



RFP FY 2023-2028
Rating Tool

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| Name of Applicant: _____ | | Name of Rater: _____ |
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Note: Based on the information provided at the interview, the rater will have an opportunity to add or subtract points to adjust the final score at the rating committee meeting. Such point adjustment are at the sole discretion of the rater and are not subject to applicant appeal or justification.

| Application Reference Point | Incomplete Response 0-2 points | Acceptable Response 3-5 points | Excellent Response 6-10 points | INITIAL SCORE | FINAL SCORE | Additional Comments to support scoring |
|--|---|--|---|------------------|----------------|---|
| Question #1: <u>Agency History and Details</u> <i>(Part II, Section A. Agency Detail, 1. through 4.)</i> | Agency history is five years or less. Description of agency mission or services provided is missing, unclear or minimally described. | Agency history is six to nine years. Agency mission and history somewhat supports the plan to provide services for the target population. | Agency history is ten years or more. Agency mission and history clearly support the provision of services for the target population as described. | | | |
| Question # 2: <u>Organizational Chart</u> <i>(Part II, Section A. Agency Detail, 6.)</i> | Organizational chart is not clear or was not submitted. The number of staff reported does not seem sufficient for the services to be provided. | Organizational Chart shows the program flow and operation within the organization. The number of staff is adequate for the services to be provided. | Organizational chart is clear and appropriate; clearly identified where the proposed program will operate within the organization. The number of staff is sufficient for the services to be provided. | | | |
| Question # 3: <u>Financial Audits</u> <i>(Part II, Section A. Agency Detail, 8.)</i> | A current copy of most recent independent auditor's report is submitted with a qualified opinion, or no current auditor's report was submitted. | A current copy of the most recent independent auditor's report is submitted with an unqualified opinion. A management letter may be attached with limited issues of internal controls within the organization. | A current copy of most recent independent auditor's report is submitted with an unqualified opinion. A management letter attached with no issues of internal controls within the organization. | | | |
| Question # 4: <u>Monitoring Reports History, Including Healthy Start and Others</u> <i>(Part II, Section A. Agency Detail, item 11. through 13.)</i> | There are no prior monitoring reports or reports available, or reports reflect service concerns. Outcome performance data is unavailable or unsatisfactory. | Prior monitoring reports within past five years reflect no substantive findings and include evidence of satisfactory performance outcomes and service delivery. May include a few minor areas of opportunity. | Prior monitoring reports within past five years indicate high-quality service delivery and performance outcome data; provides evidence that the program is highly effective and responsive to the funder. | | | |

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| <p>Question # 5: <u>Service History and Knowledge of MCH system and involvement with MCH Committees</u> <i>(Part II, Section B. Organizational Capability, items 1. through 3.)</i></p> | <p>Agency has not received prior MCH funding and has minimal experience with these or similar services, and/or has minimal experience providing services for the maternal child population. The agency is not currently participating in the MCH Committees.</p> | <p>Agency indicates three to five years prior MCH funding and provision of similar services and demonstrates experience serving the maternal child population. The provision of these RFP services appears a logical progression for the agency. The agency is currently participating in MCH Committees.</p> | <p>Agency response demonstrates six years or more of MCH funding, experience, and expertise, along with a thorough knowledge of the related system(s) of care in serving the MCH population. Proposal fully supports and demonstrates the ability to provide services to the population. The agency is actively participating in the MCH Committees.</p> | | | |
| <p>Question # 6: <u>Knowledge of MCH Challenges and Impact of Social Determinants of Health (SDOH)</u> <i>(Part II, Section B. Organizational Capability, items 4. and 5.)</i></p> | <p>Agency has no or less than 2 years of experience addressing issues affecting the MCH population. The response indicates a minimal understanding of SDOH and how those factors impact the MCH population and lack a defined plan to address them.</p> | <p>Agency has 3-5 years of experience addressing issues affecting the MCH population. The response has some evidence of understanding the SDOH issues affecting the population and how those factors impact health outcomes. The proposed plan to address determinants with the population is clear and appropriate.</p> | <p>Agency has 6+ years of experience addressing issues affecting the MCH population. The response provides clear evidence of the understanding of the SDOH issues that affect the population and how those factors impact health outcomes. The plan to address the determinants is clear and informed by or based on evidence.</p> | | | |
| <p>Question # 7: <u>Experience in the Implementation of Intakes, Assessments, and Screening Tools</u> <i>(Part II, Section B. Organizational Capability, items 6. through 7.)</i></p> | <p>The organization response is unclear or is lacking the experience for intakes, assessment, screening tools and provision of Interconception Care and/or Family Planning Counseling.</p> | <p>The response demonstrates understanding and experience and the need for and completion of intakes, assessment, screening tools and the provision of Interconception Care Counseling and/or Family Planning counseling to identify risk factors and provide the most appropriate services that fit the needs of the client and family.</p> | <p>The organization has strong experience and a solid understanding of the utilization and completion of intakes, assessment, screening tools and the provision of Interconception Care Counseling and/or Family Planning to identify risk factors and provide the most appropriate services that fit the needs of the client and family.</p> | | | |

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| <p align="center">Question # 9: <u>Collaboration with the System of Care and Strategies to Serve the Population</u> <i>(Part II, Section B. Organizational Capability, items 8. and 9.)</i></p> | <p>The response does not address collaboration with other community agencies that provide services to the maternal child population and/or has little participation in local strategic planning efforts. The work schedule and hours of operation are not sufficient to meet the needs of families or are unclear.</p> | <p>The response reflects participation in local strategic planning efforts. There is significant involvement in the maternal child and behavioral health systems of care including collaboration. Description of involvement with local community agencies to serve the population is clear and reasonable. The work schedule and hours of operation appear to meet the needs of families and include some flexibility for after hours and weekends, as needed.</p> | <p>The response reflects significant involvement and activities that fit to the local strategic planning efforts. There is significant involvement in the maternal child health system of care. There is clear and specific collaboration and involvement and integration of the systems of care. The work schedule and hours of operation are very flexible and include after hours and weekends as needed in order to meet the needs of families.</p> | | | |
| <p align="center">Question # 10: <u>Cultural Competence Plan</u> <i>(Part II, Section B. Organizational Capability, item 10.)</i></p> | <p>The response does not integrate components that identify with the Healthy Start guiding principles described in the RFP. There is limited prior training and/or experience working with diverse populations. No clear plan or protocol to provide safe and effective communication with clients that speak other languages. Missing or unclear information about competent cultural staff to serve the proposed population.</p> | <p>The response integrates components that identify with the Healthy Start guiding principles described in the RFP. The response demonstrates a clear focus and understanding of the importance of cultural competence. The area of inclusion is addressed. Proposed strategies support the best practice goals of inclusion to serve the pregnant and parenting families. Prior training and/or experience working with diverse populations is described. A plan and/or protocols to provide safe and effective communication with clients that speak other languages is described. Information about having adequate staff coverage that is culturally competent to provide the proposed services was presented.</p> | <p>The response describes specific information that integrates the components that identify with the Healthy Start guiding principles described in the RFP. The response demonstrates a clear focus and understanding of the importance of cultural competence and serving a diverse population. The area of inclusion is fully addressed. Proposed strategies are innovative and fully support the best practice goals of inclusion to serve the pregnant and parenting families. The training and/or experience working with diverse populations is clearly described. Information about having staff that speaks different languages specifically listed English, Spanish, and Creole to provide the proposed services was presented.</p> | | | |

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| <p align="center">Question # 11: <u>Staffing Pattern, Staff Recruitment and Retention, Timeline for Hiring/Training, and Supervision</u> <i>(Part II, Section C. Proposed Staff Information, items 1. through 5.)</i></p> | <p>Staff education and experience requirements do not appear appropriate or do not align well with job duties. Timeline is unclear or inadequate. Supervision plan is not supplied or lacks detail on how often the staff will meet with the supervisor and discuss appropriate intervention services and activities that fit the individual families needs. Staff recruitment and retention are not described; retention strategies are minimally explained and may lack detail. The provider may have a history of poor staff retention. Supervision practices and knowledge of reflective supervision was not documented or are not clear.</p> | <p>Duties for each position are clearly described, and education and experience appear reasonable for job duties. Staff supervision plan is comprehensive and correlates to the Healthy Start Program requirements. Staff supervision strategies are outlined to ensure appropriate resources and activities are provided and align with the family needs or issues identified at all points of service delivery. Staff recruitment and retention strategies describe efforts to increase retention rates and decrease costs associated with turnover. Strategies appear to be effective to manage employee performance, staff development, providing career and promotion opportunities. The organization has a fair staff retention history. Supervision practices and knowledge of reflective supervision is clear and best practices were described. Timeline is reasonable.</p> | <p>Each position is clearly described credentialing and experience appear reasonable and to match for job duties. A specific plan and/or protocols to provide safe and effective communication with clients that speak other languages is clearly described. It includes staff that speaks English, Spanish, and Creole to best serve the population. Staff supervision plan is comprehensive and clearly correlates to the Healthy Start Program requirements. Staff recruitment and retention strategies clearly describe efforts to increase retention rates and decrease costs associated with turnover. Strategies appear to be effective to manage employee performance, staff development, providing career and promotion opportunities; good staff retention history. Supervision practices and knowledge of reflective supervision are solid; contributing areas of expertise are provided for both and complement each other. Best practices were described. Timeline includes full details and meets timeframes stated in RFP.</p> | | | |

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| Question # 12 <u>Client Acceptance, Engagement, Retention and Home Visitation Rates</u> (Part III, Section A. Additional RFP Application Requirements, item 1.) | Missing or lack of information on outreach and engagement; strategies to engage and retain clients are not described or do not appear to be realistic or effective. The hours of operation are not reported or do not meet the individual family needs. | The response shows clear information on outreach and engagement; strategies to engage and retain clients are detailed, realistic and seem effective. The hours of operation fit the individual client's needs. | The response indicates specific outreach and engagement activities/strategies to locate, engage, retain the clients that appear realistic and effective. Strategies to resolve barriers are flexible and described in detail. Knowledge of home visitation challenges and strong strategies to address them, particularly in the behavioral health population. The hours of operation are flexible and clearly, fit the individual client's needs including new moms with an infant. | | | |
| Question # 13: <u>Budget</u> (Part IV, Section B. Budget, item 1. and 2.) | The budget is incomplete and/or unclear. Budget amounts may seem unreasonable or unnecessary to support the program. The budget summary form and/or budget detail form is missing, incomplete or incorrect. | All budget forms are complete, include details, and appear accurate. Costs appear reasonable and support the proposed program. Budget detail describes and justifies anticipated expenses. | All budget forms are fully complete, detailed, and accurate. Costs are reasonable and fully support the proposed program and include adequate supervision based on FTEs. Budget detail clearly describes and justifies anticipated expenses. | | | |
| BONUS POINTS: Healthy Start Home Visiting Experience | Applicant agency has 3+ years of experience since January 2019 providing Healthy Start home visitation pathway services to pregnant/parenting women and infants. (5 Points) | | | | | |

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| SCORE BASED ON INITIAL REVIEW PRIOR TO APPLICANT INTERVIEW | 0 | 0 |
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Points Adjustment

Based on information provided at the applicant interview, quality of presentation, and monitoring and utilization history, the rater may add or subtract points. Such point adjustments are at the sole and complete discretion of the rater and are not subject to applicant appeal or justification.

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| Rater may include comments below that support scoring adjustment: | ADJUSTING SCORE | ADD POINTS → | | |
| | | SUBTRACT POINTS → | | |
| | | FINAL SCORE → | | |

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| Rater's Signature and Date | | | | | | |