

**EPSDT EXPANSION
SECOND ROUND PROPOSAL EVALUATION FORM**

0-5/Early Childhood Mental Health (ECMH)

Agency: _____

Evaluated by: _____ Date: _____

Does the program proposal address an identified priority population?

- Yes:** __ *Designed to serve south or east Alameda County
and/or
__ Designed to serve children with a parent in alcohol/other drug treatment*
- No** – *Explain:*

ITEM	SCORE 5 points max/item*
A. Fiscal readiness and fit with EPSDT funding requirements	<i>Score given by Fiscal Review Team</i> _____
B. Demonstrated expertise with population, or a clear plan to augment current level of expertise	 _____
C. Demonstrated ability and/or plan for generating amount of referrals needed to sustain program, including a plan for screening all children	 _____
D. Institutional capacity, including realistic roll-out plan	 _____
<i>Is the program designed to serve children with a parent in alcohol/other drug treatment? If YES – Go to items E and F. If NO – Sum of A-D = FINAL SCORE _____ (20 max)</i>	
E. How clearly delineated is the relationship between Early Childhood Mental Health (ECMH) and the parent's AOD treatment?	 _____
F. How well does the proposal address the challenges of developing a working relationship between ECMH and AOD programs?	 _____
Sum of A- F = FINAL SCORE = _____ (30 max)	

*5 = Excellent 4 = Very Good 3 = Average 2 = Below Average 1 = Unacceptable

COMMENTS: