

# **Request for Proposals: Health Equity Peer Program**

**Release Date: May 6, 2024**

**Due Date: June 13, 2024**



CALVERT COUNTY  
HEALTH  
DEPARTMENT

*Calvert County Local Behavioral Health Authority (LBHA)*

*P.O. Box 980*

*PRINCE FREDERICK, MD 20678*

*443-295-8584 ext. 101*

**REQUEST FOR PROPOSALS**  
**Health Equity Peer Program**

**GRANT PROGRAM EMPHASIS**

The Calvert County Health Department, Local Behavioral Health Authority (LBHA) is requesting Proposals to acquire a vendor to provide Health Equity Peer services to individuals in Calvert County. Peer support services are unique in that the delivery of these services are facilitated exclusively by individuals who identify as having lived experience in behavioral health recovery. These individuals are professionally known as Peer Recovery Specialists (PRS) and Certified Peer Recovery Specialists (CPRS) when working in the credentialed status of this role. Peer support services can be facilitated within a wide range of settings including outreach within the community, working alongside first responders, and providing connections to formal treatment services. Peer support services are frequently effective in non-traditional settings such as no-barrier community support agencies, areas in the community where high rates of overdose, homelessness, and other health disparities exist, and other diverse settings such as hospitals, courthouses, and jails.

Health Equity Peer services will demonstrate a high degree of flexibility and be individualized to the person receiving support and will empower people, allowing them to exert control over their lives and exercise the maximum level of self-determination. These services will focus on supporting recovery and the establishment of a life within the community for special populations of individuals who are at higher risk for behavioral and somatic health disparities. Health disparities are differences that exist among specific groups of people that impacts their ability to achieve good health outcomes and can be measured by incidence, prevalence, mortality, burden of disease, and other adverse health conditions (NIH, 2017).

This award utilizes braided funding techniques to provide appropriate fiscal support. Sixty (60) percent of the funding will be dedicated to providing peer support services to Calvert County's unhoused residents. The remaining funds can be utilized to provide peer support services to other populations that have identified health disparities including, but not limited to:

1. Individuals with co-occurring behavioral health and somatic disorders
2. Black, Indigenous, and People of Color (BIPOC) communities
3. LGBTQ+ residents
4. Rural areas

**MAXIMUM AWARD AMOUNT**

The LBHA has received conditional funding approval for **\$74,644** annually for the Health Equity Peer Program. The LBHA expects the program to be fully implemented throughout FY 2025. Offerors should submit a single budget covering the period from July 1, 2024 through June 30, 2025, including start-up costs. The budget should be accompanied by a narrative justification outlining how each budget line item was determined. Offerors should plan to implement the program no later than 30 days after notification of grant award.

The term of this agreement shall be for the period commencing on July 1, 2024 and ending on June 30, 2025. After the initial year of funding, the contract can be renewable for an additional two (2) years on a year-to-year basis for a total of three (3) years, provided the contract deliverables are met and there is continued funding from MDH.

## **ELIGIBILITY**

Any public or private human service agency may apply for funding under this request for proposal. Interested parties will be willing to:

- Attend the scheduled Pre-Bid conference
- Commit to attend any meetings requested by the LBHA
- Be able to provide the contracted materials and outcomes within the award period
- Applicants must employ a Registered Peer Supervisor (RPS) to supervise all staff employed through this award
- Licensed Provider Type 32 and 50 are not eligible to apply for funding

## **CONTACT**

For more information contact:

Andrea McDonald-Fingland, Director  
Local Behavioral Health Authority  
Calvert County Health Department  
PO Box 980, Prince Frederick, MD 20678  
[andrea.mcdonald-fingland@maryland.gov](mailto:andrea.mcdonald-fingland@maryland.gov)  
443-295-8584 x101

## **BACKGROUND**

Funding for this program is provided by the Behavioral Health Administration to the Calvert LBHA. This program utilizes braided funding through multiple awards. The funding streams include Projects for the Assistance in the Transition from Homelessness (PATH), PATH match funding (Mental Health General Services Award), and Peer to Peer funding.

### **PATH and PATH Match funding: \$44,313 (60%)**

PATH links a vulnerable population of individuals experiencing serious mental health disparities to mainstream and other supportive services. It also helps individuals experiencing homelessness (or at imminent risk of homelessness) and who have SMIs or co-occurring SMIs and substance use disorders (SUDs) to secure, safe, stable housing; improve their health; and live self-directed, purposeful lives in Calvert County.

Programs accepting PATH funds must maintain consumer records which include an intake form, a service plan, and progress notes, as well as recording all client/service information in the Homeless Management Information System (HMIS). Intake forms must contain information to determine eligibility for PATH services, such as living situation and disability. All service plans must include goals to:

1. Obtain community mental health services for the PATH eligible client
2. Address how assistance will be provided in obtaining and coordinating social and maintenance services for the eligible PATH consumer, including:
  - a. Services relating to daily living activities
  - b. Personal planning

- c. Transportation
  - d. Habilitation and rehabilitation services
  - e. Prevocational and vocational services
  - f. Housing
3. Assist with providing PATH eligible consumers in obtaining income and income support services (ex. housing assistance, food stamps, SSI, etc)
  4. Refer eligible individuals to other appropriate services
- The selected provider will be required to send a representative to both the Calvert County Homeless Services Board as well as to the Southern Maryland Local Homelessness Coalition.

Eligible Use of Funding:

1. Funds may only be used to serve individuals who are:
  - a. Diagnosed with a Serious Mental Illness (SMI) or have been diagnosed with an SMI and co-occurring Substance Use Disorder (SUD)
  - b. Experiencing homelessness or are at imminent risk of homelessness.
2. Project Funds may only be used for services approved in the Intended Use Plan (IUP) submitted to BHA and SAMHSA. The selected applicant will be required to provide input to the IUP following the selection of their proposal.
3. SAMHSA allows the following services to be provided under PATH:
  - a. Outreach services including the prioritization of those with SMI who are veterans and experiencing homelessness or in danger of experiencing homelessness
  - b. Community Mental Health services, including recovery support services (ex. Peer specialists, recovery coaches, etc)
  - c. Staff training, including the training of individuals who work in shelters, mental health clinics, substance use programs, and other sites where individuals who experience homelessness require services
  - d. Case management services, including:
    - i. Preparing a plan for the provision of community mental health services to eligible homeless individuals and reviewing such a plan not less than every 3 months
    - ii. Providing assistance in obtaining and coordinating social and maintenance services for eligible individuals who experience homelessness, including services related to daily living activities, peer support, personal financial planning, transportation, habilitation and rehabilitation, prevocational and vocational training, and housing
    - iii. Providing assistance to eligible individuals who experience homelessness in obtaining income support services, including housing assistance, food stamps, and supplemental security income benefits
    - iv. Referring eligible individuals who experience homelessness for such other services as may be appropriate
  - e. Referral for primary health services, job training, educational services, and relevant housing services including the use of peer providers to help assure that these services are successfully accessed by homeless individuals with SMI and co-occurring disorders

Ineligible Use of Funding:

1. Services that are reimbursable through the Public Behavioral Health System

2. Supporting emergency shelters or construction of housing facilities
3. Providing inpatient substance use treatment
4. Making cash payments to intended recipients of mental health or substance use services
5. Lease arrangements in association with the proposed PATH project beyond the project period nor for any leased portion of space not supported by the project
6. Publicity or propaganda or the preparation, distribution, or use of information designed to support or defeat legislation pending before Congress or State legislatures. This includes “grassroots” lobbying, which includes appeals to members of the public suggesting they contact their elected officials to indicate support or opposition to pending legislation.

Annual Performance Requirements:

1. # of unduplicated individuals contacted
2. # of unduplicated individuals enrolled.
3. 65% of enrolled individuals will receive community mental health services (SAMHSA GPRA requirement)
4. 58% of individuals contacted who are experiencing homelessness with a serious mental illness will be enrolled in PATH services (SAMHSA GPRA requirement)
5. # of peer support sessions provided.
6. # of staff trained in SSI/SSDI Outreach, Access, and Recovery (SOAR)
7. # of PATH funded clients assisted through SOAR Process

**Peer to Peer funding: \$30,331 (40%)**

This Peer to Peer award will target populations with Health Disparities and provide holistic peer support for individuals with mental health and substance use disorders or co-occurring mental health, substance use, and somatic conditions. Some of the referral sources for this program will include (but are not necessarily limited to):

1. Calvert Health Medical Center
2. Calvert County Hub & Spoke Program
3. Highway to Health: Equity Program

This portion of funding will provide the following services listed below:

1. The delivery of services is facilitated exclusively by individuals who identify as having lived experience in behavioral health recovery.
2. Provides opportunities for Peer Recovery Specialists (PRS) and Certified Peer Recovery Specialists (CPRS) to meet with individuals in settings that are comfortable to the individual seeking support.
3. All services are offered and conducted on a voluntary basis and are guided by a recovery plan which is created and maintained by the individual receiving support.
4. Maintain a relationship with a Registered Peer Supervisor (RPS), as evidenced by a RPS certificate on file, who will provide supervision hours to staff and/or volunteers seeking or maintaining their Certified Peer Recovery Specialist credential.
  - a. Staff funded through this award have 2 years from the date of hire to obtain their Certified Peer Recovery Specialist (CPRS) credential.
5. Through the support of PRS/CPRS’s ensure that individuals receiving services navigate community-based supports and resources.

Support services shall include, but are not limited to:

1. One-on-one peer support meetings
2. Peer Support Groups
3. Activities that reduce isolation
4. Resume building and interview prep
5. Recovery Plan development
6. Accessing entitlements and other social services
7. Recovery advocacy work
8. Vocational/Educational activities
9. Connection to treatment-based support
10. Community outreach
11. Resource connection activities

Eligible Use of Funding:

4. Staffing
5. Training costs
6. Supplies and IT equipment
7. Administrative Costs
8. Rent and Utilities
9. Any other related expenses approved by the Behavioral Health Administration

Ineligible Use of Funding:

7. Gift Cards
8. Clinical Services that are reimbursable through Maryland Medicaid
9. Funds shall not be used to support peer positions providing services to individuals enrolled in Medicaid Provider Type 50 settings (OP Level 1, IOP Level 2.1, and PHP Level 2.5) or Medicaid Provider Type 32 settings (OTP)

Annual Performance Requirements:

8. # of unduplicated individuals served.
9. # of peer support sessions provided.
10. Participation in planning and implementation of RecoveryFest.

## **GENERAL REQUIREMENTS**

Proposal narratives submitted in response to this request shall not exceed 10 typed, single-sided, single-spaced pages and should address the criteria specified below. Use 12-point font and 1-inch margins. Budget pages Maryland Behavioral Health Administration Forms 432A thru 432H and attachments, such as letters of reference, are not included in the 10-page maximum. It shall contain a one-page executive summary.

At a minimum, each proposal shall include the following items in the stated order; all pages shall be numbered, and all the listed components must be included. Proposals which do not include all components will be considered non-responsive and therefore not reviewed or considered for funding.

1. **Transmission letter:** A formal letter stating your intent to provide the services you are proposing and that you have the authority to do so. Provide name or organization, address, and all contact information, including primary contact person.

2. **Approval of Governing Body:** A letter or memo which states that you have the approval and support of your governing body to submit such proposal, if applicable.
3. **Understanding of the population to be served:** Describe your understanding of the needs of consumers who are served by the Peer to Peer Program. Discuss your experience and expertise working with such populations and what you consider the primary issues for these consumers.
4. **Organizational Capacity Statement:** If incorporated, attach a copy of the most current articles of incorporation. Additionally, submit a roster of all members of the organization's board of directors, including addresses and telephone numbers. Indicate consumer/family representation.
  - a. **Capacity:** Describe your organization's experience providing any similar services and the results those services have achieved.
  - b. **Staffing:** What are the qualifications of staff involved in the program? What experience do they have? What will their roles be? How frequently will supervision occur? What are the qualifications of the staff responsible for collecting and submitting data in a timely fashion? Describe cultural competency of the staff. Attach an organizational chart, illustrating the relationship of the Peer to Peer Program services to the other programs in the agency.
  - c. If the provider is licensed by the Maryland, Behavioral Health Administration, provide the date of the applicant's last licensing visit and briefly describe the findings and recommendations. This should include program approval status and any program improvement plans,
  - d. Attach copies of most recent financial audit and any other reports which demonstrate the organization's fiscal soundness.
  - e. Include a statement describing recruitment (in compliance with the Equal Employment Opportunity (EEO) guidelines and the Americans with Disabilities Act (ADA), training, and supervision of personnel to work in this program.
5. **Proposed Program:**
  - a. **Program Plan:** Describe the services you intend to provide. What constellation of services will you provide? Who will provide the services? What are their qualifications? In what setting will the services take place?
  - b. **Professional Collaboration:** If provider intends to use other qualified professionals outside of their organization, who would they be? What are the roles and qualifications of proposed collaborators?
  - c. **Other Collaborative Relationships:** Describe your history of providing services in Calvert County and any collaborative relationships you have established. How will you market this program to referral sources and participants?
  - d. **Timeline for Implementation:** Please include a timeline showing when you will accomplish all the major tasks associated with program start-up and implementation, including hiring, marketing, training, supervision, evaluation, etc. Use of a Gantt chart is preferred.
  - e. **Performance Measures:** Identify your proposed performance measure which should include, at a minimum, the annual performance requirements listed on page 5 of this

document.

6. **Plan for Evaluation:** Describe your quality assurance processes. Cite any results of consumer satisfaction surveys or program evaluations if they are available.
7. **Program budget:** Use [Maryland Department of Health Form 432A-H](#). The budget should specify all costs including salaries and fringe, supplies, mileage, etc. A budget narrative should accompany the Form 432 outlining justification for all costs. The budget narrative should explain how the costs associated with each line item were determined and how they relate to the implementation of the project as outlined in the proposal.
8. **Licenses and Certification:** Copies of all current licenses and certifications held by the offeror related to the services required by this RFP.
9. **Insurance:** The provider is an independent contractor and shall submit documentation to the LBHA that it maintains adequate general and professional liability insurance coverage for all of its personnel, as well as appropriate fire, casualty, premise and workers' compensation insurance coverage.
10. **Letters of Support:** Please include at least two letters of reference. References and descriptions of previous similar engagements should be provided (all references should include a contact person familiar with the offeror's work and the appropriate telephone number) as well as demonstrate the ability of the offeror to successfully provide sufficient qualified backup staff.

## **DATA AND REPORTING**

The Awardee will make any/all documents and records available for audit/evaluation to entitled Federal, State and County officials upon request. Calvert County LBHA will establish and conduct regular program monitoring site visits and record reviews that will include assessing compliance with all Federal, State, and Local conditions of award, health and safety reviews, fiscal and data information, and quality management of service processes. The Awardee will develop a budget, create and provide a monthly report to be submitted by close of business on the 15th day of the month to the Calvert County LBHA.

**PATH SPECIFIC REPORTING:** All client data/service information must be recorded ongoing within the Homeless Management Information System (HMIS). The reporting mechanism for the PATH Program is the PATH Data Exchange (PDX), an online reporting portal. HMIS data reports will be pulled to fill out reports in the PDX system. Quarterly reports are cumulative. The LBHA MUST review all data reports prior to final submission. The selected vendor will utilize these formats for required ongoing, quarterly, and annual data reports.

The Calvert County LBHA reserves the right to adjust and change data reporting requirements as the project evolves and/or as MDH guidelines dictate.

## **GRANT AGREEMENT AND TERMINATION FOR NON-PERFORMANCE**

The Awardee shall enter into a Grant Agreement with the Calvert County LBHA. Any Grant Agreement resulting from this RFP may be terminated by either Calvert County LBHA or the Awardee



by giving sixty (60) days written notice to the other party.

If the Awardee shall fail to fulfill in a timely and proper manner its obligations under the Grant Agreement, or if the Awardee shall violate any terms of the Grant Agreement, within the sole discretion of the Calvert County LBHA, the Calvert County LBHA may immediately terminate the Grant Agreement by giving written notice to the Awardee.

## **INVOICING**

Invoices are to be submitted along with a MDH 437 funding request form, a MDH form 438, and an itemized list of expenditure by line item. The Awardee must give reports of work, services and items that have been approved by the Calvert County LBHA per the project timeline and budget at monitoring meetings between the Awardee and the Calvert County LBHA. Monitoring meeting schedules are determined based upon vendor risk assessment rating. Invoices for work, services and items not on the project timeline and/or not approved by the Calvert County LBHA may result in denial of further funding.

Invoices are to be submitted on an agreed upon timeline to:

Andrea McDonald-Fingland  
Calvert County Health Department  
PO Box 980, Prince Frederick, Maryland 20678  
[andrea.mcdonald-fingland@maryland.gov](mailto:andrea.mcdonald-fingland@maryland.gov)  
443-295-8584 x 102

## **REVIEW PROCESS**

A panel of reviewers will conduct the application review process using the attached rating scale (Attachment 2). The decision to award funds of any amount will be based on the merits of the application. The decision of the reviewers will be final. Applications will be examined for:

1. **Understanding of the population:** The applicant has experience working with the identified population. The applicant demonstrates knowledge of the population to be served and an understanding of the benefits and challenges of a Peer to Peer Program. (10 points)
2. **Organizational Capacity Statement:** The applicant can demonstrate experience providing similar services. The applicant demonstrates the capacity to employ staff knowledgeable in the implementation of new programs. The organization has the appropriate infrastructure to administer services. Proposed staffing is appropriate for the service. (20 points)
3. **Proposed Program:** The applicant demonstrates up-to-date knowledge of best practices in the areas of services and applies this knowledge to the proposed program. The applicant integrates the scope of services into the program description and adequately addresses all requirements. The plan for implementation is realistic and will meet the needs of program participants. (35 points)
4. **Quality Assurance/Results:** The program described is likely to achieve the performance requirements. Methods of outcome assessment and quality assurance procedures are evident.

(15 points)

5. **Budget:** The budget corresponds to the program description and reflects reasonable costs. Maryland, Behavioral Health Administration Forms 432A-H are utilized and completed. The budget is accompanied by a narrative justification that explains, in detail, how each amount was determined and how those costs are related to the proposed project. The applicant describes sound fiscal practices, demonstrates fiscal accountability and includes the most recent annual financial audit report to affirm the organization's fiscal ability to adequately support the program. (20 points)

**APPLICATION DEADLINE**

One copy of the application for the Peer to Peer Program must be emailed to Andrea McDonald-Fingland, [andrea.mcdonald-fingland@maryland.gov](mailto:andrea.mcdonald-fingland@maryland.gov) by 6/13/24 at 5:30 PM. Applications received after 05:30 PM on 6/13/24 will not be considered for review. Faxed applications will not be accepted.

**PRE-APPLICATION MEETING**

A pre-application meeting will be held via Google Meet. For an invitation to this meeting please contact [andrea.mcdonald-fingland@maryland.gov](mailto:andrea.mcdonald-fingland@maryland.gov).

**PEER TO PEER APPLICATION TIMELINE**

STEPS TO COMPLETION	COMPLETION DATE
Advertise/Email	5/6/24
Pre-Application Conference	5/17/24
Application Submission Deadline	6/13/24
Review Committee	6/17-21/24
Letters of Award sent	6/24/24
Services Begin	7/1/24