

**CALVERT COUNTY HEALTH DEPARTMENT
LOCAL BEHAVIORAL HEALTH AUTHORITY
TRAINING CONSULTANT
REQUEST FOR EXPRESSION OF INTEREST
FISCAL YEAR 2022**

PURPOSE

The Calvert County Health Department Local Behavioral Health Authority is issuing this Request for Expression of Interest to locate qualified trainers to provide workforce development for Calvert County behavioral health professionals. The goal of this request is to contract with individuals/organizations that will provide Continuing Education training on topics relevant to the needs of the individuals served in Calvert County. There is expectation that funds will be available for Fiscal Year 2022.

ELIGIBILITY

All provider proposals for funding must be reviewed and approved by the Calvert County Local Behavioral Health Authority as well as a panel of local stakeholders. Eligibility Criteria Include:

- Training must be provided by a licensed behavioral health professional
- Trainings must be approved to provide Continuing Education Units to Social Workers and Professional Counselors
- Trainers must be able to provide the contracted materials and outcomes within the award period;
- Trainers must have experience with similar projects and be able to demonstrate that experience;

TRAINING TOPICS OF INTEREST

Topics of interest include **but are not limited to:**

- Mental Health First Aid
- Suicide Prevention
- Medication Assisted Treatment
- Cultural Competency
- Ethics
- Motivational Interviewing
- Substance Use Disorder Prevention and Treatment with Adolescents
- Trauma Informed Care
- Documentation
- Adverse Childhood Experiences (ACES)

CONTACT

For more information contact:

Andrea McDonald-Fingland, Director
Local Behavioral Health Authority
Calvert County Health Department
andrea.mcdonald-fingland@maryland.gov
443-295-8584 x101

DATA AND REPORTING

Trainers will be responsible for obtaining Continuing Education Units for Social Worker and Professional Counselor attendees. All required documentation must be maintained following guidelines by the Board of Social Work Examiners and the Board of Professional Counselors. Trainers will provide the LBHA with documentation of the number of attendees, names of all attendees, performance outcomes, as well as copies of all training evaluations forms.

INVOICING

Payment can be processed once an itemized invoice is submitted along with a list of training attendees, performance outcome data, and copies of the training evaluation forms.

Invoices can be sent following completion of all agreed upon activities to:

Kristy Kidwell, Office Manager
Calvert County Health Department
PO Box 980, Prince Frederick, Maryland 20678
kristy.kidwell@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. Provider Expertise & Organizational Capacity | (20 points) |
| 2. Title, Description, and Learning Objectives | (20 points) |
| 3. Performance & Outcome Indicators | (20 points) |
| 4. Timeline | (20 points) |
| 5. Budget Narrative | (20 points) |

APPLICATION DEADLINE

One copy of the application for the Training Consultant must be emailed to Andrea McDonald-Fingland, andrea.mcdonald-fingland@maryland.gov by 10/30/21. Applications received after 05:30 PM on 10/30/21 will not be considered for review. Faxed applications will not be accepted.

Attachment 1:
CALVERT COUNTY LOCAL BEHAVIORAL HEALTH AUTHORITY
TRAINING CONSULTANT

Fiscal Year 2022 Training Consultant applications must not exceed two (2), single-spaced pages per proposed training using twelve (12) point Calibri font. Training proposals exceeding the 2-page limit will not be considered. Please use headings that correspond to the evaluation criterion outlined below. The program budget and any sample materials showing prior work experience may be submitted as separate attachments and will not count towards the 2-page limit. Please provide detailed information to address all the elements in the evaluation criteria.

1. Description of provider expertise and organizational capacity to provide training. Please include examples of previous trainings as attachments.
2. Title, description, and learning objectives of proposed training(s).
3. Identification of performance and outcome indicators to be used to evaluate the training's effectiveness, including a description of the expected schedule for measuring performance and outcomes.
4. Submit a clear and concise timeline for the training including proposed training dates. Training(s) must occur prior to June 15, 2022 and all invoices and required documentation must be received prior to June 25, 2022.
5. A budget narrative that describes the funding needed to support the proposed training(s), including an itemized line item budget for the year. The budget is to align with the proposed activities.

Attachment 2:
TRAINING CONSULTANT GRANT RATING SHEET

- | | |
|---|--------------------|
| 1) Provider Expertise & Organizational Capacity | Score (0-20 Total) |
| 2) Title, Description, and Learning Objectives | Score (0-20 Total) |
| 3) Performance & Outcome Indicators | Score (0-20 Total) |
| 4) Timeline | Score (0-20 Total) |
| 5) Budget Narrative | Score (0-20 Total) |

Total Possible Score 100

Attachment 3:
FY 2022 TRAINING CONSULTANT
EXPRESSION OF INTEREST
APPLICATION COVER PAGE

PROJECT TITLE: _____

ORGANIZATION: _____

AMOUNT OF FUNDS REQUESTED: _____

CONTACT PERSON

(1) _____ TITLE

CONTACT PERSON

(2) _____ TITLE _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE NUMBER _____ FAX _____

E-MAIL ADDRESS _____

IS YOUR ORGANIZATION COMMUNITY-BASED? YES NO

DOES YOUR ORGANIZATION HAVE NONPROFIT STATUS? YES NO

DATE OF NONPROFIT STATUS _____

FEDERAL IDENTIFICATION NUMBER _____

I DO SOLEMNLY DECLARE AND AFFIRM THAT THE CONTENTS OF THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

PRINTED NAME _____

TITLE _____

SIGNATURE _____ DATE _____