *Public MCH Program Functions Framework* and is intended to assist state MCH programs in assessing their capacity to implement these essential services in the context of the evolving larger environment. AMCHP's vision is that this organizational capacity assessment will set the stage for long-term planning related to program mission and goals, but also will assist in decision-making about resources, staffing, and staff development needs.

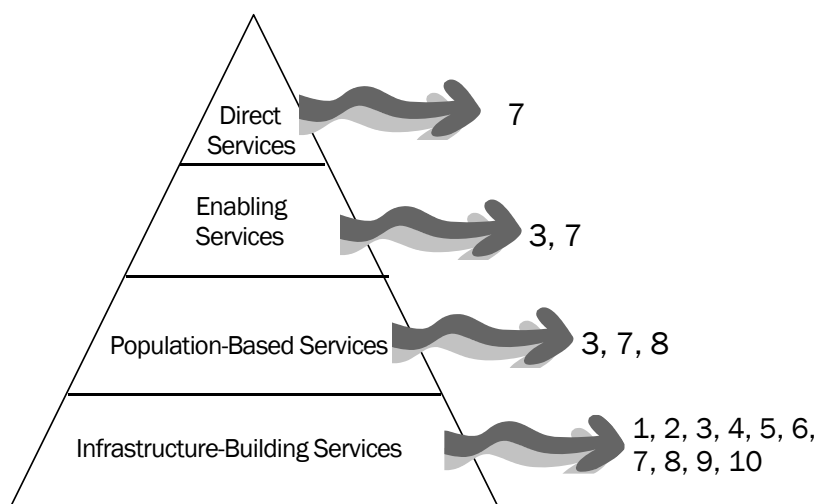
Frameworks for Describing MCH Functions

10 Essential Public Health Services to Promote Maternal and Child Health in America

1. Assess and monitor maternal and child health status to identify and address problems.
2. Diagnose and investigate health problems and health hazards affecting women, children, and youth.
3. Inform and educate the public and families about maternal and child health issues.
4. Mobilize community partnerships between policymakers, health care providers, families, the general public, and others to identify and solve maternal and child health problems.
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.
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.
7. Link women, children and youth to health and other community and family services, and assure access to comprehensive, quality systems of care.
8. Assure the capacity and competency of the public health and personal health workforce to effectively and efficiently address maternal and child health needs.
9. Evaluate the effectiveness, accessibility, and quality of personal health and population-based maternal and child health services.
10. Support research and demonstrations to gain new insights and innovative solutions to maternal and child health-related problems.

The MCH-specific 10 Essential Services provide the conceptual framework for CAST-5. This framework is consistent with other national performance assessment efforts (see page 4) and is familiar to policymakers outside of the MCH sphere. In this way, CAST-5 is positioned to complement broader public health agency assessment and planning activities.

The indicators that form the basis for the CAST-5 tools draw on a large body of related work, including the Title V Pyramid developed by the Maternal and Child Health Bureau to describe MCH program activities. The 10 MCH Essential Services and the Title V Pyramid are simply different ways of categorizing the same core public health functions; the concepts expressed in each Essential Service correspond to a level (or levels) of the Pyramid.



The Title V MCH Pyramid corresponds to the 10 MCH Essential Services.

The 10 MCH Essential Services are described in “Public MCH Program Functions Framework: Essential Public Health Services to Promote Maternal and Child Health in America,” by Holly Grason and Bernard Guyer (1995).

Available at www.jhsph.edu/WCHPC/publications/pubmchfx.pdf

Relationship of CAST-5 to National Performance Measurement Tools

The CAST-5 tools are designed to correspond to the concepts and structure of the performance assessment tools that make up the National Public Health Performance Standards Program (NPHPSP). Those instruments outline broad standards and measures for state and local public health agency activities, capacities, and competencies. Like the NPHPSP, CAST-5 is organized around the 10 Essential Services and addresses both performance and capacity. Moreover, both the NPHPSP and CAST-5 recognize that responsibility for the health and well-being of populations extends beyond public health agencies; the assessments take into account the contributions of other agencies, organizations, and institutions in implementing core public health functions.

Unlike the NPHPSP, CAST-5 does not explicitly establish model standards, allowing states to gauge their performance against internal reference points and in light of their unique population health concerns and organizational structures. Nonetheless, CAST-5 does encourage progress toward an “ideal” by presenting indicators of performance along a continuum from the most basic to the most sophisticated levels of functioning. CAST-5 is tailored to the MCH mission and is designed to facilitate strategic organizational and management planning. Because CAST-5 is an internal management tool designed for use by state Title V programs, it could be carried out in conjunction with a larger assessment of public health agency performance, such as that offered by the NPHPSP.

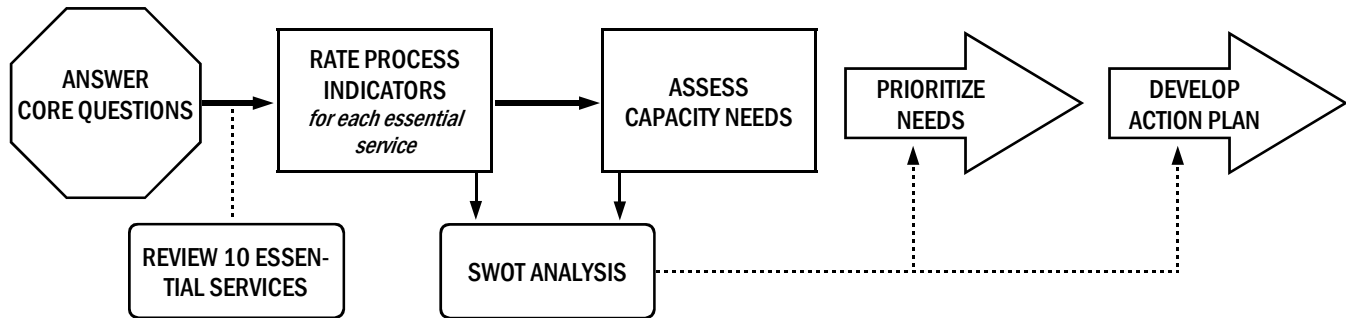
To learn more about the NPHPSP, visit www.phppo.cdc.gov/nphpsp. For more information about the relationship of CAST-5 to the NPHPSP and the Title V Performance Measures, see www.amchp.org/policy/Handler-MCH2002.pdf

Uses of CAST-5

CAST-5 can be used by states transitioning to a greater focus on public health assessment, policy development, and assurance roles. Similarly, it can be used to “re-center” around the MCH mission and identify capacity needs as part of a long-term strategic planning process. CAST-5 also can function as a training and planning tool for incoming state MCH directors and senior staff. Although the tools originally were developed for use in assessing the overall Title V program, they can be applied to specific program areas or populations as well.

The CAST-5 tools are *not* intended for use in measurement of performance for research or comparison purposes. CAST-5 should not be viewed as a means of determining quality of programs in relation to one another or to a “gold standard.” These tools could be used as a *first step* in moving toward standards setting for Title V programs, but to date, wide variability in program context has precluded identification of an “ideal” set of activities and resources for all states.

The CAST-5 Process



Each component of CAST-5 can be used as a stand-alone tool for targeted purposes. Used together, the tools provide an in-depth assessment of program capacity that forms the basis for detailed action steps.

The CAST-5 Tools

The CAST-5 tools are designed to accommodate wide variation in state programming structures and to be useful for strategic planning in different health policy and systems contexts. The CAST-5 tools are designed to be used flexibly in a modular fashion; the tools can be used collectively for a comprehensive assessment of program capacity needs and opportunities for capacity development, or they can be used singly for appraisals of narrower scope. Although the tools are designed for use at the state level, they could be adapted for use by local MCH programs.

CAST-5 encompasses several tools: the *Core Questions*, a *Review of the 10 MCH Essential Services*, the *Process Indicators* tool, *SWOT analysis*, and *Capacity Needs* tool. In addition, CAST-5 includes guidance and sample templates for prioritizing program capacity needs and developing strategies for capacity development. This section describes each of the CAST-5 tools and how they might be used individually or in various combinations.

Core Questions. The Core Questions establish whether the program has identified its general vision, desired population health outcomes, and strategies for reaching those outcomes. In a sense, the Core Questions represent the foundation for Title V program operations. As such, they can be useful as a stand-alone tool for articulating the program’s strategic priorities and direction. The answers to the Core Questions also function as a backdrop for the other CAST-5 tools, providing a reference point against which performance and capacity can be assessed. For states that need assistance in answering the first five questions in full, helpful resources are cited in the tool. The subsequent CAST-5 tools are designed to answer the final question, “*Have you identified the capacity you need to implement the strategies?*” Note that the Core Questions can be applied at the level of the agency as a whole and/or at the level of each priority or strategic health issue identified.

(Continued on page 6)

Core Questions:

1. Have you established the vision/goals for the MCH population?
2. Given the Title V needs assessment, have you identified the priority health issues and desired population health outcomes?
3. Have you identified the political, economic, and organizational environments for addressing the priority health issues?
4. What are the macro-level strategic directions for the Title V program in light of the responses to questions 1, 2 and 3 above?
5. Have you identified the programmatic organizational strategies you will use to implement the strategic directions identified in #4 and to achieve the desired population outcomes identified in #2?
6. Have you identified the capacity you need to implement the strategies?

Review of the Ten MCH Essential Services. This optional interim step in the CAST-5 process can be used to ensure that everyone begins the CAST-5 process with a common understanding of the 10 MCH Essential Services. This step also can be used to help identify priority Essential Services if only a subset of the 10 will be assessed.

Process Indicators. The Process Indicators are used to identify the state’s current and desired levels of performance of the MCH-specific Essential Services. A set of Process Indicators is provided for each Essential Service. The state can assess its functioning across all Essential Services or choose to focus on a subset for a more limited assessment. The Process Indicators tool can be used on its own for a “snapshot” of program performance, or it can be used in conjunction with the other CAST-5 tools for a more comprehensive look at program needs and potential remedies.

While the Process Indicators are designed to apply to the state level, they also address the interaction of the state Title V program with the local public health system, primarily by assessing the state’s role in supporting local efforts. They take into account the contributions of other entities within the MCH system as well, recognizing the importance of system-wide performance and capacity.

SWOT Analysis. A worksheet is provided to assist in identifying strengths, weaknesses, opportunities, and threats related to program performance for each Essential Service. After completing this work for all of the Essential Services assessed, the SWOT worksheets may be consolidated and used to inform the process of prioritizing Capacity Needs, described below.

Capacity Needs. The Capacity Needs tool is a list of specific program resources that support performance of MCH program functions. The Capacity Needs are categorized as structural resources, data/information systems resources, organizational relationships, and competencies/skills. The adequacy or presence of each Capacity Need is assessed with a simple “have/need” scale. More detailed information can be recorded on an accompanying scoring worksheet and/or added to the information in the composite SWOT. For instance, if the resource is available to and used by only particular program areas, or if an organizational relationship supports certain functions (e.g., data analysis) but not others (e.g., joint planning), that information is recorded in the scoring worksheet and/or the composite SWOT and plays an important role in the development of priorities and action steps.

Planning Tools. The CAST-5 Planning Tools include sample worksheets for Prioritizing Needs and Developing an Action Plan. Both of these steps make use of the information captured in previous steps, in particular the Core Questions and composite SWOT Analysis.

The CAST-5 tools are designed to be used flexibly as a modular toolset.

Key Assumptions of the CAST-5 Process

As you plan for and implement a CAST-5 process, keep in mind that:

- 1) The interpretation of indicators and the performance continuum they represent will be colored by state context;
- 2) The assessment process is iterative and ongoing; like any quality improvement process, continuous monitoring and adjustments are key to enhancing agency development; and
- 3) Maintenance of current activity and/or resources is a strategic choice. Although the assessment is designed to facilitate capacity development, the unique features of each state will determine what steps, if any, are taken with the assessment results.

Designing a CAST-5 Assessment

States have used a number of strategies for conducting CAST-5 assessments. Among other options, assessments can be undertaken by:

- a small management team;
- an individual with knowledge of the full range of program activities and resources;
- a larger group of staff members, perhaps in conjunction with an aggregated analysis of individual ratings; and
- small workgroups carrying out components of the assessment before reconvening to consolidate results and move into planning.

A number of considerations come into play in designing a CAST-5 process, including which program areas and staff members to involve, which tools to use, how to structure the agenda, and whether to involve participants from public and private partner agencies and the community in any portion of the assessment process. It is advisable to designate at least one staff person to oversee the CAST-5 process, facilitate the meetings, and manage the flow of information and results. Additional information is included in the companion document *Instructions and Guidance*. A *CAST-5 Facilitators Guide* is also available on the CAST-5 web site to guide states through the planning and facilitation process. Additionally, a cadre of CAST-5 experts have been trained to assist states in using CAST-5. Some of these "CAST-5 Resource Colleagues" are available for on-site facilitation of CAST-5 assessments, while others are available only for consultation by phone or e-mail. More information on the CAST-5 Resource Colleagues can be found on the CAST-5 website (see below).

Additional CAST-5 Resources and Companion Pieces on the Web

- Downloadable copies of the CAST-5 tools with helpful files for recording results
- Facilitators Guide and other guidance on structuring and planning for a CAST-5 process
- Sample CAST-5 agendas and summary reports
- Guidance on using CAST-5 with the Title V needs assessment and performance measures
- Contact information for CAST-5 Resource Colleagues (who provide consultation and assistance with implementing CAST-5) and state Title V programs that have used CAST-5

www.amchp.org/cast5

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