

# ***REQUEST FOR PROPOSALS***

**RFP # 0106-2026**

**Wellness & Recovery Center/ Recovery  
Community Center**

**Release Date: Monday, January 12, 2026**

**Due Date: Tuesday, February 17, 2026**

## **I. BACKGROUND AND OVERVIEW**

The Wicomico County Health Department, Local Behavioral Health Authority (LBHA) is requesting proposals to acquire a vendor to implement and provide services for a Wellness & Recovery/Recovery Community Center (WR/RCC) in Wicomico County. Funding is provided by the Behavioral Health Administration to develop and maintain a site that allows individuals to meet at least 1250 hours per year. The Wellness & Recovery/Recovery Community Center is a voluntary program that aims to reach adults (18+) with behavioral health concerns and deliver support and opportunities for individuals to navigate local support services and overcome barriers to their own personal behavioral health recovery. All services should be individually driven and provided in a non-clinical setting. All staff providing services should have personal lived experience with behavioral health recovery. Wellness & Recovery/Recovery Community Centers offer the opportunity for individuals to attend various programs, skill building sessions, group services and social activities.

Wellness & Recovery/Recovery Community Centers provide a welcoming environment for adults to gather and support one another. The goal is to assist individuals better understand their capabilities and/or possibilities regardless of their behavioral health status. Services should empower individuals to exert control over their lives and exercise the maximum level of self-determination. The Wellness & Recovery/Recovery Community Center will focus on supporting recovery and establishment of life in the community for participants.

Wellness & Recovery/Recovery Community Centers are not recovery clubs, soup kitchens or drop in centers although aspects of all of these can be apparent.

The core elements of a Wellness & Recovery/Recovery Community Center will include but not limited to the following:

1. Provide one-on-one peer support contacts
2. Peer support groups
3. Warm Line
4. Social Activities
5. Resource Connection Activities
6. Informational Presentations
7. Outreach Presentations
8. Linkage to Social Determinants of Health/Resources including but not limited to:
  - a. Housing
  - b. Funded Benefits
  - c. Resource Assistance
  - d. Employment
  - e. Enrollment in Formal Education programs
  - f. Vital Document
  - g. Court accompaniment
  - h. Medical Appointment accompaniment
  - i. Enrollment in Treatment Program
9. Recovery Advocacy Work

## II. BIDDER QUALIFICATIONS

Applicants must meet all the following criteria to be eligible for consideration for selection as a Wellness & Recovery/Recovery Community Centers for adults by means of this RFP:

- . Preference will be given to a facility that is a free standing, non-treatment service facility. These services are most effective in non-traditional settings such as no-barrier community support agencies, standalone non-profit community centers, and other non-clinical behavioral health settings. If the only option is to embed the program within a clinic, designated space and hours must be allotted for the delivery of this service outside of normal clinical operations and demonstrate how the activities will be separate and different from current activities and services at the existing facility
- A. Maintain a relationship with a Registered Peer Supervisor (as evidenced by RPS certificate on file) who will provide supervision hours to staff and/or volunteers seeking or maintaining their Certified Peer Recovery Specialist credentials.
- B. Provide resiliency and recovery-oriented services to adults and their families
- C. Have at least 3 years of experience providing behavioral health services to adults with mental illness and substance use disorders, including serving high risk and vulnerable populations.
- D. Have a physical site location and be operational within the jurisdiction by (07/01/2026).
- E. Know the of the needs of the target population outlined in this RFP and the community
- F. Commit to attend any meetings requested by the LBHA
- G. Be able to provide the contracted materials and outcomes within the award period
- H. Be in good standing with the Maryland Department of Taxation and Assessment, the Office of the Secretary of State's Charitable and Legal Services Division, the Wicomico County Health Department, Inspections and Permits, and all other applicable Federal, State and Local requirements.

### III. SCOPE OF WORK

Bidders must address all the requirements in the Scope of Work in their response to this RFP.

#### A. Wellness Recovery Centers

- Develop/provide a site that is open at least 1,250 hours per year
- Provide Wellness Recovery Center services to an unduplicated count of one hundred and seventy-five (175) individuals per fiscal year
- Facilitate fifty (50) 1-on-1 peer contacts: each lasting at a minimum of 15 minutes and documented using either the “Documentation of Peer support Sessions” form or another form of documentation that contains the same information. Sessions can be facilitated in person, virtually or telephonically
- Facilitate fifty (50) behavioral health peer support groups focused on specific topics. Peer support groups can be in person or virtual. These groups must include 3 or more individuals
- Facilitate twelve (12) activities designed to promote social connection and reduce isolation and must include 3 or more individuals
- Provide twelve (12) informational presentations delivered by outside organizations who present information on specific community resources or whole health topics i.e., behavioral health recovery, heart disease, sexual health, SSDI, etc.
- Allocate 1.0% of program budget for training activities and supplies
- Participate in a minimum of two (2) management trainings by Executive Director/Board Members
- Conduct twelve (12) outreach presentations to community organizations and/or staffed display tables at community events to provide information and resources about Wellness & Recovery, peer support and peer organizations
- Facilitate one (1) annual Community Wellness and Recovery Needs Assessment of individuals utilizing funded program services
- Publish and distribute twelve (12) monthly newsletters and/or calendars center events that serve as a monthly guide of activities
- Track the number of individuals who obtained Recovery Support Services in the following categories: housing, funded benefits, resource assistance, employment, enrollment in formal education program, vital documents, accompaniment to court, accompaniment to medical appointments, and enrollment in treatment programs
- Contract with an outside source to complete an annual independent financial audit and submit to the LBHA on or before June 30th each year.
- Maintain Relationship with Registered Peer Supervisor
- Maintain a library of resources to assist individuals utilizing funded services
- Maintain a “warm-line” to provide assistance to individuals who have non-urgent behavioral health needs
- Provide funding for a minimum of two (2) individuals to attend a peer led conference hosted by the State of Maryland
- Submit quarterly data to the LBHA using the approved program and quarterly universal reporting form by the 15th day after the close of the reporting period. BHA reserves the right to change the reporting frequency and format
- Submit to quarterly or annual program monitoring by the LBHA
- Submit necessary invoices and paperwork for reimbursement as laid out in the contract after vendor selection and during annual contracting

#### B. Recovery Community Center

- Provide Recovery Community Center services to an unduplicated count of three hundred (300) individuals
- Track the total number of 1-on-1 peer contacts, peer support groups, social activities, outreach

- presentations, informational presentations and total number of individuals who obtained housing, funded benefits, resource assistance, employment, enrollment in formal education program, vital documents, accompaniment to court, accompaniment to medical appointments, and enrollment in treatment programs
- Peer support groups must include 3 or more individuals
  - Social Activities must include 3 or more individuals
  - Maintain Relationship with Registered Peer Supervisor
  - Contract with an outside source to complete an annual independent financial audit and submit to the LBHA on or before June 30th each year.
  - Submit quarterly data to the LBHA using the approved program and quarterly universal reporting form by the 15th day after the close of the reporting period. BHA reserves the right to change the reporting frequency and format
  - Submit to quarterly or annual program monitoring by the LBHA
  - Submit necessary invoices and paperwork for reimbursement as laid out in the contract after vendor selection and during annual contracting

#### **IV. QUALITY STANDARDS AND CONTRACT MONITORING:**

##### **A. Quality Standards**

The LBHA and The Wicomico County Health Department are committed to ensuring that Wellness & Recovery/Recovery Community Center services are of high quality and responsive to the needs of eligible adults with Behavioral Health needs. Providers that do not meet the requirements as outlined in this RFP shall be subject to a Corrective Action Plan, with additional follow-up monitoring by the LBHA to ensure that the requirements are met. In the event that the Wellness & Recovery/Recovery Community Center provider is unable or unwilling to meet the requirements specified by this RFP, the Department or the LBHA reserves the right to terminate the contract with the provider and re-issue a competitive solicitation for a replacement of the Wellness & Recovery/Recovery Community Center provider.

##### **B. Contract Monitoring**

The LBHA and The Wicomico County Health Department shall engage in ongoing, periodic monitoring activities to evaluate the quality-of-service delivery and essential ingredients of the program. Activities shall include, but are not limited to the following:

1. A site visit at least annually to evaluate and document compliance with administrative and programmatic requirements, including but not limited to evidence in the documentation of a diversity of referral sources and relationships with relevant organizations for referral and linkage to care.
2. Review of policy and personnel records to ensure administrative compliance.
3. Participation in any provider meetings as required by the LBHA.
4. Collection and submission of programmatic data, as required by the LBHA.

Providers selected through this RFP shall be required to participate in all monitoring and evaluation activities.

#### **V. COMPENSATION:**

The total compensation available in this contract shall not exceed \$222,412 (Wellness & Recovery Services) and \$96,972 (Recovery Community Center) through the end of this fiscal year. This

contract is subject to the policies of the Maryland Department of Health as incorporated in the Human Services Agreement Manual. Two separate and completed MDH Budgets 432A-432H for Wellness & Recovery and Recovery Community Centers will need to be submitted.

The amounts stated above for this contract are based on State General or Special Funding levels and any applicable County or Federal Funds available as of the approval date of the contract. If applicable State, Special, County or Federal funds are reduced, the contract may be reduced in scope so that available funding is not exceeded or terminated.

#### Eligible Use of Funds

Funds shall be used for Wellness & Recovery/Recovery Community Center services including Staffing, Training costs, Supplies and IT Equipment, Administrative costs, Rent and utilities, and any other related expenses as approved by LBHA or BHA

#### Ineligible Use of Funds:

Funds shall not be used for gift cards or clinical services that are reimbursable through Maryland Medicaid. Funds may not be used to support peer positions providing services to individuals enrolled in Medicaid Provider Type 50 settings, Medicaid Provider type 32 settings or Provider Type 34 settings serving individuals with substance use disorders.

## VI. PROCUREMENT PROCESS

### Issuing Office

Wicomico County Local Behavioral Health Authority (LBHA)  
108 East Main Street Salisbury, MD 21801  
410-543-6981

### Issuing Officer

Ms. Michelle Hardy, RN, BC, MSPH  
Director of Wicomico Local Behavioral Health Authority

## VII. PRE-BID CONFERENCE

A pre-bid conference will be held on Tuesday, January 27, 2026, at 10:00 a.m. at The Adkins Building 801 N. Salisbury Blvd., Suite 202 Salisbury, Md 21801. The purpose of the conference is to address questions concerning the expectations of the project, to address and clarify the bid process, and technical questions about the bid. Attendance is strongly encouraged but not mandatory.

## VIII. PROPOSAL SUBMISSION AND CLOSING DATE

The deadline for submission of this proposal is Tuesday, February 17, 2026, at 3:00 p.m. EST. Please submit five (5) copies of the proposal in a sealed envelope, clearly marked “**Wellness & Recovery Center and Recovery Community Center, RFP # 0106-2026**”. Proposals can be hand-delivered to The Wicomico County Health Department, Purchasing Department, Attention: Hope Balam 108 E. Main Street, Salisbury, Md 21801.

No email or facsimile submissions will be accepted.

Documents may be mailed at the applicant's risk. The Wicomico County Health Department is not responsible for late, lost, or misdirected mail. Proposals not received by the deadline will not be considered.

Mailed proposal should be sent to: Purchasing Department, Attention : Hope Balam, Wicomico County Health Department 108 East Main Street, Salisbury Md 21801.

## **IX. DURATION OF OFFER**

The offeror agrees to be bound by its proposal for a period of 60 days from the proposal closing date during which time the LBHA may request clarification or corrections for the purpose of the evaluation. Amendments or clarifications requested by the LBHA shall not affect the remainder of the proposals, but only that portion so amended or clarified.

The contract shall remain in effect from the award date through June 30, 2029. This contract will remain in effect for 3 (three) years beginning July 1, 2026, and extended through June 30, 2029. This contract may be renewed for 2 (two) additional years in 1 (one) year increments through June 30, 2031, based on the same terms and conditions, and solely at the discretion of the Wicomico County Health Department. The contract may be terminated by either party prior to contract expiration by providing 30 (thirty) days written notification.

### **A. Timetable**

The project will commence on or about (07/01/2026).

### **B. Cost of Proposal Preparation**

Any costs incurred by offerors in preparing or submitting proposals are the sole responsibility of the offerors. The Wicomico County Health Department will not reimburse any offeror for any costs incurred in making a proposal or subsequent pre-contract discussions, presentations, or negotiations.

### **C. Selection Committee**

A committee of a diverse group of individuals will be selected by the LBHA to objectively evaluate the proposal against the defined criteria to recommend the best vendor for the contract ensuring fairness and confidentiality.

## **X. PROPOSAL SUBMISSION**

### **A. Format of the Proposal**

Proposal Narrative submitted in response to this request shall not exceed 10 typed, single-sided, single-spaced pages and should address the criteria specified below. Use a 12-point font and 1-inch margins. Budget pages Maryland Behavioral Health Administration Forms 432 A 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 also not included in page maximum.

At a minimum, each proposal shall include the following items in the stated order; all pages should be numbered, and all the listed components must be included. Proposals which do not include all components will be considered nonresponse 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 the name or organization, address and all contact information including primary contact person. (not included in 10 pages)
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, (not included in 10-page limit)
3. **Program Budget:** Use Maryland Behavioral Health Administration forms 432A-432H, The budget should specify costs including salary and fringe, rent, supplies, mileage, etc. (not included in 10-page limit)
4. **Proposed Program:**
  - a. **Population to be serviced:** Describe your understanding of the needs of individuals who are actively involved in the Wellness & Recovery/Recovery Community programs. Discuss your experience and expertise working with such populations and what you consider the primary issues for these individuals.
  - b. **Capacity:** Describe your organization's experience providing any similar services and the results those services have achieved.
  - c. **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?
  - d. **Evaluation:** Describe your quality assurance processes. Cite any results of the 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 role 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 manner? Describe the cultural competency of the staff.
  - f. **Professional Collaboration:** If a 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 Wicomico County and any collaborative relationships you have established. How will you market this program to referral sources and participants?
  - 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 address and telephone numbers, indicating consumer/family representation.
  - a. Attach an organization chart, illustrating the relationship of the Wellness & Recovery/Recovery Community Program services to the other programs in the agency if applicable.
  - 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 the most recent financial audit and any other reports which



- demonstrate the organization's fiscal soundness.
- d. Include a statement describing recruitment (in compliance with 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 Certifications:** 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 maintains adequate general and professional liability insurance coverage for all of its personnel, as well as appropriate fires, casualty, premise and workers compensation insurance coverage.
  8. **Letters of Support:** Please include at least three (3) letters of support from outside agencies. Letters should address the writer's knowledge of the program's previous implementation of community engagements as well as support of the program's ability to successfully provide sufficient and appropriate community services. All letters of support should include a contact person familiar with the offeror's work and the appropriate telephone number and other contact information. (not included in 10 page limit)

## **B. Freedom of Information**

Offerors should give specific attention to the identification of those portions of their proposals that they deem to be confidential proprietary information or trade secrets and provide any justification for why such material, upon request, should not be disclosed by CSA/LBHA under the Maryland Public Information Act, State Government Article, Sections 10-611 et seq. annotated Code of Maryland.

Offerors are advised that the mere assertion of confidentiality is not sufficient to make matters confidential under the act. Information is confidential only if it is customarily so regarded in the trade and/or the withholding of the data would serve an objectively

## **XI. SELECTION AND CONTRACT REQUIREMENTS**

- A. The LBHA or its designee shall select the most qualified and responsive applicant through this RFP. The selected offeror will be required to enter into a contractual agreement with the LBHA to serve as the Wellness & Recovery/Recovery Community Center for adults in (Wicomico County).

## **XII. REVIEW PROCESS**

A panel of reviewers will conduct the application review process using the rating scale outlined below. 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. **Transmission Letter:** A Formal letter stating your intent to provide the services you are proposing and that you have the authority to do so. **(3 points)**
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 a proposal. **(3 points)**
3. **Program Budget:** Use Maryland Behavioral Health Administration forms 432A-432H, a separate budget for Wellness & Recovery and Recovery Community Center will need to be completed. **(20 points total-(10 points each budget)**
4. **Proposed Program: (Combined 40 points)**
  - a. Population to be serviced: (10 points)
  - b. Capacity: (5 points)

- c. Program Plan: (10 points)
  - d. Evaluation: (3 points)
  - e. Staffing: (3 points)
  - f. Professional Collaboration:(3 points)
  - g. Other Collaborative Relationships:(3 points)
  - h. Timeline for Implementation: (3 points)
5. **Organizational Capacity Statement: (15 points)**
  6. **Licenses and Certifications: (2 points)**
  7. **Insurance: (2 points)**
  8. **Letters of Support: (10 points)**
  9. **Preference points for free standing, non-treatment service facility: (5 points)**