

Request for Proposals:

Peer to Peer

Release Date: March 9, 2026

Due Date: April 10, 2026



CALVERT COUNTY
HEALTH
DEPARTMENT

Calvert County Local Behavioral Health Authority (LBHA)

P.O. Box 980

PRINCE FREDERICK, MD 20678

443-295-8584 ext. 101

BACKGROUND

The Calvert County Health Department, Local Behavioral Health Authority (LBHA) is requesting Proposals to acquire a vendor to provide Peer to Peer services to individuals in Calvert County. Peer to Peer 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-to-Peer 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-to-peer 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.

Peer-to-Peer services will demonstrate a high degree of flexibility and be individualized to the person receiving support. Peer-to-Peer services will empower people, allowing them to exert control over their lives and exercise the maximum level of self-determination. Peer-to-Peer services will focus on supporting recovery and the establishment of a life in the community.

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

Priority Areas to be Served

In FY27 the Calvert County LBHA will prioritize proposals that incorporate the provision of peer support services as a part of Calvert County's Law Enforcement Assisted Diversion (LEAD) Program in collaboration with the Calvert County Office of the State's Attorney and the Calvert County Sheriff's Office.

- a. <https://www.leadbureau.org/>
- b. <http://goccp.maryland.gov/law-enforcement-assisted-diversion/>

General Requirements

Funding is provided by the Behavioral Health Administration to the LBHA to contract for the provision of the following Peer to Peer 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.

- a. To ensure peer support is accessible and responsive, we prioritize applications that demonstrate a consistent on-site and community-based presence.
 - b. While phone or tele-services are permitted upon client request, our primary focus remains on high-quality, face-to-face engagement.
3. All Peer to Peer services are offered and conducted on a voluntary basis and are guided by a recovery plan which is created and maintained with 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.
 - b. Supervisors funded through this award have 1.5 years from the date of hire to obtain their Registered Peer Supervisor (RPS) credential. The LBHA prefers that supervisors funded through this initiative hold the required credential at the time of hire. Any exceptions must be documented by the organization, including a formal justification for hiring an uncredentialed candidate.
5. Through the support of PRS/CPRS's, ensure that individuals receiving services navigate community-based supports and resources.

Required Use of Funding:

1. Staffing
 - a. Peer staff funded through this award must have personal lived experience with behavioral health recovery.
 - b. A relationship with a registered peer supervisor must be established and maintained to provide supervision to staff providing peer support services as well as any staff or volunteers seeking their Certified Peer Recovery Specialist credential.

Ineligible Use of Funding:

1. Cash payments made directly to consumers. This includes direct payments to individuals to enter treatment or the continuation of participation in prevention or treatment services.
2. Treatment services that are reimbursable through Medicaid.
3. Any services or programs that would deny participants access to any FDA approved Medication Assisted Treatment.
4. Promotional items including, but not limited to, clothing or commemorative items such as pens, mugs/cups, folders/folios, lanyards, and conference bags.
5. The purchase or construction of any building or structure to house any part of the program.
6. To purchase, prescribe, or provide cannabis or treatment using cannabis.
7. Gift Cards.
8. Peer positions providing services in Medicaid Provider Type 50, 32, or 34 settings serving individuals with substance use disorders.
9. Self-supporting mutual support groups (NA, AA, etc).
10. Funding may not be used to substitute or supplant federally funded projects or grants.
11. Lobbyist or lobbying activities.

Annual Performance Requirements:

1. 150 unduplicated individuals served

2. Participation in planning and implementation of RecoveryFest

Other Required Data Tracking:

1. # of 1 on 1 Peer Contacts
2. # of Peer Support Groups
3. # of Outreach Presentations Conducted
4. # of individuals connected to the following resources
 - a. Housing
 - b. Benefits
 - c. Resource assistance
 - d. Employment
 - e. Educational programs
 - f. Vital Documents
 - g. Clinical levels of care
5. # of individuals accompanied to court
6. # of individuals accompanied to medical appointments

MAXIMUM AWARD AMOUNT

The LBHA has received conditional funding approval for **\$144,990** annually for the Peer to Peer Program. The LBHA expects the program to be fully implemented throughout FY 2027. The term of this agreement shall be for the period commencing on July 1, 2026 and ending on June 30, 2027. Offerors should submit a single budget covering this period, including any start-up costs. Offerors should plan to implement the program no later than 30 days after notification of grant award.

After the initial year of funding, the Contract will 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
- Have at least 3 years of experience providing behavioral health peer support services to high-risk populations and adults with serious mental illness and substance use disorders.
- Applicants should have knowledge of Calvert County's public behavioral health system and the target population outlined in this RFP.
- Applicants should have a strong commitment to provide culturally competent, high quality services to eligible consumers within diverse communities in Calvert County.
- 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

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. Provider shall furnish statements, records, reports and other information pertaining to matters covered by this Agreement that may be requested by LBHA or the Maryland Department of Health or any of their agents on a monthly basis. Reports are due to the LBHA by the 20th of the month following the reporting period.

All monthly reports must be completed via the received Grant Monitoring Tool(s) and submitted no later than their established due date. Failure to submit a report by its scheduled deadline may result in negative impacts. Reports must be completed in their entirety, including a detailed narrative that indicates the progress made within the reporting period, as well as any challenges, successes, lessons learned, staff changes, etc. Should reports not be submitted with a detailed narrative, the form will be considered incomplete and returned to the Provider.

All grants are expected to complete the Staff Monitoring Tool and submit it at the end of each quarter, with their Grant Monitoring Tool. The Staff Monitoring Tool must feature all positions that are funded through the award, if they are filled or vacant, the year to date Expenditures for both Fringe and Salary, along with the FTE Status (1, .8, .6, etc.). Should the tool not contain the necessary information, it will be considered incomplete and returned to the Provider.

If, at any time, additional information is requested by either the LBHA or Maryland Department of Health via the LBHA, this information must be provided within 5 business days, if it is not an urgent matter. Any difficulties providing this information must be reported to the LBHA within 2 business days.

The LBHA has the right to modify the Grant Monitoring Tool and Staff Monitoring Tool, as needed, at any time, to maintain compliance and to meet the reporting needs of the Maryland Department of Health.

GRANT AGREEMENT AND TERMINATION FOR NON-PERFORMANCE

The LBHA may terminate the agreement with the selected vendor:

- 1) Due to lack of funding.
- 2) For cause.
- 3) By mutual agreement with Provider.

For cause shall be defined as Provider's failure to fulfill in a timely and proper manner its obligations, or substantial violation by Provider of any of the covenants or stipulations of the grant Agreement. In addition to the rights described above, either party may terminate this Agreement for any reason at any time giving 90 days advance written notice to the other party by certified mail. Upon termination, any funds forwarded by LBHA to Provider but not utilized in the performance of services under this Agreement or any amounts that are subject to refund shall become the property of the LBHA and shall be refunded to the LBHA.

INVOICING

Invoices are to be submitted quarterly unless otherwise agreed upon by the LBHA and the selected vendor 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 monthly reports of work, services and items that have been approved by the Calvert County LBHA per the project timeline and budget at regular

meetings between the Awardee and the Calvert County LBHA. 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.

PROPOSAL FORMAT AND 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 Calibri 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.
3. **Program budget:** Use Maryland Department of Health Forms 432A thru 432H, (Appendix A - Is published as a separate document). The budget should specify costs including salaries and fringe, rent, supplies, mileage, etc. A budget narrative justification must accompany the budget or the proposal may not be considered for evaluation. Line item justifications must address how costs were established as well as provide justification for how all costs relate to the implementation of the program.
4. **Proposed Program:**
 - a. **Population to be served:** Describe your understanding of the needs of consumers who are actively involved in Peer Services Programs. Discuss your experience and expertise working with such populations and what you consider the primary issues for these consumers.
 - b. **Capacity:** Describe your organization's experience providing any similar services and the results those services have achieved.
 - c. **Detailed Work Plan:** Describe the services you intend to provide including a work breakdown. What constellation of services will you provide? Who will provide the services? What are their qualifications? In what setting will the services take place? What is the proposed availability of the services?
 - d. **Evaluation:** Describe your quality assurance processes. Cite any results of consumer satisfaction surveys or program evaluations if they are available.
 - e. **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 to the LBHA in a timely fashion? Describe cultural competency of the staff.
 - f. **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?
 - g. **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? Please include a list of any collaborative relationships with other wellness and recovery related resources that your program will be connected to and describe the collaboration. Letters of Support from these programs and organizations is preferred.

- h. **Timeline for Implementation:** Please include a timeline showing when you will accomplish all of the major tasks associated with program start-up and implementation, including hiring, marketing, training, supervision, evaluation, etc.
5. **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. Attach an organizational chart, illustrating the relationship of the Peer to Peer Program services to the other programs in the agency,
 - b. 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,
 - c. Attach copies of most recent financial audit and any other reports which demonstrate the organization's fiscal soundness,
 - d. 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.
6. **Licenses and Certification:** Copies of all current licenses and certifications held by the offeror related to the services required by this RFP.
7. **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.
8. **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.

CONTACT

For more information contact:

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443-295-8584 x101

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. **Plan/Services to be provided:** The applicant has experience in providing similar services. 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. (35 points)
3. **Organizational Capacity/Staffing:** The applicant demonstrates the capacity to employ staff knowledgeable in the implementation of new programs. The organization has the appropriate infrastructure to administer services. Clinical staffing is appropriate for the service. (20 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 thru 432H (Appendix A) are utilized and completed. 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 by 4/10/2026 at 4:30 PM. Applications received after 4:30 PM on 4/10/2026 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 on March 30, 2026 at 11 am. For an invitation to this meeting please contact andrea.mcdonald-fingland@maryland.gov. The deadline to register for the pre-application meeting is March 27, 2026 at 4:30 pm.

PEER TO PEER APPLICATION TIMELINE

STEPS TO COMPLETION	COMPLETION DATE
Advertise/Email	3/9/2026
Pre-Application Conference	3/30/2026
Application Submission Deadline	4/10/2026
Letters of Award sent	5/8/2026

Definitions

1. **1-on-1 Peer Contacts** - Peer support sessions, conducted by peer staff, in person, virtually or telephonically, *of at least 15 minutes in duration*. These peer support sessions should be documented using either the “Documentation of Peer Support Session” provided by the State or another form of documentation that contains the same information.
2. **Behavioral Health Peer Support** - a practice where trained or experienced individuals with personal lived experience of mental health or substance use challenges provide support, encouragement, and guidance to others facing similar issues, fostering hope, recovery, and self-determined lives through shared understanding and mutual empowerment. It is a strengths-based, non-clinical approach based on connection, respect, and the belief that people can help each other overcome adversity.
3. **BHA** – Behavioral Health Administration.
4. **Budget Justification Form** - must be submitted to outline details related to spending categories. Justification must include the detailed level information that allows for the breakdown of per-unit costs associated with that line item. This includes all programmatic and service costs.
5. **Certified Peer Recovery Specialist (CPRS)** – An individual providing Peer Recovery Support Services who has obtained the Certified Peer Recovery Specialist (CPRS) credential from the peer credentialing board identified by the State.
6. **Outreach Presentations** - presentations to community organizations and/or staffed display tables at community events that provide information and resources related to Wellness and Recovery, peer support, and peer-run organizations. These activities are intended to increase awareness of available services and promote participation in program offerings.
7. **Peer Recovery Specialist (PRS)** – An individual providing Peer Recovery Support Services who has NOT yet obtained CPRS credential.
8. **Peer Support Groups** - Structured group sessions facilitated by peer support staff and/or trained volunteers that promote discussion around a designated behavioral health topic (e.g., depression, trauma, gender-specific concerns, substance use recovery, etc.). Each group must include a *minimum of three (3) participants* to be counted toward program deliverables. *Self-supporting groups, such as Narcotics Anonymous (NA) or Alcoholics Anonymous (AA), shall not be counted toward this deliverable.*
9. **Recovery and Wellness Resources** - resources that aid individuals' continued recovery. Programs should track the number of individuals who obtained the following resources as a result of the connection.
 - a. **Accompanied to Court** - inclusive of center staff providing support to individuals before, during, and after a court proceeding. This includes meeting with the individual prior to the proceeding to provide recovery support, accompanying them into the courtroom, and offering follow-up support after the hearing.
 - b. **Accompanied to Medical Appointment** - inclusive of center staff providing support to individuals before, during, and after a medical appointment. This includes meeting with the individual prior to the appointment to provide recovery support, accompanying them during the session with the medical

professional, and offering follow-up support after the appointment.

- c. Employment** - positions held in a paid or unpaid capacity, including staff, volunteer, or internship roles.
 - d. Enrolled in a Clinical Level of Care** - enrollment into a clinical level of care, inclusive of all levels of clinical care for mental health and/or substance-related needs.
 - e. Formal Education Program** - enrollment into a formal education program, inclusive of GED programs, Higher Level Education, Job Training Programs, and apprenticeships.
 - f. Funded Benefits** - Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), Temporary Assistance for Needy Families (TANF), Temporary Cash Assistance, etc.
 - g. Housing** - stable indoor housing (not inclusive of temporary shelters or "couch surfing.")
 - h. Resource Assistance** - food pantry, clothing drive, or other related resources that meet the basic needs of individuals experiencing a temporary lack of resources (not cash based).
 - i. Vital Documents** - inclusive of Driver's Licenses, State ID's, Birth Certificates, and Social Security Cards, etc.
- 10. Registered Peer Supervisor (RPS)** – An individual who supervises certified and non-certified Peer Recovery Specialists and has obtained the Registered Peer Supervisor (RPS) endorsement from the peer credentialing board identified by the State.
- 11. Report** – A written record submitted to BHA, in the form and manner prescribed, on which the Award Recipient reports on the activities undertaken during a specified timeframe (i.e., monthly, quarterly etc.).
- 12. Unduplicated Individuals** – The unduplicated count of each individual receiving services. Each unique individual should only be counted *once per Fiscal Year*