

Montana's Primary Prevention System Capacity

	Low		Mixed		High
System Profile					
The scope and breadth of your state/community-wide IPV prevention system?	No state/community-wide IPV prevention system is evident OR the system is defined in very limited terms		A state/community-wide IPV prevention system is beginning to take shape		A well-delineated and integrated state/community-wide IPV prevention system is evident
The state's/community's regulatory, legal, or statutory environment?	The state's/community's regulatory, legal, or statutory environment is at odds with or seriously constrains IPV prevention		The state's/community's regulatory, legal, and statutory environment is beginning to support IPV prevention		IPV prevention is embedded in the state's/community's regulatory, legal, and statutory environment
The administrative structures and reporting relationships in your state/community?	Administrative structures and reporting relationships around IPV prevention are unstable, unsupportive, or dependent on transient political appointments		IPV prevention is beginning to be integrated into state/community administrative structures and reflected in formal reporting relationships		IPV prevention is well integrated into state/community administrative structures, relatively protected from shifting political priorities
Funding streams for IPV prevention?	Funding for IPV prevention is limited to a single federal source; no effort to develop a broader funding base is apparent		Efforts to develop multiple funding streams for IPV prevention are evident, including from non-federal sources		Multiple funding streams for IPV prevention at state, local, and federal level are evident, with continuing development to achieve financial sustainability
Leadership					
The recognition and established legitimacy of leadership	There is no stable or recognized leadership at the state/community level for IPV prevention, OR those in positions of power or authority lack legitimacy with key IPV prevention constituencies		State/community-wide leadership has established legitimacy with key IPV prevention constituencies AND is gaining legitimacy in broader arenas		The state/community has strong, recognized, stable leadership for IPV prevention and established legitimacy with multiple constituencies throughout the state/community
Cultural sensitivity of leadership values	Leadership values are rigid, reflective of narrowly defined		Leadership values are beginning to reflect		Leadership values reflect sensitivity to cultural

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	constituency		sensitivity to broader and more diverse constituencies		perspectives of broader constituencies and are continuously assessed as constituencies change
The scope of leadership development	There is no effort to reach beyond traditional constituencies to develop a new leadership pool		Efforts are emerging to reach beyond traditional constituencies to develop new leaders with new ideas		New leadership cadre is emerging, reflecting diverse non-traditional constituencies and new ideas
Strategic Planning					
The motivation for IPV prevention planning	IPV prevention planning is nonexistent or driven solely by requirements imposed by funding sources		The value of IPV prevention planning is generally recognized, although funding requirements may still be a motivating factor		Planning is recognized as critical to IPV prevention, independent of funding requirements.
The diversity of constituencies involved in planning	There is little or no input into state/community-wide planning, beyond a small group of "insiders"		IPV prevention planning is beginning to involve more diverse constituencies across the state/community		Planning systematically involves a broad diversity of constituencies across the state/community at multiple levels of the IPV prevention system
Information					
The approach to gathering, analyzing, and managing data	Information is anecdotal; there is no systematic approach to data gathering or information sharing		Information needs are identified, and a systematic approach to data gathering and analysis and information sharing is beginning to emerge		A systematic, collaborative approach to measurement and analysis is evident and well integrated across the IPV prevention system
Data quality and utility	Data quality is poor, or of little or no utility		Systematic efforts are in place to improve data quality and utility		Data of high quality are routinely available and are continuously evaluated and improved to ensure their utility
Community and Constituency Focus					

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Outreach to diverse constituencies	No efforts are made to reach out to those who have traditionally lacked voice, power, or representation		There are active efforts to define broader, more diverse state/community-wide constituencies that include those who have traditionally lacked voice, power, or representation		Relationships with those who traditionally lacked voice, power, or representation are well established
Mechanisms for ensuring accountability to constituencies and communities (feedback loop)	No mechanisms for determining whether the IPV prevention system is accountable to constituencies or communities are in place		Systematic approaches to elicit feedback from IPV prevention constituencies and communities are beginning to emerge		Mechanisms for eliciting community feedback and ensuring accountability are well integrated into system wide IPV prevention planning, implementation, and evaluation
Human Resources					
State level staff who can coordinate IPV primary prevention (funding, training, motivation/support)					
Training, development and motivation of the workforce	No education or training to support IPV prevention planning, implementation, or evaluation is in place		Education and training are beginning to build individual capacity in IPV prevention planning, implementation, and evaluation		Training and education are responsive to the continuing needs of workforce and aligned with strategic goals and objectives for IPV prevention
The work environment of the IPV prevention workforce across the state	Individuals involved in IPV prevention are isolated, with no collaboration within or across organizations		Collaborative approaches to IPV prevention decision-making and problem solving at the state and/or local level are beginning to emerge, with opportunities for shared learning		Strong collaborative teams and support networks addressing needs of the workforce are in evidence throughout the state and/or community
System Operations					
Collaboration across programs	IPV prevention programs across the state/community		IPV prevention programs across the state/community		State/community and local IPV prevention programs

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	exist within narrowly-defined "silos" or bureaucratic niches		are beginning to work in concert with other prevention programs or public health initiatives		systematically involve broad constituencies at multiple operational levels
Results and Outcomes					