

**CALVERT COUNTY HEALTH DEPARTMENT
LOCAL BEHAVIORAL HEALTH AUTHORITY
BEHAVIORAL HEALTH PROVIDER MEETING
PRESENTATIONS
REQUEST FOR EXPRESSION OF INTEREST
CALENDAR YEAR 2022**

PURPOSE

The Calvert County Health Department Local Behavioral Health Authority is issuing this Request for Expression of Interest to locate local organizations interested in giving presentations at our bi-monthly behavioral health provider meeting. The goal of this request is to ensure that local providers are aware of the resources available to their clients within Calvert County.

ELIGIBILITY

All provider proposals must be reviewed and approved by the Calvert County Local Behavioral Health Authority. Eligibility Criteria Include:

- Must submit a cover sheet (Attachment 2) and a proposal following the specified outline (Attachment 1)
- Services/programs presented must be relevant to behavioral health professionals and/or their clients
- The organization and services presented must be available in Calvert County, Maryland (preference will be given to organizations based within the county)
- Presentations should be 15-30 minutes in length

AVAILABLE PRESENTATION DATES

Behavioral Health Provider Meetings are held on the third Thursday of every other month from 10-11 AM. At this time, meetings are being held virtually through Google Meets. If in person meetings resume, they will be held at the Prince Frederick Library.

- January 20, 2022
- March 17, 2022
- May 19, 2022
- July 21, 2022
- September 15, 2022
- November 17, 2022

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

APPLICATION DEADLINE

One copy of the application for the Behavioral Health Provider Meeting Presentation must be emailed to Andrea McDonald-Fingland andrea.mcdonald-fingland@maryland.gov . Applications will be accepted until all presentation spots are filled.

Attachment 1:
CALVERT COUNTY LOCAL BEHAVIORAL HEALTH AUTHORITY
BEHAVIORAL HEALTH PROVIDER MEETING PRESENTATIONS

Calendar Year 2022 Behavioral Health Provider Meeting Presentation applications must not exceed two (2), single-spaced pages per proposed presentation using twelve (12) point Calibri font. Proposals exceeding the 2-page limit will not be considered. Please use headings that correspond to the evaluation criterion outlined below. A copy of the proposed presentation and any handouts can be attached and will not count towards your 2 page maximum. Please provide detailed information to address all the elements in the evaluation criteria.

1. Description of the organization/program being presented. This should include population served, services being provided, cost of services, and any other relevant details.
2. Proposed presentation dates and the amount of time needed.
3. Name, title, and credentials of the individual(s) who will provide the presentation. Please provide contact information for these individuals, including an email address.

Attachment 2:
CY 2022 BEHAVIORAL HEALTH
PROVIDER MEETING PRESENTATION
EXPRESSION OF INTEREST
APPLICATION COVER PAGE

PROGRAM TITLE: _____

ORGANIZATION:

CONTACT PERSON

(1) _____ TITLE

CONTACT PERSON

(2) _____ TITLE _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE NUMBER _____ FAX _____

E-MAIL ADDRESS _____

IS YOUR ORGANIZATION LOCATED IN CALVERT COUNTY? YES NO

DOES YOUR ORGANIZATION HAVE NONPROFIT STATUS? YES NO

IS YOUR ORGANIZATION LICENSED TO PROVIDE SERVICES? YES NO

DOES YOUR ORGANIZATION RECEIVE LBHA FUNDING? YES NO

DATE OF NONPROFIT STATUS _____

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 _____