



Allegheny County Department of Human Services

# RFP Response Form

## RFP for Community-Led and Community-Operated Informal Mental Health Supports

### PROPOSER INFORMATION

Proposer Name: Bible Center Church (lead organization) and A Second Chance, In.

Authorized Representative Name & Title: Patricia Best, Director of Development and Communications for Bible Center (BCC)| Jay Kadash, Sr. Executive VP Communications Content and Systems Engagement for A Second Chance (ASCI)

Address: BCC - [REDACTED] | 8350 Frankstown Ave, Pittsburgh, PA 15221

Telephone: BCC: [REDACTED] | ASCI: [REDACTED]

Email: [pbest@bcpgh.org](mailto:pbest@bcpgh.org) | [jayk@asecondchance-kinship.com](mailto:jayk@asecondchance-kinship.com)

Website: <https://www.biblecenterpgh.org> | <https://www.asecondchance-kinship.com>

Legal Status:  For-Profit Corp.  Nonprofit Corp.  Sole Proprietor  Partnership

Date Incorporated: BCC- 1977 | ASCI - 1993

Partners included in this Proposal: Bible Center Church, Inc and A Second Chance, Inc.

How did you hear about this RFP? *Please be specific.* DHS email

Does your organization have a telecommunications device to accommodate individuals who are deaf or hard of hearing?  Yes  No

### REQUIRED CONTACTS

	Name	Phone	Email
Chief Executive Officer	Dr. Cynthia M. Wallace (BCC) Dr. Sharon McDaniel (ASCI)	[REDACTED]	<a href="mailto:cwallace@bcpgh.org">cwallace@bcpgh.org</a> <a href="mailto:cwallace@bcpgh.org">cwallace@bcpgh.org</a>
Contract Processing Contact	Patricia Best (BCC)	[REDACTED]	<a href="mailto:pbest@bcpgh.org">pbest@bcpgh.org</a>
Chief Information Officer	Anthony Holloway (BCC)	[REDACTED]	<a href="mailto:aholloway@bcpgh.org">aholloway@bcpgh.org</a>

## RFP for Community-Led and Community-Operated Informal Mental Health Supports

	Lindsey White (ASCI)		<a href="mailto:lindseyw@asecondchance-kinship.com">lindseyw@asecondchance-kinship.com</a>
Chief Financial Officer	James Syre (BCC) Lindsey White (ASCI)		<a href="mailto:jsyre@bcpggh.org">jsyre@bcpggh.org</a> <a href="mailto:lindseyw@asecondchance-kinship.com">lindseyw@asecondchance-kinship.com</a>
MPER Contact*	Anthony Holloway		<a href="mailto:aholloway@bcpggh.org">aholloway@bcpggh.org</a>

\* [MPER](#) is DHS's provider and contract management system. Please list an administrative contact to update and manage this system for your agency.

### BOARD INFORMATION

Provide a list of your board members as an attachment or in the space below.  
Click here to enter text.

Board Chairperson Name & Title: BCC: John M. Wallace, Jr., Board Chair

Board Chairperson Address: BCC: [REDACTED]

Board Chairperson Telephone: BCC: [REDACTED]

Board Chairperson Email: [jwallace@bcpggh.org](mailto:jwallace@bcpggh.org)

Board Chairperson Name & Title: ASCI: Lisa Holt, Board Chair

Board Chairperson Address: ASCI: [REDACTED]

Board Chairperson Telephone: ASCI: [REDACTED]

Board Chairperson Email: [holtla@upmc.edu](mailto:holtla@upmc.edu)

### REFERENCES

Provide the name, affiliation and contact information [include email address and telephone number] for three references who are able to address relevant experience with your organization. Please do not use employees of the Allegheny County Department of Human Services as references.

Walter Lewis, President and CEO, Homewood Children's Village, [REDACTED],  
[wlewis@hcvpgh.org](mailto:wlewis@hcvpgh.org)

Pamela Parks, Principal, Lincoln Elementary School, Pittsburgh Public Schools, [REDACTED],  
[pparks1@pghschools.org](mailto:pparks1@pghschools.org)

## **RFP for Community-Led and Community-Operated Informal Mental Health Supports**

Angelica Cooper, Counselor, Faison Elementary School, Pittsburgh Public Schools,  
412.529.2321, acooper1@pghschools.org

### **PROPOSAL INFORMATION**

Date Submitted 8/8/2022

Amount Requested: 2,126,104.75

### **CERTIFICATION**

Please check the following before submitting your Proposal, as applicable:

I have read the standard County terms and conditions for County contracts and the requirements for DHS Cyber Security, EEOC/Non-Discrimination, HIPAA and Pennsylvania's Right-to-Know Law.

By submitting this Proposal, I certify and represent to the County that all submitted materials are true and accurate, and that I have not offered, conferred or agreed to confer any pecuniary benefit or other thing of value for the receipt of special treatment, advantaged information, recipient's decision, opinion, recommendation, vote or any other exercise of discretion concerning this RFP.

Choose one:

My Proposal contains information that is either a trade secret or confidential proprietary information and I have included a written statement signed by an authorized representative identifying those portions or parts of my Proposal and providing contact information.

OR

My Proposal does not contain information that is either a trade secret or confidential proprietary information.

### **ATTACHMENTS**

Please submit the following attachments with your Response Form. These can be found at <http://www.alleghenycounty.us/dhs/solicitations>.

- Partner commitment letters, if applicable
- MWDBE and VOSB documents
- Allegheny County Vendor Creation Form
- Audited financial reports or other financial documentation for the last three years
- W-9

## **RFP for Community-Led and Community-Operated Informal Mental Health Supports**

- At least one letter of support from a community-based organization or community member

### **REQUIREMENTS**

Please respond to the following. The maximum score a Proposal can receive is 125 points. Your response to this section should not exceed 12 pages. (Pages 1-3 are not included in the page count).

## RFP for Community-Led and Community-Operated Informal Mental Health Supports

### Experience and Leadership (25 points possible)

1. Describe your organization's experience providing services to/in communities that have been marginalized by mainstream systems.

**Note:** This is a partnership between **Bible Center Church, Inc. (BCC)** (lead organization) and **A Second Chance, Inc. (ASCI)**.

**Bible Center Church (BCC)** has served the Homewood, one of Pittsburgh's most marginalized communities, since 1956. Bible Center's founders', Ralph and Bernice Groce, led the church from 1956 to 2003. In 2004, the Groce's grandson, John M. Wallace, Jr., PhD, and their granddaughter-in-law, Cynthia Wallace, EdD, moved to Pittsburgh from Michigan. Upon their move to Pittsburgh, John assumed the roles of senior pastor of Bible Center and professor at the University of Pittsburgh (with appointments in social work, business, and sociology) and Cynthia became the principal of Pittsburgh Montessori, PreK-8 and later, the Executive Director of the Oasis Project.

Building upon his research, teaching, and consulting on the role of African American Churches in, "Holistic Faith-Based Development," (see Wallace, Myers and Holley, 2004), John founded The Oasis Project (TOP)—the community and economic development division of Bible Center. TOP has launched 7 programs (5 are social enterprises, 2 are education). In addition to CHAPEL (this proposal), BCC's education programs will expand and an Early Learning Center will open in Homewood in January 2023. The Oasis Project annually serves hundreds of children, youth and families who live, learn, play, work and worship in Homewood and its contiguous east-end neighborhoods. Education programs include The Maker's Clubhouse STEAM after-school and summer camp programs for elementary school-aged children, and Oasis Farm and Fishery that is an urban farm offering gardening, nutrition and healthy lifestyle education courses for children and adults year-round. The five social enterprises include Oasis Property Management and Maintenance, Oasis Transportation Services, Everyday Café, Own Our Own Entrepreneurship Academy, and Oasis Community Kitchen that is a certified, professionally-equipped, shared-use commercial kitchen and small event venue. In January 2023, Bible Center will open a new education program. The Maker's Clubhouse Early Learning Center, that will serve preschool aged children with high-quality early education and child development support.

John is also the co-founder and Board President of Homewood Children's Village and the Board President of Operation Better, two prominent Homewood-based organizations with which Bible Center regularly collaborates.

**A Second Chance, Inc. (ASCI)** has serviced 40,000 children, 28,000 kinship caregivers, 32,000 birthparents and has provided case management services at both the individual and family level through collaboration of community and county efforts since 1993. Furthermore, because of our footprint on the ground in all of Allegheny County's marginalized communities, as these are the same zip codes where most data suggest there are service deserts, ASCI is known in these communities as an organization that engages in co-creation and supportive partnerships. Additionally, we have proximity to both the issues and community solutions, as many of ASCI staff are from these same communities. It is where we live, work, and play.

## **RFP for Community-Led and Community-Operated Informal Mental Health Supports**

Dr. Sharon McDaniel, an African American woman founded ASCI with lived and living experience in both kinship care and congregate care settings. Foundationally, the birth of ASCI was rooted in the notion that every child does better in their own family than in institutions or other out-of-home placements. Grounded in extensive data, ASCI's outcomes of serving over 40,000 youths in kinship placements support our founder's theory of change that is operationalized in ASCI's *kinship care continuum* – a nationally recognized best practice in kinship care.

Importantly, ASCI's *kinship care continuum* is inclusive of In-Home Clinical Services and Specialized Behavioral Health under the hierarchy of a director, supervisor, and field workers. Since 2000, ASCI has provided both formal and informal mental wellness support in the Homewood/ Wilkinsburg communities, where the organization is housed, first through its outpatient mental health clinic which ran from 2000-2005, and then through its informal In-home Clinical Services where the program has serviced over 7500 kinship children and youth. Additionally, the in-home program provides on-the-ground training to casework practitioners and caregivers through formal and informal training and support groups.

2. Describe your organization's experience building trust with the communities within which you work and provide at least one specific example to illustrate that experience. Attach at least one letter of support from a community-based organization or community member.

Social work and "working socially" are both relationship-based work. Building trust is a central part of social work in that both agencies are intimately engaged with children and families to address needs in times of crisis, trauma, and healing. For this very reason, staff at ASCI and BCC must be seen as trustworthy by those with whom they serve. This trust can be seen most recently in how both agencies responded to the COVID-19 pandemic.

### **BCC**

As the 2020-2021 school year approached, and it became clear that schools would only offer virtual instruction, we developed a model and published a manual for a learning hub - the Neighborhood SCHOOL (Strategy Created to Help Optimize Online Learning). The development of the Neighborhood SCHOOL was driven by the requests of parents who have come to trust Bible Center as a safe and educationally rich environment that is committed to serve them and their children. Based upon the needs articulated by our parents, the Neighborhood SCHOOL was designed as a two-generation intervention that enabled parents and guardians to earn while their children played and learned. With the support of the Allegheny County DHS, we adapted our model to provide a safe environment where children could learn virtually during regular school hours. Over the course of the school year, the Neighborhood SCHOOL served 54 children in grades 1-7 from 18 schools in Pittsburgh. We also offered our after-school program, The Maker's Clubhouse, immediately following Neighborhood SCHOOL virtual learning hours, totaling 10 hours of daily childcare for some families. In total, during the pandemic, we delivered 58,430 hours of programming, provided 19,264 meals and snacks, drove 11,988 miles to pick up and drop off children, and provided the equivalent of \$876,562 in free child-care (assuming \$15/hour). During the pandemic, we used our transportation service to deliver 212,323 meals and 62,125 diapers to children's homes, and to deliver 3,550 meals to other learning hubs. We also distributed 7,444 produce boxes to community members.

## **RFP for Community-Led and Community-Operated Informal Mental Health Supports**

Before, during and after the peak of the pandemic, social and emotional learning modules have been a part of our educational services. The need for these tools has increased significantly since the pandemic began as all of our children have experienced unprecedented loss, whether educationally, socially, or through the sickness or death of loved ones. To address the need for increased support, in June, we hired a Children and Youth Services Coordinator to provide individualized and group support to children and their families.

### **ASCI**

Already coordinating services with the Department of Health and Human Services (DHS), ASCI's Family and Community Engagement department (FACE) leads The Community and Neighborhood Volunteer Network (CNVN) - a network of African American volunteers, who receive expert training and workforce development to be prepared in meeting the needs of communities and their diverse neighborhoods that make up those communities. Volunteers are trained to deliver culturally and racially appropriate resources that have been informed through an African American led Network of Contributors; Alma Illery Health Center, Bible Center Church, Homewood Children's Village and A Second Chance, Inc. The network is looking to further expand resource organization engagement. The agency's experienced outreach has informed the current work regarding the impact of COVID 19. Recognizing and then addressing how a broad range of factors are combined to create barriers for communities of color to engage in activities and programs that facilitate better access and exposure to services that benefit them in obtaining COVID 19 services.

These include services related to health care, mental health care, employment, food/nutrition, finance, and education. Some of the barriers include lack of transportation, discrimination, fear, lack of providers who empathetically understand their culture, difficulty in taking a day off from work, insurance, poverty, confusion about services, health coverage and other large county systems requiring documentation and more. As multiple systems impact families a collaborative and coordinated "boots-on-the-ground" response is needed to address the confluence of community barriers.

3. Provide a concise statement of your organizational philosophy.

**The organizational philosophy for CHAPEL (Community Health Assistance, Programming & Engagement Leadership)**, is aligned with the philosophy of the World Health Organization which states that mental health is an integral and essential component of health. It is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community. <https://www.who.int/data/gho/data/major-themes/health-and-well-being>.

Accordingly, we believe that mental health must be viewed in the context of a wellness approach to life that promotes being well as the baseline and thriving as the goal in all areas of life, acknowledging that the intersection of race and culture influence and impact those baselines and quests towards thriving.

4. List demographic information about your organization's leadership and staff, as well as the population they serve.

**Bible Center Church** is led by Drs. John and Cynthia Wallace, who are African Americans. Bible Center Church is located in, and primarily serves, Homewood, a predominantly African

## RFP for Community-Led and Community-Operated Informal Mental Health Supports

American neighborhood in the east-end of Pittsburgh. The organization's overall staff population (N = 46) is 80% African American and 20% White. Bible Center prioritizes hiring Homewood residents and many of our employees are program participants or parents of the children we serve.

**A Second Chance, Inc.** is led by an African American female and the leadership of the organization is 85% African American. The organization's overall staff (N=296) is 63% African American, 1% Asian, 1% Latino, and 35% White. The organization has a value to hire based on the demographics of its client populations. The larger majority of the client population is African American, as is reflective of the staff population. ASCI serves the entire county of Allegheny, however, most of its clients are from marginalized communities of color.

### Project Details (50 points possible)

5. Describe what Informal Mental Health Support services your proposed Project will provide, and the intended outcomes you hope to achieve. Include how the Project will meet one or more of the goals listed in RFP Section 2.1.



The CHAPEL (Community Health Assistance, Programming & Engagement Leadership) project will leverage the historic strength and centrality of the Black church. The project is a partnership between A Second Chance, Inc., (ASCI) and Bible Center Church (BCC).

The foundation of this community intervention strategy is that the Black church has been and continues to be an important place of refuge for many Black families before, during, and after a crisis. Black clergy are often the first contacted by community members during times of need. Additionally, historically, the Black church has always been seen as a catalyst for real and sustainable change. As such, CHAPEL, seeks to serve as an informal and organic intervention strategy to address the mental health needs of the African Americans in the Homewood community. We will adapt existing evidence-based practices Through the use of Cultural Brokers (a person who facilitates the border crossing of another person or group of people from one culture to another), Community Care Workers (congregational social workers), and trained community workers (Promotores, the Spanish term used to describe trusted individuals who empower their peers through education and connections to health and social resources), the CHAPEL strategy will be deployed.



## **RFP for Community-Led and Community-Operated Informal Mental Health Supports**

More specifically, CHAPEL will focus on Informal Mental Health where mental health includes emotional, psychological, and social well-being and is essential to overall health and quality of life.

The proposed Informal Mental Health Support services are:

Increase community awareness of Mental Health signs and symptoms through education, community awareness campaigns, and one on one training with Cultural Brokers (utilizing a community engagement strategy that trains African American community members who will share mental health information and services with other community members).

Promote Non-threatening Access to services by the increased training of Cultural Brokers who help community members identify the signs of mental distress and from their increased awareness assist members of the community to access appropriate mental health services.

Increase the skill, knowledge and ability of traditional informal community supports to partner with mental health professionals to bring triage mental health support services to the community. The informal support service would partner with ASCI's trained mental health clinicians to provide educational and skill building opportunities for Cultural Brokers to provide the first line of mental health defense to ensure mental health needs in the community are recognized and directed to the most appropriate service for the diagnosed symptoms.

CHAPEL is a blended model informed by three community-based well-being interventions: Cultural Brokers, Promotores(as), and Congregational Social Workers.

**Cultural Brokers** are African American community members, who participate in meetings to help families understand the procedures and expectations of various community systems. Cultural Brokers know the salient issues impacting African American families engaged in multi sector systems.

**Promotores** are community members who promote health, wellness and well-being in their own communities. Because Promotores(as) are members of the communities they serve, they should share a desire to address, grow and improve conditions in their communities. Because of this vested interest, their work is often portrayed as *servicio de corazón*—service from the heart.

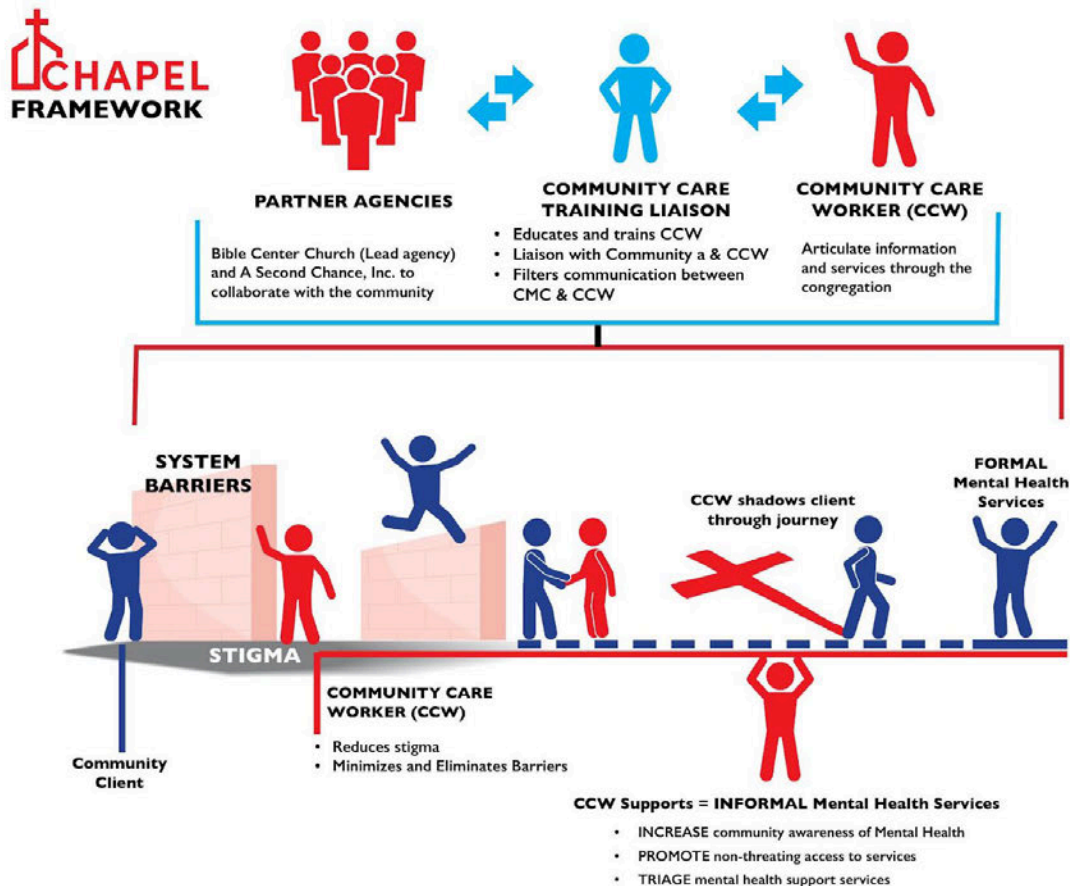
**Congregational Social Work** refers to those social work services that are offered through a religious congregation and that are offered in services in the church facility or congregationally connected events in homes and community locations. Neighborhood congregations have provided practical contexts for social work since the formal origins of the profession.

CHAPEL responds to the research demonstrating that the Black church in a partnership role could improve impact and sustainability. (Goldman and Roberson, 2004) state that: (1) churches share a mutual concern with public health institutions about the issues that impact the health knowledge, attitudes, behavior, access, and outcomes of racial and ethnic minority, low-income, and other underserved populations, (2) the faith tenets of most churches encourage the promotion of holistic health, healing, and living, (3) churches are the historical center of comfort, guidance, and inspiration, particularly in African American communities, (4) churches offer a variety of

## RFP for Community-Led and Community-Operated Informal Mental Health Supports

resources (human, intellectual, capital, social, and spiritual), and (5) churches are uniquely situated to facilitate participation of people from hard-to-reach populations. (p. 368).

### Operational Overview:



The guiding force of the project is the **CHAPEL Community Care Worker (CCW)**. This position is built on the premise that a person's social support will influence various aspects of professional intervention. Thus, when considered simultaneously, informal, and formal mental health care can positively influence and enrich one another.

Housed and supported by BBC, the CCW can be deployed to the 10-15 neighboring churches who are active in the Homewood Community Ministries based on identified need. The CCW does not provide direct formal mental health services. Their role is to assist community members in identifying symptoms and/or indicators of mental health challenges. As an informal service, the CCW is not diagnosing or providing therapy, instead they are a primary resource in bridging the gap between informal and formal mental health services. Their focus is on expanding the social supports individuals receive from family, friends, and community members. The CHAPEL model reinforces the need for informal services to complement professional services in mental health.

## **RFP for Community-Led and Community-Operated Informal Mental Health Supports**

The CCW will go through initial and on-going training to build-out and enhance a train-the-trainer model to expand the CHAPEL program. This is reflective of the Promotores(as) model which has proven effective.

The CCW has three central tenets.

1. **Assistance:** The complexity of any health system requires assistance in navigation. The CCW is that navigator.
2. **Programming:** The CCW will be knowledgeable and involved in continuous learning about the continuum of mental health programs available for recommendation, as well as keeping up to date on promotion and prevention programs across a wide range of demographics.
3. **Engagement** is both a process and behavior that will be shaped by the relationship building skills of the CCW. CHAPEL defines engagement as building the desire and capability of the individual to actively choose to participate in mental health care in a way that is uniquely appropriate to them.

### **CCW foundational social work role:**

- Establishing contact with a client or community organization
- Conducting client or community organization informal mental health needs assessments
- Ensuring clients or community organization are accessing partner organization services
- Monitoring client or community organization outcomes
- Proactively serving as a resource for clients or community organizations to remove barriers

As a central east end provider, ASCI will provide the training component of the project while BBC acts as the community liaison and will house the services. This will be a Train the Trainer curriculum, entitled, “Facilitating the Nuances of Mental Health in the Black Community via Community Liaison”. The outline is provided below.

1. **Destigmatization and Cultural Awareness**
  - a) Framing mental health in the black community: Generational Trauma
  - b) Effective Black Parenting
  - c) Mental Health in Self vs. Mental Health in Others
  - d) Supporting the Invisible Disorders
2. **Recognizing Triggers and Activating Events**
  - a) Social Justice
  - b) Exposure to domestic, community, or school violence
  - c) Medical Trauma- Covid-19 Pandemic, Monkey Pox
3. **Mental Health Awareness vs. Mental Health Diagnosis**
  - a) Recognizing signs of mental health crisis
  - b) Developmental impact of mental health across the lifespan
    - i. impact on children and delay in seeking/receiving services
    - ii. impact on adults and desensitization
  - c) Understanding your role as a mental health Liaison
    - i. Letting the individual set the pace
    - ii. Adjusting language, tone, and body
  - d) Recognizing Biases
4. **Co-occurring Issues**

## RFP for Community-Led and Community-Operated Informal Mental Health Supports

- a) Substance use and Mental Health
  - b) Poverty and Mental Health
  - c) Black Pain and Mental Health
5. **Secondary Trauma**
- a) Protective Factors vs. Risk Factors in Mental Health and Trauma
6. **Resources for Intervention and Support**
- a) Boundary Setting
  - b) Maximizing small interactions
    - i. Active listening
    - ii. Growing comfortable with silence
  - c) Don't take it personal

The partnership recognizes the importance of the Black church and its influence and impact on community medicine: primary care delivery, community mental health, health promotion and disease prevention. Additionally, this partnership will develop the role played by informal helpers and their importance in being present, attentive, and sympathetic in real-time so that they can help community individuals navigate to practitioners who have professional knowledge and skills to take mental health services further.

The project will meet the goals listed in RFP Section 2.1 by:

1. **Growing access** across the community through the utilization of the CHAPEL framework  
Community Care Worker (CCW).
  - a) Providing exposure, education, and opportunity for communities of color seeking professional (formal) mental health services.
2. **Increasing the availability** of culturally and racially competent services through CCW working in the context of congregational social work.
  - a) Directly addressing how the American healthcare system is beset with inequalities that have a disproportionate impact on Black communities. These inequalities contribute to uneven access to services, and poorer health outcomes.
3. **Providing rapid response** to individual and community crisis situations via the CCW who provides navigation and support for immediate and sustained support.
  - a) Leverage the strength of the Black church as a utility in being an entry point for more formal services.
4. **Reducing the stigma** around mental health services through community education.
  - a) The CCW will be educated on the interaction between race and attitudes and how they affect an individual's decision to seek mental health care.
  - b) The CHAPEL model promotes and addresses the cultural and racial responsiveness required to recognize and accept a community's response to mental health services.

6. Describe where and to whom you will provide your Project, and why that community needs the proposed Project.

The East End of Pittsburgh, where Homewood is central, has a rich history, tremendous assets, committed residents and a large number of impactful social service organizations. Despite its

## RFP for Community-Led and Community-Operated Informal Mental Health Supports

strengths, however, Homewood, one of Pittsburgh's most prominent African American communities, still has significant challenges. The neighborhood remains a food desert, has a disproportionate share of vacant and abandoned properties, experiences high rates of crime, relative to the rest of the city, has rates of academic performance that lag behind those of most schools in Western PA, continues to have an underdeveloped business district, offers few local employment opportunities for young people and provides limited resources to equip aspiring or early stage entrepreneurs to build businesses or to connect to Pittsburgh's broader entrepreneurial ecosystem.

### **Needs of Community Related to Mental Health, Risk Factors, and Existing Disparities include:**

- Significantly limited access to services in low-income, medically underserved and urban communities, where there is a disproportionate percentage of racial and ethnic minorities
- Lack of culturally appropriate information that can be disseminated in creative, locally-based methods to communities of color
- Lack of effective coordination of community-informed and community-led models for information dissemination in settings with limited communication infrastructure such as urban neighborhoods with disproportionate digital divide
- Lack of healthcare infrastructure in medically underserved areas and alignment of workforce infrastructure to help individuals navigate services
- Lack of strategies for prevention in neighborhoods with high population density and multi-generational/multi-family households
- The need to elevate community response models from racial and ethnic minority communities into a translatable and scalable toolkit that uplifts emerging best practices from communities to communities
- Lack of infrastructure to address the social determinants of health at the intersection of mental health risk and impact

7. Describe any formal or informal partnerships your Project will require and your plan to develop those. Include a description of how you envision DHS supporting you. (Consider describing how you prefer to communicate with DHS about any system or other barriers your Project encounters, and about any opportunities for system improvements you may identify.)

**This is a tentative list as we view this as an organic process where the unfolding of the project will reveal knowledge and needs the community presents in real-time.**

**To develop these, we point to Question 11, Protocol A.**

Proposed Formal:

- Dr. Daphne C. Watkins - Professor at the University of Michigan who studies gender disparities and mental health over the life course using mixed methods research.
- Dr. America Bracho - Executive Director of Latino Health Access, a center for health promotion and disease prevention utilizing the promotores(as) model.
- Members of The CHURCH Project: Congregations as Healers Uniting to Restore Community Health (Pittsburgh-based)
- Department of Human Services to assist in codesign strategies for future sustainability efforts beyond grant period.

## **RFP for Community-Led and Community-Operated Informal Mental Health Supports**

Proposed Informal:

- University of Pittsburgh School of Social Work to identify social workers (alumni) and graduate students who may have an interest in community-based mental health and could support the project through an internship or fellowship.
- Homewood Pastors (or their designee) to complete congregational needs assessment of pressing mental health challenges and to identify individuals with the skills, interests and social capital necessary to be Community Care Workers

8. Provide a concise project timeline listing when certain activities (e.g., planning, hiring, implementation) and milestones will begin and end.

Month 1: Identify and assemble CHAPEL advisory group

- Develop job descriptions for CHAPEL staff

Month 2: Advisory group mapping and assessment of specific need

- Build framework per mapping and needs assessment
- Post and begin interview processes for CHAPEL staff

Month 3: Consult with stakeholders outside of the advisory group on the proposed framework

- Adjust framework per feedback
- Hire CHAPEL Director and staff
- Begin development of CHAPEL training curriculum per above

Month 4: Begin CHAPEL PR campaign per above

- CHAPEL to be in place
- CHAPEL staff create Standard Operating Procedures (SOP) manual
- Begin in-person and virtual town halls
- Design pilot application at two sites inclusive of evaluation
- Present curriculum to advisory group
- Present SOP manual to advisory group

Month 5: Begin 3-month pilot

Months 5-7: Continue pilot

- Identify next 3 sites for implementation
- Monitor pilot sites for implementation fidelity, retrain as needed
- Revise SOP as needed based on feedback from pilot sites

Month 8: Present pilot results to advisory board

- Go to scale
- Continuous Quality Improvement measures in place

9. Describe your proposed staffing plan, role descriptions and any training requirements. Include whether or not staff will have or obtain certification as peer specialists, and why.

## **RFP for Community-Led and Community-Operated Informal Mental Health Supports**

### **The following will be full-time staff:**

- CHAPEL Program Director (LCSW) = will plan, direct, and coordinate the activities of the CHAPEL program. The Director will develop and oversee the program's budget and policies regarding participant involvement, program requirements, and benefits. They will be responsible for implementation of the program with fidelity and for data collection and reporting. The work will involve directing the Congregation and Community Care Supervisor. A master's degree in social work with a current license is required.
- CHAPEL Media and Content Creator – will be the chief storyteller for the project. He/she will communicate regularly on social media, create program reports, develop public relations and marketing campaigns in conjunction with the Director and CC Supervisor.
- CCW Supervisor (LCSW) - Congregation and Community Care Supervisor – will be responsible for training, supervision and evaluation of the Community Care Workers. He/she develop protocols for data collection and will monitor the direct work of the Congregation and Community Care Workers. He/she will work with the Director to manage the budget and will approve and process the payroll for the Community Care Workers. He/she will submit data reports monthly and will work with the Director to create program reports
- A CHAPEL Admin - will ensure the smooth and efficient operation of the office. He/she will be responsible for the logistics related to trainings and events. He/she will also order materials, check and respond to messages, and provide support for written and social media correspondence.
- CHAPEL Community Training Liaison – will work with the team at A Second Chance, Inc. to schedule trainings for the internal staff and for community training. He/she will secure the location, set the date and provide logistical support such as arranging for meal, transportation and childcare.
- CHAPEL Field Workers (CFW) – 5 total (peer specialists)

### **Consultants:**

- Program Evaluator
- Curriculum Writer
- 2 Mental Health *Programming* consultants
- 2 Mental Health *Services* consultants
- MSW and LCSWs
- Medical and Insurance Consultant
- Training Specialist
- PR consultant
- Videographer

### **Other:**

- Transportation Workers (FST)
- Child Care worker

### **Community Involvement and Trust (30 points possible)**

## **RFP for Community-Led and Community-Operated Informal Mental Health Supports**

10. Describe how you included community members in planning and designing your Project.

### **BCC**

We conducted 81 one on one phone interviews of Bible Center members between July and August 2022. We identified needs for resources (housing, employment), critical life transitions (grandchildren entering the military, separation/divorce) and other life stressors (cancer diagnosis, kidney disease, caregiver fatigue). We asked about the types of support that would be beneficial as all of the aforementioned areas can be challenges to mental health. Our various engagement strategies and partnerships allows BCC to be nimble and accountable in meeting the community needs, as defined by the community. These proven engagement strategies will be rigorously used with the CHAPEL initiative throughout the various stages of the program development and evaluation process.

### **ASCI**

Central to the work and operating construct of ASCI's engagement model is to be an inclusive organization. As a direct result, the organization has always provided multiple vehicles in which to gain the voices of its constituents. More specifically, through pre and post surveys on any new or existing initiatives, the organization seeks feedback. The organization's customer service is evaluated from the front desk receptionist to its service delivery each time someone enters our buildings. For the past 25 years, the organization has conducted annual constituent surveys, for the purpose of our continued quality improvement process. Additionally, the organization has a 24-hours concern line that is shared with the community and members of the kinship traid. More recently, the hiring of a Resource Navigator affords the organization to have additional "real time" data on community needs. This was critical during the onset of COVID-19 and has proven to be an invaluable resource. Lastly, the ASCI model attests to the importance of engaging community members to take leadership roles, contribute to decision-making, and program planning. This is facilitated through ASCI's Community Advisory Board and Youth Advisory Board. These same proven strategies will be used for further engagement in the CHAPEL project and programming throughout the various phases

11. Describe how you will include community members in the implementation/staffing/assessment of your Project.

The basic framework of CHAPEL purports that community-led capacity-building is the strongest contributor to program stability. The following protocols are reflective of ASCI's community outreach and BCC outreach ministry that enable community-based leadership.

- A. When professional and specialist integration happens at the outset and is sustained throughout the life of a project community-led design will produce the best results.
- B. Lived experience is the most important asset in program development.
- C. Utilize community stakeholders to attract other community stakeholders.
- D. Social sharing through traditional and digital channels must be consistent.
- E. Utilize current community and city communications to encourage community engagement
- F. Establish and maintain a consensus-focused process to all aspects of program development.



## RFP for Community-Led and Community-Operated Informal Mental Health Supports

- G. Utilize a level-setting mechanism to educate all participants on the program.
- H. Employ specific, targeted public relations and advertising.
- I. Stakeholders must be involved in writing questions that result in needed evaluation data. (Nothing about us, without us.)
- J. One-on-one relationships are important in program development as well as deeper conversations may get lost in larger group settings.
- K. Engage so that community participation is both an outcome of empowerment and an effective empowerment strategy.

12. Explain why you are the appropriate provider of this Project, specifically addressing why your community will trust you to provide this Project. (Consider describing the length of time in the community and years in operation, prior successful programs, the community's involvement in current programs, other examples of leadership in your community or other information you think would be helpful.)

**There is historic trust as both agencies have been engaged with the community for a combined timeframe of 95 years (ASCI 29 years in business and BCC 66 years in business).** Both agencies are community-based with community-driven programming and are noted for their culturally and racially competent programming and community engagement

### Bible Center Church

**Current Programming:** The Oasis Project (TOP) leverages the investments of Bible Center Church, private donors, foundation grants, government contracts and earned income from TOP's five social enterprises (i.e., Everyday Cafe, Oasis Community Kitchen, Own Our Own Entrepreneurship Academy, Oasis Transportation Services, Oasis Property Management and Maintenance) to provide Homewood residents (particularly young people) access to the three key rungs on the ladder of economic opportunity—education, employment and entrepreneurship, while simultaneously attempting to transform the built environment, in which they are nested.

The Oasis Project launched Oasis Property Management and Maintenance (OPMM). OPMM employs Homewood residents to provide janitorial, grounds keeping, snow removal and maintenance services for Bible Center's properties (e.g., the WARM Center, Bible Center's administrative offices, the KaBOOM Playground, Everyday Cafe, the University of Pittsburgh Community Engagement Center, Oasis Community Kitchen, etc.).

### BC Success

Since 2012, Bible Center has acquired more than 24 parcels/properties in Homewood and has developed, or is in the process of developing, nearly 40,000 square feet of commercial space in and around Homewood's central business district. These properties including Oasis Community Kitchen and the WARM Center at 717 N. Homewood Avenue (i.e., the former Rite Aid), 622 N. Homewood Avenue (the University of Pittsburgh Community Engagement Center), The Oasis Project's Own Our Own Business Development Center at 626 N. Homewood Ave. (under construction) and is the space we are leasing at 532 N. Homewood Avenue to house Everyday Café.

## **RFP for Community-Led and Community-Operated Informal Mental Health Supports**

The Maker's Clubhouse began nine years ago as a two day per week soccer program for children at Faison Elementary School, led by six volunteers. Over the years, The Maker's Clubhouse has expanded to include students from Lincoln Elementary, and gradually increased its number of days, breadth of programming, amount and sources of funding, numbers of children served and impact. Programmatically, in response to our discovery that students at Faison only received nine weeks of science education per year, The Maker's Clubhouse expanded its offerings significantly and now includes a wide range of Science, Technology, Engineering, Agriculture and Math (STEAM)-focused activities, delivered via a 28-week, 5 day per week afterschool program and a six-week, five day per week summer program called Green, STEAM and Play. Prior to the COVID-19 pandemic, The Maker's Clubhouse served 114 students each day, had a staff of 17 paid employees, and a waiting list of nearly 80 children.

### **A Second Chance, Inc.**

**Current Programming:** The premise of all case and care management of kinship care in the child welfare system is built on trust. As such ASCI has been coordinating the kinship care process in partnership with Allegheny County Department of Human Services' Office of Children, Youth and Families (CYF) for 29 years. Additionally, ASCI has been deemed a national model by the United States HHS/Children's Bureau. The agency has developed a continuum of care for kinship which is reflective of an integrated service array to build trust, engage and guide families toward reunification or another form of permanency, such as adoption, when reunification is not achievable.

### **ASCI Success**

As one of the largest private providers to the County, we have served families in the east end for over 29 years. Additionally, we offer original programming to clients and members of the community at no charge.

- Targeted Family Support at **The Rhonda D. Wright Family Center**. The center is founded under the mission that families are the way to strengthen the present and preserve a future for our children. The Center is designed as a place for families and the community to utilize by providing social and educational services to child, youth and their families. With a full kitchen, computer lab and recreational area, the Center is an outward sign of the agency's commitment to serving the community in which we work.
- **In-Home Clinical Services (IHCS)** We partner with Every Child, Inc. Holy Family, Glade Run, Family Links, PAAR, Center for Traumatic Stress, Family Behavioral Resources, Family Resources, Turtle Creek MH/MR and A Wellness. This partnership services communities within Homewood and other surrounding communities. The core tenets of this partnership is information and spread. All organizations remain current on the challenges surrounding mental health in our communities and devise strategies to address the same.
- **A Dance for Life** - this 10-week programming addresses social and personal identity, character building, moral development, life skills, and etiquette skills for teen girls and boys. Developed over 20-years ago, this impactful program's success was recently discussed by one of the County's Youth Support Partners, as one of the programs that must be introduced more widely throughout Human Services, in order to impact youth in a nontraditional way. While this program culminates in a grand ball, the metaphor "a dance for life," is designed to not only provide lasting memories, but more importantly,

## RFP for Community-Led and Community-Operated Informal Mental Health Supports

to build the necessary skills that one will need as one dances through this maze called life. Paused by COVID-19, in the 20-years of programming, this program touched over 3000 youth.

- **Camp COPES** (Children Optimizing Personal Experience through Sports) - a summer Basketball Camp that includes multiple leagues throughout Allegheny County. There are two age groups: one for ages 12 to 14, and one for ages 15 to 18 which impacts between 150-200 children each year. The use of sports to address emotional, social, and psychological needs is infused with the program. The introduction of life skills through our Preparation for a Generation is infused with the sports programming. Camp COPES has been in operation for over 15-years.
- **ASCI READS** – founded by Dr. Sharon McDaniel and Dr. Christine White Taylor over 8-years ago, this summer community reading program that fosters literacy through both an academic and affective lens. Research is clear that children who live in under-resourced academic communities suffer during the summer months. Often in such communities, the reading levels retard during the summer months, thereby creating challenges for students entering their next grade level. This service is provided to youths in 1st to 8th grade. During COVID-19, ASCI READS supported all grade levels during the shut down of academic settings. This program has supported over 500 students.

### Data Collection and Reporting (10 points possible)

13. Describe what data you currently collect on your programs.

Centered in the notion that impact is measured by what is known and addressing the service gaps, ASCI has invested in technology that assists the organization in its evaluative process. Extended Reach, which is a database management system, affords the organization an opportunity to maintain high quality data, in order to articulate its daily, weekly, monthly, quarterly, and annual data/outcomes which is maintained in all areas of child welfare program (i.e., intake data, placement data, program outcomes such as permanency, case stability, length of stay, etc.) Additionally, such data reports are required per county contract, as well as for CARF accreditation. Also, the organization produces an annual Impact Report which highlights organizational outcomes. Finally, the organization, in partnership with University of Pittsburgh and DARE, conducted and published the findings from a quasi-experimental research design of the organization's Navigation program. As a direct result, the organization is poised to have its Navigation Program become an evidenced based model through various clearinghouses.

BCC collects data on program enrollment, participation and completion. Our educational programs collect data on student attendance, school discipline (suspensions of children in our programs), and grades. We conduct pre and post assessments and satisfaction surveys for all our programs.

14. Describe how you will know if your Project is effective in achieving its goals and what data you will collect to track its effectiveness.

Effectiveness will include both quantitative and qualitative data. Per Question 11, Protocol I, *Stakeholders must be involved in writing questions that result in needed evaluation data.*

We see the goals that were presented in Question 5 to lead community-data questions.

## RFP for Community-Led and Community-Operated Informal Mental Health Supports

- Data on access points to education and services
- Data on the availability of culturally and racially competent services
- Data on rapid response
- Data on stigma reduction

Overarching techniques include:

- On-site data collection - observation techniques conducted at targeted times at events such as behavior mapping, counts, and tracking.
- Focus groups and interviews
- Surveys (in-person, phone, digital, social media)

Where appropriate, pre and post testing will be administered to understand immediate understanding and/or where improvements should be made to curriculum or intervention.

### Budget (10 points possible)

15. Provide a detailed line-item budget that reflects a realistic estimate of the costs associated with planning, implementing, and sustaining the Project. Please remember that Project staff must earn no less than \$15/hour and you may include language assistance services costs in the budget. [Click or tap here to enter text.](#)

16. Provide a budget narrative that clearly explains and justifies all line items in the proposed budget.

#### Summary

A Second Chance, Inc. and Bible Center Church are partnering on a proposal for Community Led Information Mental Health program (CHAPEL). The philosophy of CHAPEL is that *mental health must be viewed in the context of a wellness* approach to living that promotes being well as the baseline and thriving as the goal in all areas of life, acknowledging that the intersection of race and culture will influence and impact those baselines and quests towards thriving. The total proposed cost of the program to be successful is \$1,057,014.75 in year 1 and \$1,069,090 in year 2. The details of the budget are below.

#### Personnel

Personnel costs are budgeted at a total of \$606,847.50 for year 1 and \$634,975 for year 2. A summary of the included positions is below. The costs are inclusive of both annual salary and associated benefit costs.

- (1) CHAPEL Program Director (LCSW)- Provides direct leadership over the program from development to implementation of the program (\$87,500 year 1 & \$91,875 year 2)
- (0.5) CHAPEL Media and Content Creator – Considering the community receive its information through social media, this content creator will keep current and pace with addressing the mental health needs of the community in this nontraditional and

## **RFP for Community-Led and Community-Operated Informal Mental Health Supports**

unorthodox manner to passively gain interest and program momentum. (\$37,500 year 1 & \$39,375 year 2)

- (1) CC Supervisor (LCSW)- provides direct supervision of the Community Care Workers (\$68,750 year 1 & \$72,187.50 year 2)
- (5) CHAPEL Community Care Workers (CCW) – (peer specialists)- These workers will connect with the community around mental health with 10-15 churches providing informal support and building connections to the formal mental health community. (\$262,500 year 1 & \$272,625 year 2)
- (1) CHAPEL Admin- This is the support person for the initiative. (\$56,250 year 1 & \$59,062.50 year 2)
- (1) CHAPEL Community Training Liaison- This worker will provide direct training and support around mental health to the community and work in partnership with the CCWs to set up other community training that will be shared among the groups. This person will be the point of contact to schedule, administer, and train the mental health curriculum in the Homewood Community. (\$47,547.50 year 1 & \$50,050 year 2)
- (2) - Transportation workers (part time, as needed) – These workers will provide transportation to clients of the program as needed. (\$22,100 year 1 & year 2)
- (1) - Child Care worker (part time, as needed) – Will provide childcare to clients of the program as needed. (\$24,700 year 1 & year 2)

### **Professional Services**

The program will use consultants to support the needs of the services offered. Professional service costs are budgeted at a total of \$302,000 for year 1 and \$302,000 for year 2. A summary of the included positions consultants is below:

- (1) Program Evaluator- Evaluator of the program from design to implementation and impact. (\$30,000 year 1 & year 2)
- (1) Curriculum Writer – consultant to assist with the development of the curriculum. We will work to make the curriculum to become evidence-based. (\$30,000 year 1 & year 2)
- (2) Mental Health Programming consultants – provide ongoing training to the CCW (\$60,000 year 1 & year 2)
- (2) Mental Health Services consultants- Provide consultation and assist in creating the mental health services needed to make the program successful. (\$60,000 year 1 & year 2)
- (2) MSW and LCSWs internships- Used during summer and for internships to assist with the program and provide upcoming professional in the field with paid experience. (\$12,000 year 1 & year 2)
- (1) Medical and Insurance Consultant – to provide assistance with benefits enrollment (\$30,000 year 1 & year 2)
- (1) Training Specialist – Community support and program promoter (\$30,000 year 1 & year 2)

## RFP for Community-Led and Community-Operated Informal Mental Health Supports

- (1) PR consultant – consultation on awareness campaign and promoting the services in the community (\$40,000 year 1 & year 2)
- (1) Videographer – to record public activities for awareness campaigns and record testimonials for reporting (\$40,000 year 1 & year 2)

### **Professional Services**

There will be additional expenses that will be needed to support the program. Total administrative and operations costs are budgeted at \$148,167.25 for year 1 and \$132,115.00 for year 2. The costs are inclusive of the below:

<b>Other Expenses</b>	<b>Total Annual Cost</b>	<b>Total Annual Cost</b>
	\$	\$
Special events	5,000.00	5,000.00
	\$	\$
Professional development	5,000.00	5,000.00
	\$	
Infrastructure Expenses	42,075.00	\$ 24,925.00
10% Administrative Costs (to include legal, accounting, IT, and other supportive operating costs)	\$ 96,092.25	\$ 97,190.00

Cost Summaries	Year 1	Year 2	Total
Staffing	\$ 606,847.50	\$ 634,975.00	\$ 1,241,822.50
Consultings	\$ 302,000.00	\$ 302,000.00	\$ 604,000.00
Other Admin/Operations	\$ 148,167.25	\$ 132,115.00	\$ 280,282.25
<b>Total Program Annual Costs</b>	<b>\$ 1,057,014.75</b>	<b>\$ 1,069,090.00</b>	<b>\$ 2,126,104.75</b>

#	Position	Licensing	Year 1				Year 2			
			Annual	Benefits	Total Cost/Person	Total Annual Cost	Annual	Benefits	Total Cost/Person	Total Annual Cost
1	CHAPEL Program Director (LCSW)	LCSW	\$ 70,000.00	\$ 17,500.00	\$ 87,500.00	\$ 87,500.00	\$ 73,500.00	\$ 18,375.00	\$ 91,875.00	\$ 91,875.00
0.5	CHAPEL Media and Content Creator		\$ 60,000.00	\$ 15,000.00	\$ 75,000.00	\$ 37,500.00	\$ 63,000.00	\$ 15,750.00	\$ 78,750.00	\$ 39,375.00
1	CC Supervisor (LCSW)	LCSW	\$ 55,000.00	\$ 13,750.00	\$ 68,750.00	\$ 68,750.00	\$ 57,750.00	\$ 14,437.50	\$ 72,187.50	\$ 72,187.50
5	CHAPEL Community Care Workers (CCW)		\$ 42,000.00	\$ 10,500.00	\$ 52,500.00	\$ 262,500.00	\$ 44,100.00	\$ 11,025.00	\$ 55,125.00	\$ 275,625.00
1	A CHAPEL Admin		\$ 45,000.00	\$ 11,250.00	\$ 56,250.00	\$ 56,250.00	\$ 47,250.00	\$ 11,812.50	\$ 59,062.50	\$ 59,062.50
1	A CHAPEL Community Training Liaison		\$ 38,038.00	\$ 9,509.50	\$ 47,547.50	\$ 47,547.50	\$ 40,040.00	\$ 10,010.00	\$ 50,050.00	\$ 50,050.00
2	Transportation Worker (as needed)		\$ 8,840.00	\$ 2,210.00	\$ 11,050.00	\$ 22,100.00	\$ 8,840.00	\$ 2,210.00	\$ 11,050.00	\$ 22,100.00
1	Child Care Worker (as needed)		\$ 19,760.00	\$ 4,940.00	\$ 24,700.00	\$ 24,700.00	\$ 19,760.00	\$ 4,940.00	\$ 24,700.00	\$ 24,700.00
	<b>Total Staffing Costs</b>					<b>\$ 606,847.50</b>				<b>\$ 634,975.00</b>
	<b>Consultants</b>	<b>Licensing</b>			<b>Total Cost/Person</b>	<b>Total Annual Cost</b>			<b>Total Cost/Person</b>	<b>Total Annual Cost</b>
1	Program Evaluator		\$ 30,000.00		\$ 30,000.00	\$ 30,000.00			\$ 30,000.00	\$ 30,000.00
1	Curriculum Writer		\$ 30,000.00		\$ 30,000.00	\$ 30,000.00			\$ 30,000.00	\$ 30,000.00
2	Mental Health Programming Consultants		\$ 30,000.00		\$ 60,000.00	\$ 60,000.00			\$ 30,000.00	\$ 60,000.00
2	Mental Health Services Consultant		\$ 30,000.00		\$ 60,000.00	\$ 60,000.00			\$ 30,000.00	\$ 60,000.00
2	MSW/LCSW Internship	MSW/LCSW	\$ 6,000.00		\$ 12,000.00	\$ 12,000.00			\$ 6,000.00	\$ 12,000.00
1	Medical and Insurance Consultant		\$ 30,000.00		\$ 30,000.00	\$ 30,000.00			\$ 30,000.00	\$ 30,000.00
1	PR consultant		\$ 40,000.00		\$ 40,000.00	\$ 40,000.00			\$ 40,000.00	\$ 40,000.00
1	Videographer		\$ 40,000.00		\$ 40,000.00	\$ 40,000.00			\$ 40,000.00	\$ 40,000.00
	<b>Total Consulting Costs</b>					<b>\$ 302,000.00</b>				<b>\$ 302,000.00</b>
	<b>Other Expenses</b>					<b>Total Annual Cost</b>				<b>Total Annual Cost</b>
	Special events					\$ 5,000.00				\$ 5,000.00
	Professional development					\$ 5,000.00				\$ 5,000.00
	Infrastructure Expenses					\$ 42,075.00				\$ 24,925.00
	10% Administrative Costs					\$ 96,092.25				\$ 97,190.00
	<b>Total Admin/Operating Costs</b>					<b>\$ 148,167.25</b>				<b>\$ 132,115.00</b>

**A SECOND CHANCE INC. and BIBLE CENTER CHURCH  
ALLEGHENY COUNTY DHS FUNDING  
SEPT 2022 THRU AUGUST 2024**

**WELLNESS HOUSE 1 YEAR BUDGET**

Expenditures

Program Expenses

Program Supplies	1200	
Furniture	15650	Removed for year 2 budget

Total Program Expenses	16850	
------------------------	-------	--

Facilities

Building Projects & Renovations	1500	Removed for Installation of security system with cameras
Facility Repair and Maintenance	1800	

Property Taxes

City & School Taxes	2415
County Taxes	510

Total Property Taxes	2925
----------------------	------

Utilities

Water & Sewer	1800
Security System	1000
Electric	3000
Gas	3200
Telephone and Internet	3400

Total Utilities	12400
-----------------	-------

Pest Control	600
--------------	-----

Cleaning and Exterior Maintenance	6000
-----------------------------------	------

Total Facilities	12825
------------------	-------

Total Expenditures	42075
--------------------	-------



August 8, 2022

Dear Department of Human Services,

I am pleased to write this letter in support of the proposal being submitted by Bible Center Church and A Second Chance, Inc., for the Congregation and Community Wellbeing Project.

My family has enrolled in the educational and community wellness programs offered through Bible Center Church for the past four years. My three children participate in the after-school program, the summer camp and, during the pandemic, Bible Center's learning hub, the Neighborhood SCHOOL.

Bible Center's work has supported my personal and professional wellbeing as I was able to work knowing that my children were in a safe, faith-based educational environment that met their academic needs, and promoted their mental wellbeing, through their social and emotional health programs.

I am a human services worker and understand how important it is to attend to our children's and families' mental health, particularly as our community deals with the ongoing stress of COVID 19, racial injustice, increased costs of basic necessities, and neighborhood violence.

I am excited about the possibility of A Second Chance and Bible Center working together to improve mental health and wellbeing!

Sincerely,

Lelia Broughton

*Lelia Broughton*

905 Jefferson Road  
Pittsburgh, PA 15235