

**ATTACHMENT I - ITN SCORING TOOL**

**0**

**← Total Score**



**Broward Healthy Start Coalition, Inc.**  
**ITN 2018-2021**  
**Rating Tool**

**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	SCORE	Additional Comments to Support Scoring
<b>Agency History and Details Question # 1</b>	Agency history is less than one year. Description of agency mission or services provided is missing, unclear or minimally described. Agency has no insurance coverage, or coverage is minimal.	Agency history is less than three years. Agency mission and history somewhat support the plan to provide services for the target population described in the ITN. Agency has adequate insurance coverage.	Agency history is three years or more. Agency mission and history clearly support the provision of services for the target population described in the ITN. Agency has adequate insurance coverage. Liability limits surpass minimum requirements.		
<b>Organizational Chart Question # 2</b>	Organizational chart is not clear or was not submitted. The number of Staff reported does not seem sufficient for the positions and 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 appropriated process are identified where the proposed program will operate within the organization. The number of Staff is sufficient for the services to be provided.		
<b>Program Budget Summary Financial Audits Question # 3</b>	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. A current copy of most recent independent auditor's report is submitted with a qualified opinion, or no current auditor's report was missing.	All budget forms are complete and precise. Costs appear reasonable and support the proposed program. Budget detail describes and justifies anticipated expenses. 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 or no issues of internal controls within the organization.	All budget forms are fully complete, precise and accurate. Costs appear reasonable and support the proposed program. Budget detail clearly describes and justifies anticipated expenses. 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.		
<b>Monitoring Reports History, including Healthy Start and Others Question # 4</b>	There are no prior monitoring reports or reports available or reflect service concerns. Outcome performance data is unavailable or unsatisfactory.	Prior monitoring reports within past five years reflect no substantiative findings and include evidence of satisfactory performance outcomes and service delivery.	Prior monitoring reports within past five years indicate high-quality service delivery and performance outcome data; provides evidence that the program is highly effective.		

<p><b>Service History; includes prior receipt of MCH funding and involvement with the Children's Strategic Plan's MCH Committees Question # 5</b></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 described in the ITN. The agency is not currently participating in the Children's Strategic Plan's 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 ITN services appears a logical progression for the agency. The agency is currently participating in Children's Strategic Plan's MCH Committees.</p>	<p>Agency response demonstrates over six years of funding and experience and expertise, along with a thorough knowledge of the related system(s) of care in serving the maternal child population. Proposal fully supports and demonstrates the ability to provide services to the population. The agency is actively participating in the Children's Strategic Plan's MCH Committees.</p>		
<p><b>Knowledge of MCH Challenges and Impact of Social Determinants of Health (SDOH) Question # 6</b></p>	<p>Agency has no or less than two 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><b>Experience in Delivery of Home Visitation Services to Pregnant Women and Infants, Birth to age 12 Months Question # 7</b></p>	<p>The organization has no experience or less than three years experience in the delivery home visitation services to pregnant women and infants, birth to age twelve months.</p>	<p>The organization has 3-5 years experience in the delivery home visitation services to pregnant women and infants, birth to age twelve months.</p>	<p>The organization has more than 6 years experience in the delivery home visitation services to pregnant women and infants, birth to age twelve months. The organization has shown excellent results and client's retention rates.</p>		
<p><b>Experience in the Implementation of Intakes, Assessments, and Screenings Tools Question # 8</b></p>	<p>The organization response is unclear or lacking the need for intakes, assessment, screening tools and provision of Interconception Care Counseling.</p>	<p>The response demonstrates a clear understanding of the need for intakes, assessment, screening tools and provision of Interconception Care Counseling to identify risk factor and provide the most appropriate services that fit the needs of the families. The organization provided information in the provision of psychosocial counseling services to pregnant and parenting families.</p>	<p>The organization has experience and a solid understanding of the utilization of intakes, assessment, screening tools and provision of Interconception Care Counseling to identify risk factor and provide the most appropriate services that fit the needs of the families. The organization provided detailed information in the provision of psychosocial counseling services to pregnant and parenting families specifically addressing the maternal depression and/or substance abuse issues.</p>		
<p><b>Experience in the Provision of Interconception Care Counseling Question # 9</b></p>	<p>The response indicates less than three years of experience providing interconception education and counseling to women of childbearing age. Organization is not currently counseling women on family planning using of One Key Question and CDC's Show Your Love materials.</p>	<p>The response indicates a minimum of five years of experience providing interconception education and counseling to women of childbearing age, including postpartum women. Organization currently provides family planning counseling services to women using One Key Question and CDC's Show Your Love materials.</p>	<p>The response indicates more than six years of experience providing strong interconception education and counseling to women of childbearing age, including postpartum women. The organization currently provides interconception services including family planning counseling using One Key Question and CDC's Show Your Love materials.</p>		

<p><b>Collaboration with the System of Care and Strategies to Serve the Proposed Zip Code Areas</b> Question # 10</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. Strategies to serve the proposed zip code areas are missing or unclear.</p>	<p>The response reflects in-depth participation in local strategic planning efforts. There is significant involvement in the maternal child services. Description of strategies and involvement with local community agencies to serve the proposed zip code areas is clear and reasonable.</p>	<p>The response reflects leadership involvement and activities that fit to the local strategic planning efforts. There is significant involvement in the maternal child services. Clear and specific strategies are described regarding collaboration and involvement with the system of care within the zip codes areas to be served.</p>		
<p><b>Cultural Competence Plan</b> Question # 11</p>	<p>The response does not integrate components that identify with the Healthy Start guiding principles described in the ITN and does not fully support best practice goals of inclusion to serve the pregnant and parenting families. 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.</p>	<p>The response integrates components that identify with the Healthy Start guiding principles described in the ITN. The response demonstrates a clear focus and understanding of the importance of cultural competence. 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. Prior training and/or experience working with diverse populations is clearly described. A plan and/or protocols to provide safe and effective communication with clients that speak other languages is clearly described.</p>	<p>The response describes specific information that integrate the components that identify with the Healthy Start guiding principles described in the ITN. 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. 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 speak English, Spanish and Creole to serve the listed population.</p>		
<p><b>Staff Information; Cultural Competency and Staff Credentialing</b> Question # 12</p>	<p>Missing or unclear information about competent cultural Staff to serve the proposed MCH population. Staff education and experience requirements do not appear appropriate or do not align well with job duties.</p>	<p>Information about having adequate staff coverage that is culturally competent to provide the proposed services was presented. Duties for each position are clearly described, and education and experience appear reasonable for job duties.</p>	<p>Information about having staff that speaks different languages specifically listed English, Spanish, and Creole to provide the proposed services was presented. Each position is clearly described credentialing and experience appear reasonable and to match for job duties.</p>		
<p><b>Staff Retention, Staff Supervision and Knowledge of Reflective Supervision</b> Question # 13</p>	<p>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>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.</p>	<p>Staff supervision plan is comprehensive and clearly correlates to the Healthy Start Program requirements. Strategies are clearly 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 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.</p>		

<b>Client Acceptance, Engagement, Retention and Home Visitation Rates</b> <b>Question # 14</b>	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 described in detail. Knowledge of home visitation challenges and strong strategies to address them. The hours of operation are flexible and clearly, fit the individual client's needs.		
<b>Performance Measures</b> <b>Question # 15</b>	There is minimal or no discussion of how proposed performance measurement will be conducted.	There is an appropriate plan for ensuring that the proposed performance measures will be conducted.	There is a plan that describes specific details on how the proposed performance measures will be conducted, and it seems realistic.		
<b>SCORE</b>				<b>0</b>	

**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.

Comments that support scoring adjustment:	<b>ADJUSTING SCORE</b>	<b>ADD POINTS</b> →	
		<b>SUBTRACT POINTS</b> →	
		<b>FINAL SCORE</b>	<b>0</b>

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Rater's Signature