

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

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

FAMILY HEALTH OUTCOMES PROJECT
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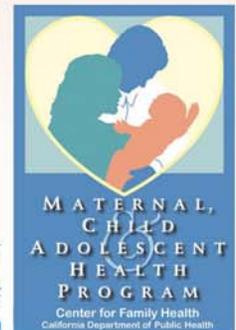


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Introduction

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

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

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

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

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

Comparison Table of Previous and Current Needs Assessments Requirements

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

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

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

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

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

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

Technical Assistance

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

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

FHOP contact information

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

1. Summary/Executive Report

1-2 pages

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

This section should include:

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

2. Mission Statement and Goals*

1 page

Optional: Worksheet A: MCAH Stakeholder Input Worksheet

Reference: Chapter I

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

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

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

3. Planning Group and Process (Optional)

1 page

Attach completed Worksheet A: MCAH Stakeholder Input Worksheet

Reference: Chapter I

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

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

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

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

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

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

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

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

4. Community Health Profile*

2-6 pages

Optional: Worksheet A: MCAH Stakeholder Input Worksheet

Reference: Chapter II

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

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

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

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

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

5. Health Status Indicators

Attach completed Worksheet B

Optional: Worksheet A: MCAH Stakeholder Input Worksheet

➤ **Quantitative Analysis**

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

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

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

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

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

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

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

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

➤ Trend Analysis

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

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

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

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

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

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

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

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

➤ Other Health Status Indicators (Optional)

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

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

6. Local MCAH Problems/Needs*

2-7 pages

Optional: Worksheet A: MCAH Stakeholder Input Worksheet

Reference: Chapter III

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

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

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

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

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

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

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

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

7. MCAH Priorities*

1 page

Attach completed Worksheet C3: MCAH Priorities Worksheet

Optional: Worksheet C1: MCAH Needs Prioritization Worksheet

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

Optional: Worksheet A: MCAH Stakeholder Input Worksheet

Reference: Chapter II and its Appendix II-I

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

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

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

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

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

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

8. Capacity Assessment

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

Also attach Worksheet A: MCAH Stakeholder Input Worksheet

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

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

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

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

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

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

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

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

mCAST-5 Steps:

1. Review the 10 MCAH Essential Services

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

2. Rate the Process Indicators

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

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

After reading through the entire list:

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

3. Complete the SWOT Analysis

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

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

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

9. MCAH Capacity Needs

1 page

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

Optional: Part A of Worksheet E

Optional: Worksheet A: MCAH Stakeholder Input Worksheet

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

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

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

1 page

Optional: Worksheet A: MCAH Stakeholder Input Worksheet

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

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

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