



Allegheny County Department of Human Services

RFP Response Form

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

PROPOSER INFORMATION

Proposer Name: The Bhutanese Community Association of Pittsburgh

Authorized Representative Name & Title: Khara Timsina, Executive Director

Address: 3000 Brownsville Rd Ste C, Pittsburgh, PA 15227

Telephone: [REDACTED]

Email: ktimsina@bcap.us

Website: bcapgh.org - Bcap - Pittsburgh, Pennsylvania.

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

Date Incorporated: 06/08/2012.

Partners included in this Proposal: [Click here to enter text.](#)

How did you hear about this RFP? *Please be specific.* Through the DHS Immigrants and Internationals Advisory Council

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	Mr. Khara Timsina.	[REDACTED]	ktimsina@bcap.us.
Contract Processing Contact	Mr. Khara Timsina.	[REDACTED]	ktimsina@bcap.us
Chief Information Officer	Mr. Khara Timsina.	[REDACTED]	ktimsina@bcap.us
Chief Financial Officer	Mr. Gym Raj Adhikari.	[REDACTED]	[REDACTED]
MPER Contact*	Mr. Khara Timsina	[REDACTED]	ktimsina@bcap.us

* **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.
Attached

Board Chairperson Name & Title: Mr. Suraj Nepal, Board Chair

Board Chairperson Address: [REDACTED]

Board Chairperson Telephone: [REDACTED]

Board Chairperson Email: snepal@bcap.us

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.*

- 1. Kelleigh Boland: Director of Grantmaking and Strategy
Jefferson Regional Foundation, Kelleigh.Boland@jeffersonrf.org 412-990-7117
- 2. Bethany Hemingway: Sr. Program Officer, Staunton Farm Foundation,
BHemingway@stauntonfarm.org, [REDACTED]
- 3. Susan Kalson, President & CEO, Squirrel Hill Health Center,
sfkalson@squirrelhillhealthcenter.org, [REDACTED]

PROPOSAL INFORMATION

Date Submitted: Aug. 8, 2022

Amount Requested: \$192,584 (over 2 years)

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
- 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).

Experience and Leadership (25 points possible)

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

Celebrating its 10th year of service, The Bhutanese Community Association of Pittsburgh (BCAP) has established itself as the premier resource for the local Bhutanese population as it works to secure a high quality of life for all members of the Bhutanese community in Allegheny County and to support their integration into American society through culturally-informed services and activities.

BCAP is one of only a few community-based immigrant organizations in Allegheny County. We are the only organization completely devoted to serving the Bhutanese refugee community and, as we are led by members of this community, able to do so in a culturally and linguistically appropriate way.

BCAP's programs address psychosocial, educational, health, employment, and other challenges faced by members of the Bhutanese community. While local refugee resettlement agencies initially provide significant support, these supports diminish over time. BCAP's major programming complements and expands upon existing mainstream services, and, beyond its own programming, BCAP acts as an essential partner for other agencies and organizations needing to engage our community, and as a critical advocate for the Bhutanese community in the broader community and at the state and federal policy level. In this way, BCAP is an essential cog in working towards an equitable and comprehensive system supporting health and human services in Allegheny County.

Mental and behavioral health has been identified as an ongoing and consistent community priority. As refugees ourselves, we are keenly aware of the traumatic history we share and shared experiences of life in the refugee camps for many years, resettlement to the United States—and all the associated stressors of these experiences. From the onset, our supports for community elders have been intentionally designed to combat the social isolation this population frequently experiences and has embedded culturally-appropriate mental and behavioral health interventions, such as yoga classes and programs preserving and celebrating our traditional culture. In addition, BCAP was an early adopter of the Mental Health First Aid training model, several members became certified trainers and coordinated a large training initiative to spread these skills among our community members.

We have partnered with Jewish Family and Community Services (JFCS) who provided training for community members to lead 8-week peer-led support groups for the past few years, including groups for elderly, women, and youth. These have been very well received and meaningful to participants but have been difficult to sustain beyond the 8-week sessions without on-going coordination.

Most recently, the onset of the COVID-19 pandemic severely exacerbated mental health needs in our community. Through a grant from the Staunton Farm Foundation, BCAP contracted a Bhutanese health professional to lead Mental and Behavioral Health Outreach Coordination and provide one-on-one outreach and support for families in crisis for a one-year termed position. From November 2020 to October 2021, the Coordinator was able to directly assist and communicate with 1,474 people. This number only provides part of the true picture, as many of

them were dealing with issues that extend into the rest of their household, and these 1,474 people were part of a larger network of 7,334 total household members. Along with providing caring and supportive listening, the majority of the incoming concerns were resolved by immediate referral, and/or resource and information sharing, and of 56 post-survey respondents requiring follow-up, half reported their situations resolved and another 22 reported situations improving or solutions in progress.

Additional impacts of this program were detailed by Avishek Acharya in the *Public Source* essay, [As a Bhutanese Refugee, I grew up in a quiet mental health crisis](#).

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.

BCAP is embedded in our communities, is highly trusted, and has built strong networks of local partner organizations. The majority of our staff and leadership are of the community and therefore able to provide both language access services as well as provide programming and service navigation in the context of the complexities of cultural beliefs, stigmas, and norms present in the Bhutanese community. All of this serves to help BCAP keep the pulse of—and respond to—community trends, emergency needs, and current events that impact our services and service population at the local level.

This knowledge is constantly used to inform our program planning and development. Informally, BCAP is in constant communication in our communities and uses case notes to track needs reported via phone, office visits, email, social media, and Google groups, and we are currently undertaking the development of a new strategic plan, with broad community participation, to further refine our programming and organizational needs moving forward.

BCAP's board and staff, particularly Executive Director Khara Timsina, are deeply trusted by the community. There is a preference that conflict be resolved within the community (if possible), and as a result BCAP, or Khara directly, is frequently the first phone call community members make when experiencing a crisis. Recently, a board member and community member trained in Mental Health First Aid reached out to visit a distressed adult in the community who reportedly made repeated suicidal comments to his family members after a triggering incident occurred when he was just let go from his only job. They spent two hours comforting him, building trust and were able to then connect him with the Squirrel Hill Health Center for mental health support. Now he is doing much better with treatment.

This is one example among many; Community members expose vulnerabilities and circumstances traditionally perceived as shameful and stigmatizing with BCAP on a daily basis. For example, the following scenarios are a series of incidents that community members reached out to BCAP with over the course of one weekend:

1) BCAP received a phone call from a father living in Cincinnati on behalf of his daughter living with her husband in Pittsburgh. The daughter was reported to be under tremendous stress due to her husband's substance abuse and contemptuous in-laws, who blamed the daughter for her inability to conceive. The young woman fled, and the father requested support from BCAP to help bring her to Cincinnati for her health and safety, which was arranged.

2) Then, another caller reported domestic abuse in a relative's family. The wife took the children and left the abusive husband to stay with the relative reporting the incident, who stated they did not feel obligated to provide shelter or support to the woman and children and asked if BCAP would be able to help. BCAP provided the caring support she needed and referred her to the Immigrant Services and Connections (ISAC), for more comprehensive service coordination.

3) In between those situations, a supportive home visit was made to a grieving family whose 14-year-old daughter drowned in the river in the days before. This was during the same week that the Bhutanese community experienced a surge in diagnosed cases of COVID-19.

3. Provide a concise statement of your organizational philosophy.

Our culture and traditions value community and individual dignity, and BCAP believes that when capable members of the community provide support to those in need, the whole community grows and thrives.

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

As a community association, our Bhutanese identity is central to our mission. BCAP's staff and board strongly reflect the population we serve. Executive Director Khara Timsina has worked with BCAP since its inception in 2014 and has led the organization since 2017. He is Bhutanese and fluent in English, Nepali and Hindi and has a background in education, having worked as a teacher in Nepal.

BCAP's Project Specialist (PS) is a Bhutanese man fluent in Nepali and English. He supports the Executive Director with program administration and coordination (outside of youth programs), direct assistance services, immigration and citizenship navigation, civic engagement, HR, data collection and tracking, and communications and outreach. He is also responsible for bookkeeping in partnership with JFCS. The PS will manage programs addressing community priorities, identified in the forthcoming strategic plan and work to improve data management with consistent processes.

The Administrative Assistant is a Bhutanese woman fluent in Nepali and English. She serves as a primary point of contact and resource for community members visiting, emailing, or calling the office for assistance. She is responsible for maintaining case notes and the call log, updating robo-call messages, general office management duties, and is growing into a direct assistance support role as well.

The Youth and Families Coordinator is a Caucasian woman with degrees in education and ESL and 18 years of experience teaching. She manages BCAP's out-of-school-time programming and additional supports for youth and families.

The majority of Board members are Bhutanese, which we feel is critical to our identity as a community association (though we highly value the expertise and perspectives of our non-Bhutanese Board members as well.) BCAP values and maintains ethnic, gender, and age diversity among its Board members. Particularly as the needs of women and youth have grown as priorities, we have expanded the Board to ensure these groups are represented and active in decision-making in recent years.

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.

This funding will expand BCAP's capacity for ongoing professional and volunteer-led community-based mental health supports. A Program Coordinator will be hired to 1.) serve as a community resource embedded in BCAP's staff, 2.) Coordinate the existing network of volunteer members trained in MHFA to conduct home visits and one-on-one outreach and organize additional MHFA training workshops to build skills and reduce stigma throughout the community, and 3.) Lead dedicated programming engaging at-risk men and women in social and wellness-focused activities to combat isolation and other barriers to good mental health.

As stated above, the positive outcomes of a dedicated, culturally and linguistically appropriate staff member to conduct proactive outreach, screening to identify families in need of support, and provide on-site, immediate assistance and referral during the 2020-21 program year were abundantly clear. The Program Coordinator we propose will have a network of volunteers trained in MHFA to expand on this and also be a valuable resource to our Youth & Families Coordinator, who oversees BCAP's out of school time programming, in identifying at-risk youth and families and connecting them to appropriate services. BCAP anticipates serving 1,000 requests for assistance related to mental health needs, through direct service and referral annually. These services will result in additional direct support for families in crisis (Goal 3) as well as critical connections that smooth the way to formal mental health supports for people who may not know about or feel comfortable accessing them (Goal 4).

This project will also activate and expand BCAP's network of MHFA-trained informal helpers. Over 150 linguistically and culturally competent community members have already completed MHFA training, and with extra capacity, BCAP will be able to coordinate and dispatch these community volunteers to conduct home visits, informal phone or texting outreach, and weekly virtual and in-person office hours in the BCAP office and community-based sites, including the Baldwin, Whitehall and Brentwood Libraries. The Program Coordinator will also work with our network of Bhutanese healthcare professionals to organize bi-annual MHFA training and refresher workshops targeting a diverse group of participants to expand this network. In leveraging community-based MHFA volunteers, BCAP will build a sustainable, culturally competent network of peer supports (Goal 1 & 2), as well as help to expand access to preventative care when our community members' mental health symptoms are escalating or when they are in emotional distress (Goal 3).

Finally, this funding will also enable BCAP to revive culturally accessible wellness programming for women and older adults that address common stressors and combat social isolation. BCAP will facilitate "social" peer support group sessions that build community while offering programming such as yoga and meditation, cultural preservation (such as traditional music, singing, and storytelling), gardening, educational cultural orientation to the Pittsburgh area through group trips that increase elders' confidence in navigating their new home, and a focus on critical topics for women's empowerment such as financial literacy, women's health, and domestic violence supports that help women gain confidence and control their destinies. For immigrant and refugee populations, building a sense of place and fostering an individual's ability

to confidently navigate their new home is a critical element of preventative mental and behavioral healthcare (Goal 2). Supporting the empowerment of refugee women and older adults will result in their leading fuller, more satisfying, and dynamic lives here in Allegheny County.

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

The Bhutanese refugee community fled government persecution in Bhutan, and after a 20-year stay in refugee camps in Nepal, found a new home in Pittsburgh. BCAP emerged out of the efforts of a few committed community volunteers and gained nonprofit status in 2014. The population is estimated to be over 10,000 in Allegheny County, many attracted here via secondary migration from their original U.S. resettlement city due to the reputation of BCAP. The population is dispersing more broadly as we continue to integrate, mostly spread throughout several South Hills neighborhoods, including Greentree, Castle Shannon, Baldwin, Brentwood, Whitehall, Brookline, West Mifflin, Bethel Park, South Park, Pleasant Hills, Jefferson Hills, Carrick, and Mount Oliver.

Mental and behavioral health needs among the Bhutanese refugee community were severely exacerbated by COVID-19. Issues of social isolation and substance abuse had been identified as community priorities pre-Pandemic and are growing concerns in the aftermath. The traumatic upset of family dynamics caused by employment loss of the traditional male breadwinner can sometimes result in crises involving increased substance abuse or domestic violence. The challenge of adjustment to life in America in general was also amplified over the past few years, and many still struggle with homesickness and the trauma associated from displacement, which has a strong and lasting emotional toll.

Survey data gathered during BCAP's mental and behavioral health outreach efforts during the pandemic found that, of 52 responses:

- Roughly half had experienced one of the following: had been victims of intimate partner violence prior to leaving Bhutan; faced challenges due to alcohol/substance abuse or gambling; had suicidal thoughts in the past, and/or had been diagnosed with mental health disorders and getting treatment.
- Over 75% of respondents Agree/Strongly Agree with one of the following: that they have increasingly seen mental health illness among the Bhutanese community in Pittsburgh / had started feeling depressed or hopeless recently due to COVID-19 / feel COVID-19 has impacted them mentally, physically, and financially, believe that isolation / substance abuse, domestic violence, depression / and resettlement issues may influence suicide attempts and other mental health-related decisions.
- Additionally, about a quarter of respondents reported they had experienced one of the following: they had been tortured or experienced traumatic events prior to fleeing Bhutan / they had been diagnosed with a mental health disorder / they haven't had social interaction in a couple years (primarily elderly) / they have received mental health first aid training in the past, / and/or they are in need of urgent assistance related to marital/domestic abuse issues, mental health issues, financial issues, and substance abuse.

Mental health among older adults in our community has been a longstanding concern. Elders who are unable to work due to age or limited English proficiency (LEP) are often left to their

own devices at home, with limited mobility as most are unable to drive or navigate the limited public transportation service that exists in their neighborhoods on their own. This creates a situation in which there are little to no opportunities for older adults to socially integrate and fully participate in the lives of their new communities. Having lived for decades in Bhutan and Nepal, they also experience the largest adjustment to their new lives in America, struggling with homesickness and the trauma associated from displacement, which has a strong emotional toll.

Organized activities such as yoga and gardening are culturally appropriate activities that are therapeutic in both the sense of promoting mindfulness and healthy living, as well as being a strong connection to home and preservation of our traditional culture. Supporting English acquisition is also an essential strategy to alleviate common stressors as it enables older adults to integrate into their communities, access needed resources and services, and gain US citizenship. Attaining citizenship is especially critical in order for seniors to access healthcare.

Caring for and honoring elders is a central value in Bhutanese culture that BCAP remains strongly committed to. It is our goal to ensure all members of the Bhutanese community can thrive in their new home, and, while the older generation may find this more challenging, they deserve equitable opportunities to succeed.

Likewise, while part of BCAP's mission is to celebrate traditional culture, we also recognize the need to move past some of the traditional patriarchal patterns of our ancestors and empower all members of our community. Women's empowerment emerged as a key priority in conversations with community members during our 2018 strategic planning process. Women want to become more self-sufficient, invest in their education, careers, and also be able to support the various needs of their families at home. Many women are particularly interested in learning more from professional health services; Young women have begun to receive health education in the school system, but report feeling uncomfortable talking about some subjects at home. Responses to a 2020 survey BCAP sent out to inform emergency COVID-19 planning indicated numerous additional pressures borne predominantly by women. Substance abuse and domestic violence rates rose, and mothers bore the brunt of additional childcare and academic responsibilities over the course of the pandemic. As long as COVID-19 continues to impact employment, schools, and childcare facilities, this will be a consistent stressor on Bhutanese women.

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.)

As a member of the Allegheny County Department of Human Services Immigrants & Internationals Advisory Council (IIAC), BCAP has a working knowledge of, and both formal and informal relationships with many DHS programs and DHS- contracted providers throughout the human service system which directly and indirectly include behavioral health. This includes, JFCS initiated peer-led refugee support groups, Immigrant Services and Connections (ISAC), Squirrel Hill Health Center, Women's Center and Shelter. For information exchange to learn more about available services and to educate providers about our culture, language and history of trauma, we plan to strengthen our relationships with Mercy Behavioral

Health, RESOLVE, to insure successful referrals to services. We hope to establish an informal partnership with the Peer Support and Advocacy Network which provides community outreach and education so that we can exchange information, learn more about their successful peer support model, as well as how to support those in our community living with mental illness.

BCAP also has established relationships with each of these libraries with whom we frequently collaborate. We will work with the Brentwood, Baldwin and Whitehall libraries to offer open informal “office hours” with a MHFA-trained volunteer or the Program Coordinator weekly. Benedict Killang is often the first point of contact at DHS for IIAC members, BCAP included, and is an appreciated source of resources and information relevant to our communities. We are now poised to deepen BCAP’s formal partnerships with DHS via this grant as well as a recently accepted proposal to become an Out-of-School-Time provider.

DHS can best support BCAP by ensuring MHFA training, train-the-trainer classes with certification, and resources are available in Allegheny County. In order to share data and reports with DHS regularly as required, BCAP anticipates the need for support and training in onboarding staff to ClientPath.

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

- Months 1-2 -- Hire Coordinator(s)
- Months 2-3 -- Begin direct service/referral, program planning
 - Develop plan for MHFA Volunteer dispatch
 - Develop plan for MHFA Workshops
 - Develop program calendar for peer support groups
- Months 3-4 -- Begin facilitation of programming/peer support groups
 - Ongoing through Month 24.
- Month 6 -- 1st MHFA Workshop
- Month 12 -- 2nd MHFA Workshop
- Month 18 -- 3rd MHFA Workshop
- Month 24 -- 4th MHFA Workshop

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.

This project will be primarily managed by a full-time Wellness Coordinator. To best accommodate cultural needs, it may be necessary to contract additional staff as needed to facilitate gender-specific programming or supports. If not already certified, Coordinator(s) will become trained in MHFA and by the Peer Support and Advocacy Network (PSAN) upon hiring. Although the Coordinator may not have a history of mental illness to qualify for certification, a deep understanding of, and organizational connection to PSAN will be important.

In addition to project management and program facilitation, MHFA trained individuals will be hired to staff weekly community office hours and will be compensated at \$25/hour.

Community Involvement and Trust (30 points possible)

Commented [1]: @ktimsina@bcap.us can you look at Madhavi's position description, make any updates, and load into the google folder to submit?

Commented [2]: @ktimsina@bcap.us Please describe your required qualifications for staff here too

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

This project is aligned with multiple strategic plans-- in 2018, 2020, and our forthcoming strategic plan now in development. Broad community participation informed each of these processes via surveys, general and small group discussion sessions.

Additionally, the data collected from case notes and pre and post-surveys from BCAP's 2020-21 Mental and Behavioral Health Outreach Initiative funded by Staunton Farm were also integral to designing this proposal. BCAP also has program evaluation and participation data from past programming engaging women and older adults that support the goals of this proposal.

In the first months of the project, opportunities for community feedback will be facilitated by the Program Coordinator during the program planning process. This will also specifically include community experts in healthcare, senior services, and our existing social networks, such as a Women's Group and past participants in BCAP's older adults services.

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

BCAP intends for the staff supporting this grant to be members of the Bhutanese refugee community, fluent in Nepali, English, and ideally Hindi as well. Additionally, community members already trained in MHFA will be critical resources to provide outreach and support to individuals and families in need, as well as documentation of interventions and outcomes/progress for assessment purposes.

Within the Bhutanese community, we also have mental and behavioral health professionals, social workers, nurses and community health workers and their connections to the broader community to draw upon to lead workshops, and other programmatic sessions. For example, Ashok Gurung is an MHFA Instructor (National Council of Behavioral Health, Mental Health First Aid, USA) and has worked with BCAP in the past to facilitate MHFA training and volunteered many hours of outreach to distressed community members.

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.)

BCAP has been serving the Bhutanese refugee community since 2012. Initially a volunteer initiative, it grew out of the desire for a community-based, community-serving organization to coordinate with and advocate for Bhutanese refugees. Many of us spent around twenty years together in refugee camps in Nepal and have a strong tradition of community organizing and advocacy. BCAP's leadership, especially long-time leader Executive Director, Khara Timsina, has years of responsive service, holds tremendous trust and

been with the organization since its inception. Given our collective shared history of traumatic displacement, residence in refugee camps, and resettlement -- a consciousness for trauma and mental health is deeply embedded in BCAP's service provision. The Bhutanese community is tightly knit through cultural identity, language, and experience. We were forcibly

displaced by the government of Bhutan, and as a result, trust in formal institutions has been something that has been needed to be re-earned among our community members.

BCAP staff and board members are trusted resources in the community to the extent that many refugee community members, including non-Bhutanese populations such as the Burmese, contact them first, preferring to have issues handled within the community. In light of this, as a community association, over the years BCAP has established itself as the primary resource for everything from helping parents understand forms sent home from school with their children, to family dispute mediators, to ESL and citizenship acquisition supports, as well as a critical connector to the wider network of human services and nonprofit resources in our region.

Today, BCAP is also a well-established regional partner in the local landscape of services and is also engaged at state policy level through Governor Wolf's Commission on Asian American & Pacific Islander Affairs and has been recognized at the federal level as well.

BCAP has a demonstrated commitment to supporting mental health in our community. In 2015, BCAP coordinated community volunteers to become certified in Mental Health First Aid who then trained 150 community members, and last year an additional 26 community members were trained in QPR (Question, Persuade, Respond) mental health response. Bhutanese elders, a group demanding a great deal of cultural respect, were quickly identified as particularly vulnerable to poor mental health and prioritized early in BCAP's history. BCAP developed culturally appropriate wellness programming with strong social elements, like yoga, gardening and local field trips which are consistently popular and impactful for isolated older adults. We have also worked diligently to diversify our leadership to ensure women are well-represented on our board and have consistently supported a Women's Group and their priorities as well. Most recently, BCAP co-hosted a wellness session on August 6, 2022, with facilitators from Nepal. These facilitators are leaders of Life Science who have inspired people to live happy lives. We have a whole day session for older adults and an hour-long session separately for youths ages 11-24 in the evening. This is aimed at discouraging the use of alcohol and substance abuse, which have played a role in the poor mental health conditions in our community. We plan to look out for similar opportunities in the future.

Data Collection and Reporting (10 points possible)

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

Improved data collection and tracking has been a priority for the organization over the past few years and BCAP has made significant strides. Elements supporting evaluation are now integrated in every position description within the organization, and the development of a quarterly newsletter helps us to share our activity and outcomes with our community and stakeholders.

All requests for assistance, through visits, calls and emails, are tracked and case noted in a comprehensive service log. A system has also been developed that organizes proposal deadlines, outcomes, and the required metrics for reporting BCAP is beholden to. For special initiatives, such as the past Mental and Behavioral Health Outreach project funded by Staunton Farm, specific forms and processes were developed for consistent and meaningful reporting.

BCAP tracks participation rates in all of its programs and classes, as well as rates of citizenship acquisition among community members, and other remarkable achievements. In the past, we have used participation rates to demonstrate interest in and need for specific programs among community members, as well as identify which neighborhoods are more in need of our services than others. We track attendance at events and celebrations in order to prepare for the event and to help us plan future events. We assess English proficiency to determine whether to refer individuals to existing services like Literacy Pittsburgh or guide them to BCAP's ESL classes and, as the goal of many enrolled in BCAP's classes is to attain the level of English needed for citizenship, use the rates of citizenship acquisition among this group to evaluate our program.

BCAP also leverages the indicators built into our communication platforms to track operational goals around communications, marketing and our reach as an organization.

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.

The Program Coordinator, with the help of BCAP's MHFA network, will be expected to follow-up with all incoming calls requesting assistance, comprehensively assess need, and facilitate connection to appropriate services, and document outcomes. BCAP will conduct 6-month follow-up conversations with individuals and households served or referred to partner providers to assess any change in circumstances and anticipated long-term needs. The same pre and post survey used in from the Staunton Farm-funded project will again be used to assess needs and outcomes.

Key Outcomes:

1. Mitigate the number of Bhutanese community members in active mental health crises through direct service, referral, and preventative programming (i.e. support groups)
 - a. 100% of incoming requests for assistance will be responded to, documented by case notes
 - b. 100% of those with assessed needs will be connected to resources, documented by case notes
 - c. 60% of those requesting assistance and program participants will report improved MH/BH situations in 6-month follow-up after services/programming, documented by case notes/post survey
2. Increase prevalence and awareness of culturally-competent and trauma-informed mental and behavioral health supports
 - a. 150 new community members from the Bhutanese and other immigrant communities will be trained in MHFA and/or other trainings like QPR, documented by participation rates

3. 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.

Commented [3]: Logistics/Cost - Khara (may need to pare down)

Two places: one along Brownsville Road for GT, MO, CRK, BW, One in BWN/WH/JH/WM/BP/PH
Facilitator: 2hrX\$30X2X40 wks=4800 x2= 9600
Space= \$100X2X40= 8000X2 locations= 16000
Refreshments = \$100X2X40=8000
Transportation (program) = \$ 400X2X40 wks=32,000
Transportation (trips) = \$2000X12=24000

	DHS Proposed	Additional Funders	Total
Staffing:			
• FT Program Coordinator	\$48600		\$48,600
• Contracted Facilitator(s) (\$25/hr)	\$5000	\$3,000	\$8000
• Benefits	\$10692		\$10692
Program Expenses:			
Training Costs	\$7000		\$7000
• Rental Space	\$8,000	\$8,000	\$16,000
• Program Supplies		\$4,000	\$4,000
• Transportation and Travel Reimbursement	\$10,000	\$12,000	\$22,000
• Childcare		\$1,000	\$1,000
Admin	\$7,000	\$7,000	\$14000
Total (Annual)	\$96,292	\$35,000	\$131,292
Total (over 2 years)	\$192,584	\$70,000	\$262,584

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

The Program Coordinator will be a full-time position compensated at \$48,600 plus benefits. Additional contracted facilitators will be required to culturally provide gender-appropriate program facilitation, such as yoga instruction or women’s health discussion, as needed and compensated at \$25/hour. For example, an experienced yoga and mediation instructor for the general community members for weekly sessions while a separate lady instructor will be hired to meet the needs of girls and women.

Facilitated programs will also require space rentals, refreshments, and transportation and childcare assistance. Funding supporting mental and behavioral health interventions has also been committed from the Posner Foundation, and we have been invited to submit another proposal to the Staunton Farm Foundation to support this work as well.



Susan Friedberg Kalson

President & CEO
Squirrel Hill Health Center
4516 Browns Hill Rd.
Pittsburgh, PA 15217
412-904-5283

July 12, 2022

Allegheny County
Department of Human Services
1 Smithfield Street
Pittsburgh, PA 15222

Dear Department of Human Services, Allegheny County:

As CEO of Squirrel Hill Health Center, a non-profit federally qualified health center in Pittsburgh, I am writing to support the Bhutanese Community Association of Pittsburgh's (BCAP) submission to Allegheny County Department of Human Services for funding to provide informal mental health supports to members of the Bhutanese community, especially the elderly, teens and young adults, and parents. BCAP has long been an advocate for community-based mental health programming for the refugee community.

These peer-led groups would represent an expansion of efforts that have been underway for some time -- in association with Jewish Family and Community Services' Immigrant Services and Connections Program (ISAC) -- which have further clarified the need for more informal mental health supports to distressed members of the Bhutanese community.

Squirrel Hill Health Center (SHHC) is Allegheny County's leading provider of primary medical, behavioral health, and dental services for newly arriving refugees and thousands of refugees and immigrants who have chosen to make their homes in our region. We have been proud to serve the Bhutanese community since the earliest days of their resettlement here and to work with BCAP since its creation ten years ago. SHHC values BCAP's ongoing partnership, which has only grown stronger through the years, including throughout the challenges of the pandemic. We look forward to working with BCAP and its leaders, including Khara Timsina, on this new initiative.

Please do not hesitate to contact me if you require any further information.

Sincerely,

A handwritten signature in blue ink that reads "Susan Friedberg Kalson".

Susan Friedberg Kalson
President & CEO

Jefferson Regional Foundation

Khara Timsina
Bhutanese Community Association of Pittsburgh (BCAP)
Executive Director

August 3, 2022

Dear Mr. Timsina:

I am pleased to write in support of Bhutanese Community Association of Pittsburgh's (BCAP) proposal to Allegheny County Department of Human Services for a Community Led Informal Mental Health Support grant.

Mental and behavioral health has been identified as an ongoing and consistent community priority in the Jefferson area. Refugees often share a traumatic history of life in the refugee camps, resettlement to the United States, and all the associated stressors of these experiences.

The Jefferson Regional Foundation has partnered with BCAP since 2015 and witnessed the organization's growth and current position as a well-respected nonprofit organization. BCAP has assisted 1,500 Bhutanese residents to adjust to American culture, learn the English language, and navigate basic social services. BCAP has functioned as a key connector for COVID-19 and has over 150 linguistically and culturally competent community members trained in Mental Health First Aid. BCAP remains a key connection for refugees experiencing mental health issues. BCAP staff can provide both language access services as well as provide programming and service navigation in the context of the complexities of cultural beliefs, stigmas, and norms present in the Bhutanese community.

Jefferson Regional Foundation is a local grantmaker focused on community health which has provided nearly \$20 million in funding for projects in the South suburbs/Mon Valley area of Pittsburgh. The Foundation was chartered and funded in 2013 as a result of a hospital affiliation. We also host a 116-member Collaborative of local organizations which meets quarterly, an annual local conference for 200+, and produce research and information specific to the Jefferson area.

The Foundation regards BCAP's work as vital to addressing refugee mental health needs. With a dedicated Program Coordinator, BCAP can serve 1,000 Bhutanese residents living in the Jefferson area. We hope BCAP receives the strongest consideration in the review process.

Kelleigh Boland, Director of Grantmaking and Strategy
470 Streets Run Road, Suite 300, Pittsburgh PA
mary.phan-gruber@jeffersonrf.org

August 3, 2022

Allegheny County
Department of Human Services
1 Smithfield Street
Pittsburgh, PA 15222

Dear Department of Human Services, Allegheny County:

As a member of the Bhutanese Community, and Mental Health First Aid (MHFA) instructor in the community, I express my full support to the Bhutanese Community Association of Pittsburgh (BCAP) for the submission to Allegheny County Department of Human Services funding for providing mental health supports to the Bhutanese community members.

Seeing an alarming mental health situation in the Bhutanese communities in the US, I have travelled many states conducting the MHFA training, and piloting studies to improve the effectiveness of the MHFA among the refugee and the immigrant communities. In PA, BCAP provided tremendous supports while I worked with the PA department of Refugee Health and the Office of Refugee Resettlement (ORR) to launch the MHFA training in the Bhutanese communities. It was with BCAP's involvement, we were able to hold four MHFA training events for Pittsburgh Bhutanese group alone; two of which were delivered in Nepali language. BCAP, at times, has used culturally appropriate method to address mental health problems forming various levels of peer supports which has created a collective burden sharing notion – the conception of “I am not alone,” among the distressed members in the community thereby cultivating hopes in them.

BCAP has also taken indirect course in finding a solution to address mental health situation in the community. Most importantly, a large chunk of the community members lacks English language proficiency, especially the older individuals and yet BCAP associates have been proactive in supporting the members in several areas, including job placement by working in collaboration with local partners. This initiative has made those members able to support their families financially and feel productive overall.

I am confident that such effort made by BCAP has been very positive in bringing down mental health related incidents, in among the community members, such as driving under the influence, domestic violence, including suicides. Therefore, it is imperative that the works already in place need to be continued, and anything that can support their works will truly be of great value.

Please do not hesitate to ask me if you have any question.

Sincerely,
Ashok Gurung, MS
Email: asokgurung@gmail.com
Ph: (412) 961-4429 | Fax: (412) 662-0207

MHFA Instructor (National Council of Behavioral Health, Mental Health First Aid, USA)