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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DCS Logo with motto1.jpg**  **ATTACHMENT I**  **PROPOSAL SCORING TOOL** | | | | | | | | | | |
| **Proposal ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | **County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | **Date:\_\_\_\_/\_\_\_\_/\_\_\_\_** | | | |
| **Provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | |
| **Service: Healthy Families Indiana** | | | | | | | | | | |
| **Instructions:**   1. Adherence to mandatory requirements is Pass/Fail. The Prevention Program Coordinator will supply information of Pass/Fail for this question. 2. Please complete one score sheet for each county 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 Prevention Program Coordinator. | | | | | | | | | | |
| Adherence to Mandatory Requirements (followed instructions and standard format and inclusion of a budget if applicable) | | | | | | | (circle one)  **PASS FAIL** | | | |
| **Justification for Fail:** | | | | | | |  | | | |
| 1. **BUDGET SECTION**   Budget worksheet is filled out completely and accurately making sure to include affiliations fees, administrative cap and accreditation costs for purposed county. Actual Cost Report for State Fiscal Year 2015 is filled out completely and accurately reflecting the operating cost of the program in the purposed county (Agencies who did not operate a Healthy Families site for State Fiscal year 2015 do not need to submit an Actual Cost Report). | | | | | | | | | | |
| **Fail (0 Points)** | **Does Not Meet Criteria (1-2 Points)** | | | **Meets Criteria (3- 4 Points)** | | | | **Exceeds Criteria (5 Points)** | | |
| **0** | **1** | **2** | | **3** | | **4** | | **5** | | |
| Proposal fails to address this section. | Budget worksheet is not filled out in its entirety and fails to include all relevant costs associated with the program. Actual Cost Report is not filled out in its entirety and fails to include all relevant costs associated with the program. | | | Budget worksheet is filled out in its entirety and provides the minimal information regarding on programmatic costs, affiliation fees, and administrative cap and accreditation costs. Actual Cost Report is filled out in its entirety and provides the minimal information regarding program operating cost. | | | | The budget worksheet is filled out in its entirety and includes detailed information on programmatic cost, affiliation fees, and administrative cap and accreditation costs. The Actual Cost Report is filled out in its entirety and includes detailed information on programmatic cost | | |
| 1. **HISTORY OF QUALITY SERVICES**   This section should cover all important history and development of the organization to date, along with the organizational chart. The organizational history and your agency’s ability to deliver home visiting services to at-risk children and their families. Include the program name(s). This section of the narrative should also document how the provider has been able to provide Healthy Families home visiting services to at-risk children and families. This section should document your agency’s history of collaboration and work with DCS or other community agencies. Information should be specific to county/agency served. An organizational chart including the Board of Directors and any other affiliates should be included in this section. | | | | | | | | | | |
| **Fail (0 Points)** | **Does Not Meet Criteria (1-2 Points)** | | | **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 and/or other community agencies within proposed county or region. | | | The proposal provides a detailed history of past services rendered. The plan for delivering Healthy Families Indiana 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 organizational chart of Board of Directors/affiliates is included. | | | | 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 and/or community agencies within the specific counties or regions served. The organizational chart of Board of Directors/affiliates is included. | | |
| 1. **PROGRAM NAME/SCREENING/REFERRAL PROCESS**   The section should describe the intake and referral process to be utilized in the program including respondent’s procedure/methods for a guaranteed time frame for initiation of services. This section should include information on what is done when the site is unable to service a referral. | | | | | | | | | | |
| **Fail (0 Points)** | **Does Not Meet Criteria (1-2 Points)** | | | **Meets Criteria (3- 4 Points)** | | | | **Exceeds Criteria (5 Points)** | | |
| **0** | **1** | **2** | | **3** | | **4** | | **5** | | |
| Proposal fails to address this section. | Proposal does not does not have a clear description of the screening/referral process. Fails to identify the plan for initiation of the referral. Fails to identify the staff members that will ensure compliance to the required timeframes. | | | Identifies and proposes a structured and clear screening/referral 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 HFI policy. | | | | Recognition of HFI screening/referral 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 screening/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**   **This section should define the priority target population, the geographical service area, and provide the projected number of clients the provider/agency intends to serve. Describe how the agency meets the capacity needs in the service area.** | | | | | | | | | | |
| **Fail**  **(0 Points)** | **Does Not Meet Criteria (1-2 Points)** | | | **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 the priority target population that will benefit from the service. Fails to identify not only caseload capacity per worker for the specific program but also agency capacity. Fails to describe agency’s effort to serve a culturally diverse population. | | | Agency clearly identifies the priority target service population and describes how the agency meets the capacity needs of the service area. 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 priority target population. Provides concrete and detailed information regarding their capacity, how it meets the service area needs and provides a detailed plan for increasing capacity if needed in the future. Agency provides a detailed description of ability to serve the identified cultures in the proposed area. | | |
| 1. **PRACTICE MODEL**   Describe how the service delivery model is consistent with Child Welfare Principles, Healthy Families America Critical Elements and Healthy Families Indiana Policy Manual. | | | | | | | | | | |
| **Fail (0 Points)** | **Does Not Meet Criteria (1-2 Points)** | | | **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 the service delivery and how they will ensure fidelity to Healthy Families Indiana model and Healthy Families America Critical Elements. | | | The proposal effectively describes the service delivery and how they will assure fidelity to the Healthy Families Indiana model and Healthy Families America Critical Elements. The proposal demonstrates a full understanding of the model and required components including training, certification, fidelity, and assurance. | | | | The agency provides a clear and concise plan to implement Healthy Families Indiana, describing how they will adhere to DCS Principles and Healthy Families America Critical Elements 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**   Describe adherence to Quality Assurance, discuss any corrective action plans undertaken, and any outcomes that should be highlighted. Description should also include specific quality improvement/assurance plans that the agency has implemented to ensure quality service delivery. | | | | | | | | | | |
| **Fail (0 Points)** | **Does Not Meet Criteria (1-2 Points)** | | | **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 adherence to quality assurance and/or outcomes. No mention of quality improvement or quality assurance is included. No information provided on any corrective action plans undertaken and/or any other outcomes that should be highlighted. | | | The agency’s prior years’ outcomes/quality assurance adherence are discussed and/or the proposal described the agency’s plan to capture service outcomes. A detailed quality improvement/quality assurance plan is referenced. Information is provided regarding any corrective action plans undertaken and/or highlighted other outcomes. | | | | The agency clearly demonstrates collection of outcome data and implementing their quality improvement/quality assurance plan. Adherence to quality assurance is clearly stated. An effective use of outcome data is provided and includes the use of outside stakeholder input in planning improvements. Detailed information is provided regarding any corrective action plans undertaken and/or other outcomes highlighted. | | |
| **STEP 2 TOTAL POINTS** | | | | | | | | | **/30** | |
| **Comments:** | | | | | | | | | | |
| **Evaluator Signature:** | | | | | **Print Name:** | | | | | **Date:** |
| **Evaluator Signature:** | | | | | **Print Name:** | | | | | **Date:** |
| **Evaluator Signature:** | | | | | **Print Name:** | | | | | **Date:** |