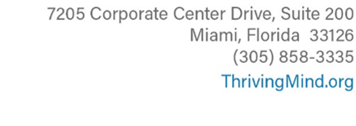
** **

**Appendix I**

**Recovery Community**

**Organization (RCO)**

**for Miami-Dade and Monroe Counties**

**Evaluation Manual**

**For Thriving Mind Use Only**

Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluator’s Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluator’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewers will be provided with a copy of the assigned applications and the scoring sheets. Reviewers are expected to exercise independent judgement when evaluating each application. Evaluators will document the applicant’s responses to the questions in the bid; identify the application's strengths and challenges/weaknesses for each of the questions, the likelihood of success of the project, and whether the project presents the best value to the community.

The table below provides a guide for reviewers in assigning overall scores and individual criterion scores.

Each review criterion should be assessed based on the strength of that criterion in the context of the work being proposed.

The entire scale (1-9) should always be considered. The scale below must be used for all criteria except when scoring Letters of Support. The Letters of Support section carries its own distinct scoring, as described in this section.

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| **Overall Impact or**  **Criterion Strength** | **Scoring Scale** | **Descriptor** |
| **Low** | **1** | **Poor** |
| **2** | **Marginal** |
| **3** | **Fair** |
| **Medium** | **4** | **Satisfactory** |
| **5** | **Good** |
| **6** | **Very Good** |
| **High** | **7** | **Excellent** |
| **8** | **Outstanding** |
| **9** | **Exceptional** |

If deemed necessary by the evaluators, the evaluators will have the option to request additional clarifications from applicants to better understand key elements of the proposed project and/or (2) request a formal presentation by the applicant, (3) submit questions that the Thriving Mind staff can ask the applicant to better understand key elements of the proposed project.

Letters of Support: Applicants may submit letters of support from appropriate community entities including collaborating agencies, government representatives, police departments, the school board, businesses that can attest to the work completed in the community, and other relevant stakeholders. Submitting letters of support will add twenty (20) points towards the applicant’s overall score. Successful applicants must also establish a Memorandum of Understanding (MOU) with their community partners once they receive their fully executed contract with Thriving Mind.

The Procurement Manager will provide the results of the scores to the Thriving Mind President/CEO for review. The Thriving Mind President/CEO will consider other factors such as but not limited to, past and current performance of the applicant, financial stability of the applicant organization, current or closed corrective action plans, report cards, and other factors before presenting the final recommendation for contract negotiations to the Executive Committee of the Board. The Board of Directors or the Executive Committee of the Board at its sole discretion may accept, alter, or reject, the recommendation. Contract negotiations may occur with one or more applicants, at the sole discretion of Thriving Mind.

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| **Section 1. – Narrative – Population of Focus and Statement of Need (Maximum 126 points)** | | |
| **Evaluation Criteria** | **Assigned Score**  **(Score 1-9)** | **Comments/Notes** |
| 1. **Population of Focus and Statement of Need** | | |
| 1. Did the applicant describe the organizations mission and vision? Was the mission and vision consistent with the three (3) core principles of RCOs? |  |  |
| 1. Did the agency provide a description of services currently provided to the community and do they align with services expected by RCOs? |  |  |
| 1. Did the applicant describe the organization’s philosophy on pathways of recovery and is it consistent with RCO philosophies? |  |  |
| 1. Did the applicant identify the geographic catchment area where the project will be implemented? |  |  |
| 1. Did the applicant document the need for peer-based recovery support services for individuals with substance use and/or co-occurring disorders for the proposed catchment area? |  |  |
| 1. Did the applicant describe the agency’s reasons and motivations to become a RCO provider for Miami Dade and/or Monroe Counties? |  |  |
| 1. Did the applicant describe the organization’s experience providing peer-based recovery support services to persons with substance use disorders, co-occurring disorders and/or with persons in recovery? |  |  |
| 1. Is Recovery Oriented System of Care (ROSC) incorporated in a way that promotes good quality of life, community health, and wellness for all? Did the applicant demonstrate knowledge of ROSC principles? |  |  |
| 1. Does the applicant have a good understanding of recovery capital? |  |  |
| 1. Did the applicant provide examples of recovery capital planning activities they offer? Do the examples align with what is describe in recovery capital activities? |  |  |
| 1. Did the applicant provide a detailed description of the proposed program? Did they address their organization’s proposed recruitment, enrollment, and retention strategies and describe how their agency will overcome challenges and barriers? |  |  |
| 1. Did the applicant describe how the organization operates under a “no wrong door” model? |  |  |
| 1. Did the applicant describe how the organization will perform activities related to public advocacy and education in the community as it relates to this project? |  |  |
| 1. Did the applicant describe how the organization adheres to the three (3) core principles?  * recovery vision, * authenticity of voice and * accountability to the recovery community |  |  |
|  |  |  |
| Things to Consider:   1. Does the applicant’s mission, vision, and philosophy align with key objectives and aspirations of a recovery community organization? 2. Did the applicant explain how the geographic catchment area proposed is best suited for reaching the indicated population and substantiates the community need? Were data and sources of the data noted? Does the applicant clearly address the identified community’s issues and how to prioritize them or how the process of prioritization occurs? 3. Did the applicant clearly describe the need for peer-based recovery support service in the geographic catchment area/community and factors for the need for the services? 4. Does the applicant have experience providing peer-based recovery support services to persons with substance use disorders or persons in recovery? 5. To what extent does the applicant have a history of success providing similar services? 6. Does the applicant understand Recovery-Oriented System of Care? 7. Does the applicant understand the “no wrong door” model? 8. What challenges, if any, might this applicant have in implementing and managing a potential contract ? 9. To what extent is there alignment between the needs of the target population and the program design and goals? 10. To what extent is the recruitment and enrollment plan likely to result in the enrollment of enough numbers and types of participants? 11. To what extent does the applicant have a strong plan to maintain participant retention in the program? 12. To what extent are the proposed activities as they relate to public advocacy and education in the community, likely to increase community awareness? Is the applicant identifying appropriate stakeholders and proven effective efforts? | | |
| Section 1. Total Score: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Reviewers Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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| **Section 2 – Narrative – Capacity/Readiness (Maximum 54 Points)** | | |
| **Evaluation Criteria** | **Assigned Score**  **(Score 1-9)** | **Comments/Notes** |
| 1. **Capacity/Readiness** | | |
| 1. Did the applicant describe their agency’s organizational readiness for implementation of an RCO? Did the applicant demonstrate the ability and infrastructure that will support the implementation? |  |  |
| 1. Did the applicant describe what are some implementation barriers the agency anticipates, and how the agency will overcome those barriers? Are the anticipated barriers easily resolvable and how quickly may they be resolved or not? |  |  |
| 1. Does the applicant have an established Continuous Quality Improvement (CQI) system that monitors adherence to performance outcome and implements remedies to correct deficiencies when necessary to ensure measures are met? Did the applicant demonstrate that it has the ability to meet and monitor the performance measures listed in Appendix A, Guidance Document 35 and Appendix B, and Appendix C or has a plan in place if these are currently not in effect at the organization? |  |  |
| 1. Did the applicant describe their agency’s warm handoff process and provide examples? Did the applicant describe relationships with other entities to provide these warm handoffs? |  |  |
| 1. Did the agency describe any trainings or staff development practices currently utilized at their agency? |  |  |
| 1. Does the applicant have experience with recovery capital planning for individuals with substance use and/or co-occurring disorders? |  |  |
|  | | |
| **Things to Consider:**   1. Do they utilize evidence- based programs and/or evidence-based strategies? Did the applicant clearly describe the Evidence Based Practice (EBP) or EBPs to be used consistent with the needs of the target population and/or community to be served? 2. To what extent are the proposed outcomes appropriate and achievable with the proposed target population within the program timeframe? 3. What current tools, partnerships, funding, etc. does the agency have at their disposal in order to begin the process of implementation? 4. Does the applicant have an understanding of CQI systems and how to meet the standards expected of them in the appendices referenced? 5. Does the applicant understand the concept of a “warm handoff” and how they plan to utilize this process in their agency? 6. What type of experience does the applicant have with using recovery capital planning for the target population? 7. Are the trainings and staff development practices aligned with what is expected for RCOs? | | |
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| Section 2. Total Score: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Reviewers Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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| **Section 3 -Narrative - Proposed Program and Implementation Approach (Maximum 45 points)** | | |
| **Evaluation Criteria** | **Assigned Score**  **(Score 1-9)** | **Comments/Notes** |
| 1. **Proposed Program and Implementation Approach** | | |
| 1. Did the applicant describe the goals and measurable objectives of the proposed project and align them with the Statement of Need? |  |  |
| 1. Did the applicant provide a chart or graph depicting a realistic timeline for the 16 months (03/01/2024 – 6/30/25) of the project period showing dates, key activities, and responsible staff? |  |  |
| 1. Did the applicant describe if they intend to leverage any resources within their agency? Did they state what those resources are and how they will support the implementation of the Recovery Community Organization? |  |  |
| 1. Did the applicant describe effective outreach efforts that would potentially engage and eventually enroll individuals served from the target population? |  |  |
| 1. Did the applicant describe a realistic and effective way of implementing RCO services prescribed by the ITN if they were currently not providing services in this manner? |  |  |
|  | | |
| **Things to Consider:**  1. Are the program goals and objectives appropriate?  2. Do the proposed program approach and activities fit with the project objectives?  3. Do they seem adequate to achieve the objectives prescribed?  4. Does the applicant’s resources coincide with the needs of an RCO?  5. Do the potential outreach activities meet the needs of the target population, seem engaging, and financially and operationally feasible?  6. Does the applicant provide descriptions that make them seem capable and ready to effectively implement the necessary services? | | |
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| Section 3. Total Score: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Reviewers Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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| **Section 4 – Narrative - Organizational Experience, and Partnerships (Maximum 126 points)** | | |
| **Evaluation Criteria** | **Assigned Score**  **(Score 1-9)** | **Comments/Notes** |
| 1. **Organizational Experience, and Partnerships** | | |
| 1. Did the applicant describe how they will implement their start-up (first 6 months of contract execution) of the RCO services in terms of:   Did they review areas of recruiting qualified staff per the requirements in this ITN, required trainings, background screening, office location, technology, roles and supervisory responsibilities, referrals, and outreach efforts for the first 6 months of the RCO program? |  |  |
| 1. Did the applicant describe the staffing pattern and organizational structure required to properly implement this proposed program? |  |  |
| 1. Does the Organizational chart clearly define the hierarchy of authority, establishing clear lines of reporting, and communication lines? Does the organizational chart ensure that each position’s role and responsibilities are clearly defined and well-understood? Are there any familial relationships that pose potential conflicts of interest? Did the applicant identify the specific familial relationship between the individuals involved? Where a familial relationship has been identified, did the applicant clearly define the roles and responsibilities of each individual involved in the familial relationship? Are clear conflict of interest policies in place and do they address how potential conflicts are identified and addressed? |  |  |
| 1. Did the applicant describe the minimum staffing pattern referenced in the ITN? Did the applicant provide a resume if the individual has been identified for a position or is a current employee and accurately note the job title, consistent with the Staffing Table and the Budget. Did the applicant include updated resumes for current employees? Did the job descriptions include the minimum educational and experience qualifications and a brief narrative description of their roles and responsibilities and knowledge and skills necessary to carry out their roles and responsibilities? Did the staff chart correspond with the submissions of resumes and job descriptions? For the identified individuals, do they have the experience to do the work expected? |  |  |
| 1. Did the applicant describe how their agency will monitor the peer services provided to individuals served through the RCO? |  |  |
| 1. Did the applicant describe their agency’s orientation process for onboarding new staff? Did the applicant include references to their agency’s policies, trainings, or standards towards ethical practices, nepotism, sexual harassment, drug-free workplace, HIPAA, and disability. Did the applicant have an employee manual in place, and provided a copy in their submission? |  |  |
| 1. Did the applicant describe the support services offered to the Certified Peer Specialist? |  |  |
| 1. Did the applicant demonstrate how Peer Specialists working towards certification will receive appropriate support services and supervision? |  |  |
| 1. Did the applicant complete Appendix N, Staffing Chart? Is the staffing pattern in the Staffing Chart adequate to begin the implementation of the proposed program described by the applicant in the prescribed timeframe? Is the program staffed enough for the RCO to meet all of its contract requirements? Does the chart demonstrate that the staff and volunteers have the right qualifications and experience to meet the needs of the program’s target population? Are the roles and responsibilities assigned to paid staff and volunteers appropriate and aligned with their respective qualifications and capabilities? |  |  |
| 1. Did the applicant describe thoroughly how recovery capital planning fits into their overall approach to recovery support? |  |  |
| 1. Did the applicant describe if their agency utilizes volunteers and how they will be used to meet the requirements of the scope of work? |  |  |
| 1. How will the requirements of the contract affect the productivity of the applicant’s agency if they utilize volunteers? |  |  |
| 1. Did the applicant provide an effective training program in Recovery Capital for their staff? |  |  |
| 1. Did the applicant complete Appendix M, Partner Table, identifying other organization(s) that they will partner with in the proposed project? Did the applicant describe their partner’s experience providing services to the population(s) of focus, and their specific roles and responsibilities for this project? Did the applicant describe how the collaboration between the parties will ensure that the goals and expectations of this ITN are met? Did the applicant include Letters of Support from each partner listed in the table as a supporting documentation to the Project Narrative? |  |  |
|  | | |
| **Things to Consider:**  Organizational Chart: How well-defined are the lines of authority and does the structure ensure that decisions are made efficiently and are the responsibilities clearly assigned? A well-structured org chart should balance the need to for specialization with the need for coordination across departments. Excessive spans of control can overwhelm managers/staff and hinder decision-making. Does the org chart provide clarity of roles and responsibilities? This helps avoid confusion, duplication of effort, and potential conflicts between departments. Be mindful of potential conflicts of interest arising from familial relationships within the organizational structure. While close relationships can foster loyalty and understanding, they can also lead to favoritism and biased decision-making. Assess the organization’s internal controls and safeguards to prevent conflict of interest. This may include recusal, dual review of transactions, and independent oversight of decision-making processes. Consider how the existence of familial relationships may impact funding decisions. While familial relationships alone may not be a disqualifying factor, it is essential to assess the potential for conflicts of interest and ensure that funding decisions are made objectively and fairly.  Staffing Chart: Are the roles and responsibilities of both paid and volunteer staff are clearly identified? Assess how the workload is distributed between paid and volunteer staff. Analyze the impact of volunteer engagement on the organizations capacity to achieve its goals and meet its objectives. Assess how the volunteer contributions complement and enhance the work of paid staff.   1. Does the start-up process for the applicant seem realistic and reasonable based on the requirements stipulated? 2. Was the applicant’s proposed staffing pattern in alignment with the minimum staffing pattern requirements? 3. Does the way the agency will monitor peer services provided align with the requirements prescribed in the ITN? 4. Does the applicant’s orientation and on-boarding process seem thorough and well thought out as well as beneficial to the staff and or volunteers involved? 5. Does the applicant have an effective plan in place to supervise Peer Specialists seeking certification? 6. Is the applicant aware of how recovery capital planning benefits individuals served? Do they have staff currently that understand how to implement this process with the target population? 7. Are the training programs offered to staff referenced in policies provided or in an employee manual? | | |
| Section 4. Total Score: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Reviewers Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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| **Section 5. Narrative – Technology (Maximum 27 points)** | | |
| **Evaluation Criteria** | **Assigned Score**  **(Score 1-9)** | **Comments/Notes** |
| **5.Technology** | | |
| 1. Did the applicant describe what current technology their agency has available which would be useful for an RCO, i.e. tablets, cell phones, laptops? |  |  |
| 1. Did the applicant share any current technological barriers their agency is experiencing and how this funding may change these barriers? |  |  |
| 1. Did the applicant describe how their agency stores Protected Health Information (PHI), including but not limited to electronic form ePHI, and describe the standards that are in place to safeguard PHI and/or ePHI. |  |  |
|  | | |
| **Things to Consider:**   1. Does the applicant’s current technological tools meet the needs of what will be required of the agency as an RCO? 2. Are the technological barriers described by the agency easily rectified through additional funding? 3. Does the provider have a firm understanding of PHI and how to ensure its security? | | |
| Section 5. Total Score: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Reviewers Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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| **Section 6 – Narrative – Letters of Support (Maximum 25 points)** | | |
| **Evaluation Criteria** | **Assigned Score**  **(25 Points)** | **Comments/Notes** |
| **6. Letters of Support** | | |
| 1. Did the applicant provide Letters of Support from appropriate community entities including collaborating agencies, government representatives, police departments, the school board, businesses that can attest to the work completed in the community, and other relevant stakeholders? Do the letters of support correspond to the Partner Table? Does the applicant currently have any MOU’s with their partners?   Each letter of support is worth 5 points. |  |  |
|  | | |
| **Things to Consider:**   1. Are the partners affiliated with the applicant currently serving the target population? 2. Do the letters of support describe the relationship the agency has with the applicant? 3. Do the letters of support indicate a longstanding relationship with the applicant? 4. Are the letters of support provided by any family members? 5. What kind of services are described in the MOU, if applicable? | | |
| Section 6. Total Score: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Reviewers Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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| **Reviewer’s Overall Comments and Final Score** |
| **Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Max Total Score: 403**  Comments:  Total Assigned Score: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Reviewer’s Name (Print) Reviewer’s Signature  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |