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| **DCS Logo with motto1.jpg****ATTACHMENT K****PROPOSAL SCORING TOOL** |
| **Proposal ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Region: \_\_\_\_\_** | **Date:\_\_/\_\_/\_\_\_\_** |
| **Provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
| **Service:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
| **Instructions:** 1. Adherence to Mandatory Requirements is Pass/Fail. The Regional Child Welfare Services Coordinator will supply information of Pass/Fail for this question.
2. Please complete one score sheet for each Service Standard being proposed.
3. Remember to rate each statement listed on the score sheet. A rating should be selected for each numbered item.

The leader will collect the evaluations and the confidentiality forms and return them to the Regional Child Welfare Services Coordinator. |
| Adherence to Mandatory Requirements (followed instructions and standard format and inclusion of a budget) | (circle one)**PASS FAIL** |
| **Justification for Fail:** |
| 1. **HISTORY OF QUALITY SERVICES**

This section of the narrative should describe your agency’s ability to deliver services to at-risk children and their families. This section should document your agency’s history of collaboration and work with DCS, Probation, Schools or other community agencies. Information should be specific to county/agency/region served. |
| **Fail (0 Points)** | **Does Not Meet Criteria (1-2Points)** | **Meets Criteria (3- 4 Points)** | **Exceeds Criteria (5 Points)** |
| **0** | **1** | **2** | **3** | **4** | **5** |
| Proposal fails to address this section. | Proposal does not clearly state service provision history. They fail to deliver an effective plan for serving at risk children and families. The agency does not clearly define history of working relationships with DCS, Probation, Schools, or other community agencies within proposed county or region. | The proposal provides a detailed history of past services rendered. The plan for delivering community based services to at risk families and children is clear and concise and takes into account demographic information for the areas served and provides documentation of experience in serving that demographic. | The proposal provides a concise, detailed outline specific to the services rendered to at risk children and their families. The agency provides documentation of an exemplary long standing partnership with DCS, Probation, Schools, or other community agencies within the specific counties or regions served. |
| 1. **PROGRAM NAME/SERVICE STANDARD & INTAKE/REFERRAL PROCESS**

The Service Narrative should identify the service standard and description of the intake/ referral process.  Description of the intake/ referral process should include from the time an agency receives the referral to the initiation of services for the referral.   Identify key positions that ensure the initiation timeframes of referrals will be met as outlined in DCS service standards.  (e.g., how is referral email monitored, timeframes, FCM or Probation Officer first contact, family contact, referral initiation) |
| **Fail (0 Points)** | **Does Not Meet Criteria (1-2Points)** | **Meets Criteria (3- 4 Points)** | **Exceeds Criteria (5 Points)** |
| **0** | **1** | **2** | **3** | **4** | **5** |
| Proposal fails to address this section. | Proposal does not clearly define the service standard and does not have a clear description of the intake/referral process. Fails to identify the plan for initiation of the referral. Fails to identify the staff members that will ensure compliance to the timeframes stated in the service standard. | Identifies the correct service standard and proposes a structured and clear intake process. Includes detailed information regarding the initiation process and how timelines will be adhered to. Key staff members are identified in regards to responsibilities in adhering to the timeframes established in the DCS service standard. | Recognition of the proposed service standard initiation timeframes and a concise/detailed explanation of the agency’s referral and initiation process. Provides detailed information, in regards to the organization of the agency: focusing on the key elements of ensuring the intake/referral process is smooth (even in the absence of the reported key personnel), including a back-up plan to ensure timelines are always met. |
| 1. **SERVICE DEMOGRAPHICS**

Describe the capacity of your agency to provide the service within all of the counties for the Region(s) you are proposing. Please indicate any specialized populations are you able to serve or specialized staff expertise. (e.g., clients suffering from substance use disorders, mental health issues, multilingual staff availability, special training or credentials) Describe your agency’s ability to serve diverse cultural populations. |
| **Fail (0 Points)** | **Does Not Meet Criteria (1-2Points)** | **Meets Criteria (3- 4 Points)** | **Exceeds Criteria (5 Points)** |
| **0** | **1** | **2** | **3** | **4** | **5** |
| Proposal fails to address this section. | Proposal fails to identify a specific/target population that will benefit from the service. Fails to identify not only caseload capacity per worker for the specific service standard but also agency capacity. Fails to describe agency’s effort to serve a culturally diverse population. | Agency clearly identifies the target service population. Proposal provides caseload and agency capacity and identifies the agency’s ability to serve a culturally diverse population. | Agency provides demographic information for the area to be served and matches that information with their proposed target population. Provides concrete and detailed information regarding their capacity and a detailed plan for increasing capacity if needed in the future, including plans for model sustainability. Agency provides a detailed description of ability to serve the identified cultures in the proposed area. |
| 1. **PRACTICE MODEL**

Describe any Evidence-Based and/or Promising Practice Models to be utilized in delivering the proposed service.Describe Respondent’s experience and training related to the service delivery model. * + What are specific certifications that you have to provide this service, if applicable. Please attach a copy of your certification or licensing agreement. (e.g., certification as an addictions services provider, certification in a particular Evidence Based Practice)

If an Evidence-Based/Promising Practice Model is not utilized for the service(s), you must justify the service delivery method/model(s) to be utilized. * + Include estimated length of service, methods (i.e. in home, office-based, individual, family, group, etc.). The method or model utilized must be consistent with the DCS Service Principles and the Service Standards.

Describe the supervision structure. (e.g., ratio of supervisors to direct workers, frequency and method of supervision, supervision tools)  |
| **Fail (0 Points)** | **Does Not Meet Criteria (1-2Points)** | **Meets Criteria (3- 4 Points)** | **Exceeds Criteria (5 Points)** |
| **0** | **1** | **2** | **3** | **4** | **5** |
| Proposal fails to address this section. | The proposal fails to: describe an evidenced based/promising practice model for the delivery of service; the proposal fails to adequately describe the components of the model/practice; justification for the model/practice choice is not given; the evidenced practice reference does not coincide with the proposed practice; and/or the proposal does not demonstrate a sufficient understanding of the model and required components including training, certification, fidelity, and assurance. | The proposal effectively describes an evidence based/promising practice model that coincides with the proposed service. If an evidenced based/promising practice model is not being utilized, the agency describes a model that is appropriate for the proposed service. The description clearly and concisely describes the components of the model/practice they intend to utilize. The proposal demonstrates a full understanding of the model and required components including training, certification, fidelity, and assurance. | The agency proposes to implement an evidence based/promising practice model, which meets the needs of the targeted population, and outlines the viability for offering immediate service under the proposed evidence based/promising practice model. They provide a clear and concise plan for implementation, sustainability, and integration into daily service provision. The agency clearly articulates how model fidelity will be ensured. |
| 1. **PROGRAM EVALUATION**

The Service Narrative should describe the agency’s prior years’ outcome related to serving the proposed target population.  If outcomes are not available, describe the agency’s plan to capture clients’ outcomes.  Description should also include specific quality improvement/ assurance plans that the agency has implemented to ensure quality service delivery.  Provide an example of when your agency has used data to make decisions about the program.  |
| **Fail (0 Points)** | **Does Not Meet Criteria (1-2Points)** | **Meets Criteria (3- 4 Points)** | **Exceeds Criteria (5 Points)** |
| **0** | **1** | **2** | **3** | **4** | **5** |
| Proposal fails to address this section. | Proposal fails to describe any prior years’ outcome data related to the target population and/or does not describe the agency’s plan to capture quality outcomes. No mention of quality improvement or quality assurance is included. | The agency’s prior years’ outcomes are discussed and/or the proposal described the agency’s plan to capture service outcomes. A detailed quality improvement/quality assurance plan is referenced. | The agency clearly demonstrates collection of outcome data and implementing their quality improvement/quality assurance plan. An effective use of outcome data is provided and includes the use of outside stakeholder input in planning improvements. |
| **STEP 2 TOTAL POINTS** | **/25** |
| **Comments:** |
| **Evaluator Signature:**  | **Print Name:** | **Date:** |
| **Evaluator Signature:**  | **Print Name:** | **Date:** |
| **Evaluator Signature:**  | **Print Name:** | **Date:** |