

MARCH 7, 2024

# THE CARECONNECT PROJECT



Commonsense holistic solutions  
to challenges facing some of  
Michigan's most vulnerable  
communities



PRESENTED BY  
**SILENT CRY, INC.**



# AGENDA



**CARECONNECT**

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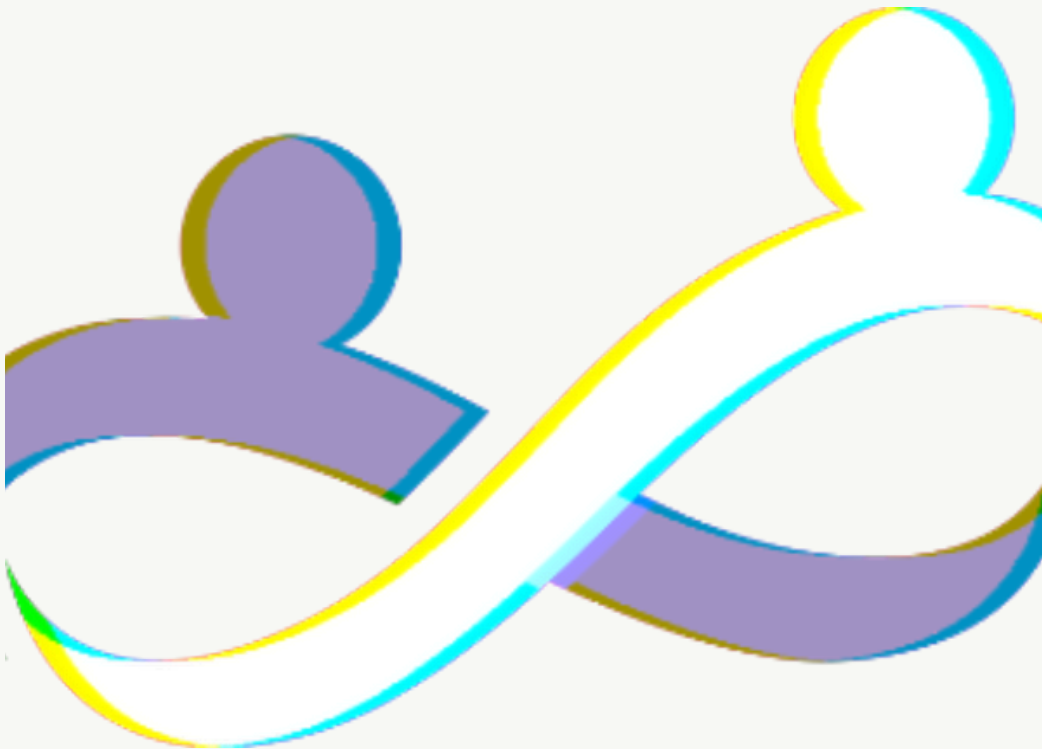
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**CARECONNECT**



CARECONNECT

# MENTAL HEALTH CHALLENGES ARE A SERIOUS PROBLEM IN MICHIGAN. WE WANT TO ADDRESS THEM AT THE SOURCE.

Honorable Members of the Michigan State  
Budget Committee,

We come to you to present a vital initiative aimed at addressing the intersection of mental health challenges and socioeconomic disparities within our impoverished communities, especially our communities of color.

We propose the establishment of a Mobile Community Mental Health Unit, serving the residents of Wayne and Washtenaw Counties, **CareConnect**, a pilot program envisioned and administered by **Silent Cry, Inc.**, a Detroit-based grass-roots non-profit organization dedicated to holistic help for Michigan communities touched by trauma and poverty, especially communities of color.

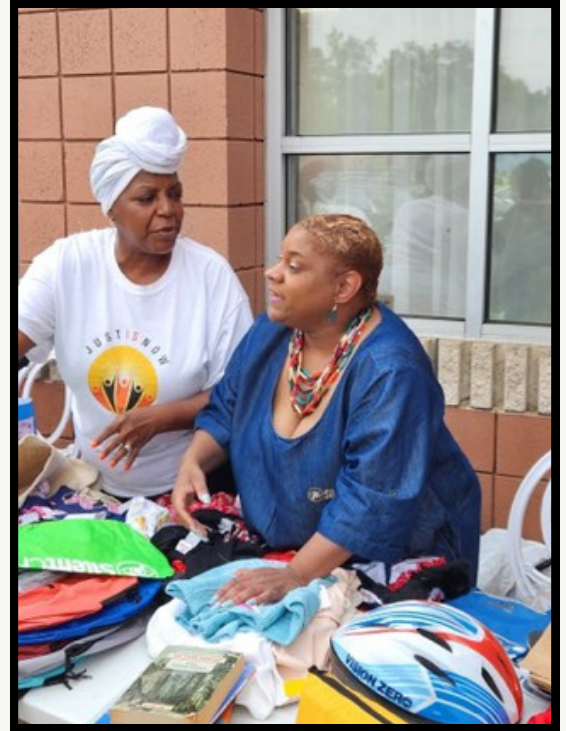


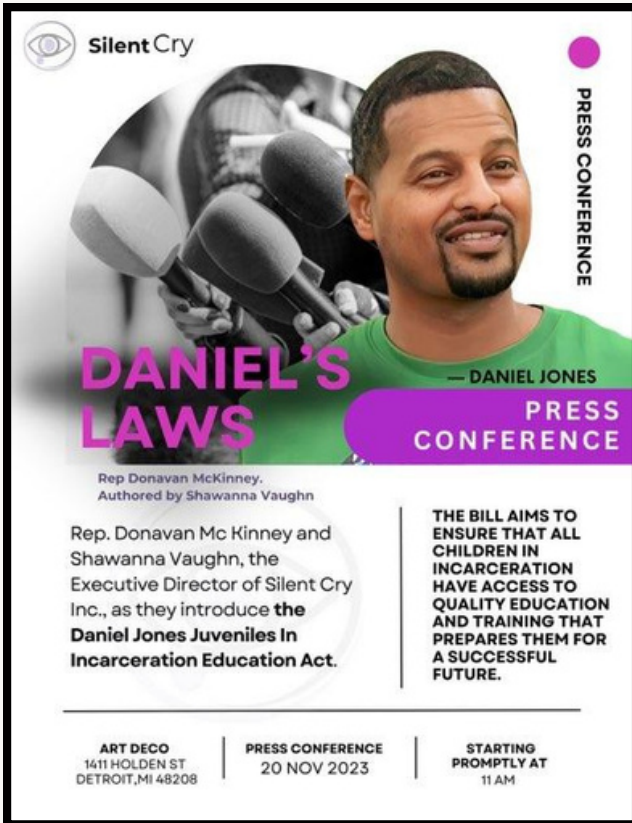


Silent Cry is proud to introduce **CareConnect**, a pioneering pilot program initiative aimed at revolutionizing mental health care delivery in **Wayne and Washtenaw Counties**. CareConnect represents a holistic approach to mental health support, addressing both acute/crisis response and preventive services to foster healing and resilience within our communities.

At the heart of CareConnect lies **our steadfast commitment to addressing the root causes of mental health challenges, recognizing the profound impact of poverty and societal stressors on individual well-being**. Drawing upon strain theory, which elucidates how societal pressures can lead to maladaptive coping mechanisms, CareConnect endeavors to break the cycle of distress by providing comprehensive support and resources.

**Silent Cry has been a part of the local community for more than a decade.** We are deeply-rooted and deeply-invested in the Wayne and Washtenaw County populations, populations we have been serving with our whole hearts, souls, and bodies for years. **We know that mental health issues are rising because other issues are rising: everything is interconnected.** As the research at the end of this proposal outlines, there are multiple drivers to mental health challenges, especially poverty, which births many troubling children, including violence, mass incarceration, lower education rates, trauma, and much more—including mental health challenges. Though we know we will never be able to fully eradicate poverty or mental health challenges, Silent Cry is committed to doing its part at the grass-roots level to bring healing to our people, and we know that a program like CareConnect can help that healing process.





**Silent Cry**

**DANIEL'S LAWS**

Rep. Donovan McKinney,  
Authored by Shawanna Vaughn

Rep. Donovan Mc Kinney and  
Shawanna Vaughn, the  
Executive Director of Silent Cry  
Inc., as they introduce **the  
Daniel Jones Juveniles In  
Incarceration Education Act.**

**THE BILL AIMS TO  
ENSURE THAT ALL  
CHILDREN IN  
INCARCERATION  
HAVE ACCESS TO  
QUALITY EDUCATION  
AND TRAINING THAT  
PREPARES THEM FOR  
A SUCCESSFUL  
FUTURE.**

**ART DECO**  
1411 HOLDEN ST  
DETROIT, MI 48208

**PRESS CONFERENCE**  
20 NOV 2023

**STARTING  
PROMPTLY AT  
11 AM**

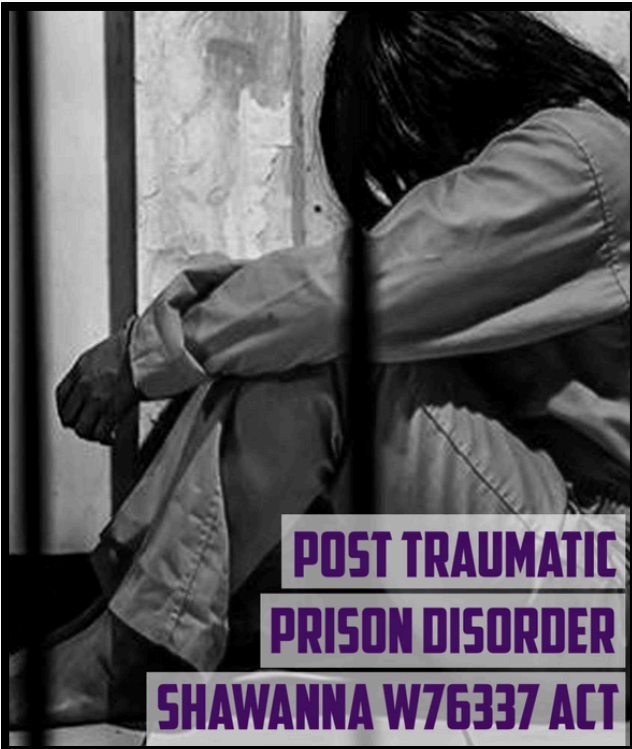
**PRESS CONFERENCE**

Our mobile community mental health unit will serve as a beacon of hope, offering immediate crisis intervention alongside preventive measures designed to mitigate future challenges. From harm reduction services and referrals to essential resources such as food, clothing, and respite, to education about trauma and holistic health care, **CareConnect aims to empower individuals to reclaim agency over their mental well-being.**

Central to the success of CareConnect are our dedicated team members, comprising nutritionists, peer support specialists, physician's assistants, credible messengers, therapists, social workers, and community mediators and elders. **Through their collective expertise and unwavering commitment, CareConnect strives to foster a culture of healing, resilience, and community support.**

Our overarching goal is clear: **to reduce the burden of mental health crises on local emergency departments, diminish trauma within the community, and educate individuals on the importance of holistic health care.** By bridging the gap between acute intervention and long-term support, CareConnect aspires to transform the mental health landscape, one connection at a time.

Join us on this transformative journey as we pave the way towards a healthier, more resilient future for Wayne and Washtenaw Counties.



**POST TRAUMATIC  
PRISON DISORDER  
SHAWANNA W76337 ACT**





**Silent Cry, Inc., is a non-profit organization that takes a holistic approach to aftercare from mass incarceration, gun violence, and trauma.** We understand that the quality of care is the single biggest factor for impacting and invoking changes. We support affected children and families during and after a challenging period. We use our skill sets and experiences to continuously tap into what is happening in the community. We understand the challenges people face in the process of self-development and when overcoming grief.

Founded and Directed by Shawanna Vaughn, Silent Cry Inc. has been working in Southeast Detroit to provide direct services to communities for over a decade. Thousands of individuals in Wayne and Washtenaw counties have been fed, clothed, and served by Silent Cry since 2013. Ms. Vaughn is also an advocate for policy change, writing and promoting bills that push for real and meaningful changes in the adult and juvenile justice and mental health systems in both Michigan and New York States.

## 2023 at a Glance

206

Events where clients were directly served

11486

Clients served--children, adults, families.

**885 INDIVIDUALS SUPPLIED WITH CLOTHING**

From infants to adults, Silent Cry distributed clothing, socks, shoes, and outerwear to communities in Michigan and New York City.

### 621 TOYS DISTRIBUTED TO CHILDREN

**Children 0-17 received toys during the holiday season**

## 4366 INDIVIDUALS TOUCHED THROUGH OUTREACH

### OUTREACH

Homeless and immigrant outreach at train and bus stations, shelters, and neighborhoods

## 78 HYGIENE KITS DISTRIBUTED

### Basic hygiene needs for those unhoused or unable to purchase their own

## 78 HYGIENE KITS DISTRIBUTED

### Basic hygiene needs for those unhoused or unable to purchase their own

## 112 UNHOUSED PEOPLE FED

Thanksgiving 2023



# WE WANT TO MAKE A POSITIVE IMPACT ON OUR COMMUNITIES



At the heart of our proposal lies a recognition of the profound impact that poverty and lack of access to basic services can have on mental well-being. Too often, individuals facing economic hardship find themselves grappling with acute mental health issues exacerbated by their circumstances, particularly in communities of color which have historically faced systematic oppression and discrimination. This reality underscores the urgent need for proactive and accessible mental health support that transcends traditional clinical settings.

The Mobile Community Mental Health Unit we envision will serve as a beacon of hope and assistance for those navigating the complex landscape of mental health care amidst socio-economic challenges. Beyond offering immediate intervention for acute mental health crises, this initiative will act as a bridge to connect residents with essential services, addressing the root causes of their distress.

As we embark on this journey to enhance the mental health landscape in our communities, we call upon your esteemed committee to consider the profound impact that a Mobile Community Mental Health Unit can have on the lives of vulnerable individuals. By investing in this initiative, we not only prioritize the well-being of our citizens but also pave the way for a more equitable and resilient society.

Thank you for your attention and consideration.



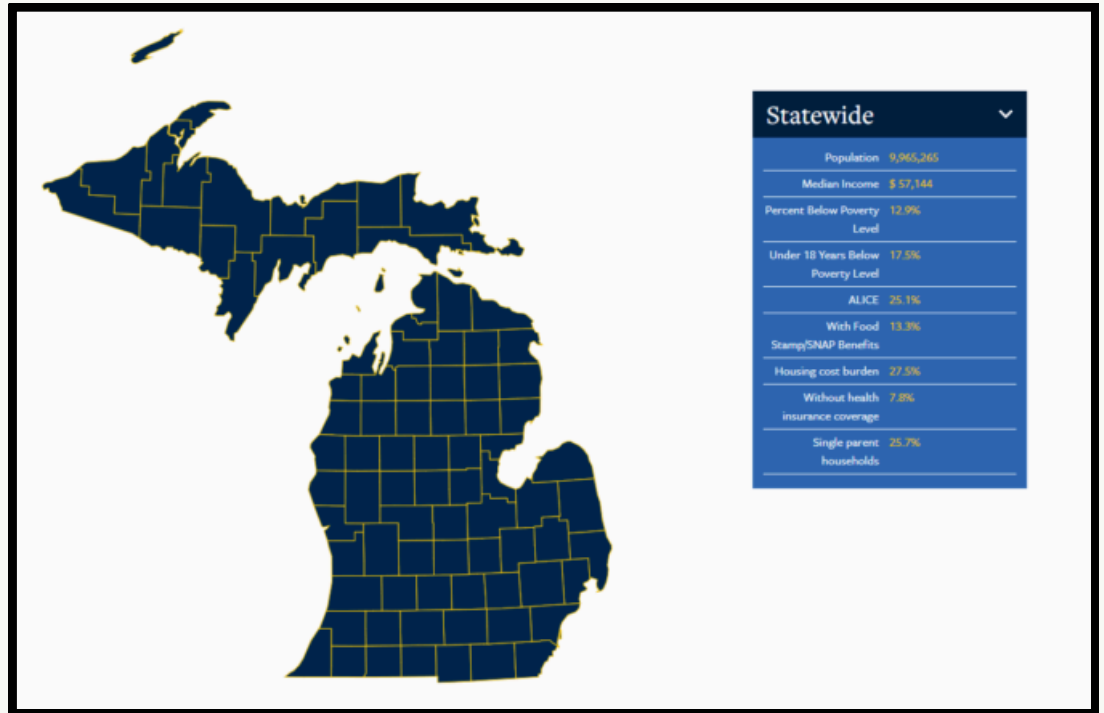


## STATEMENT OF THE PROBLEM

The residents of Wayne and Washtenaw Counties in Michigan face a complex web of socioeconomic challenges that intertwine to create significant barriers to mental well-being. The prevalence of poverty in these communities serves as a catalyst for a multitude of interconnected issues, including violence, food insecurity, job instability, mass incarceration, and disparities in higher education attainment, particularly among Black, Indigenous, and People of Color (BIPOC) communities.

According to the U.S. Census Bureau (2020), **Wayne County, with a poverty rate of 18.7%, and Washtenaw County, with a poverty rate of 12.4%, consistently exhibit higher poverty rates compared to the national average.** Michigan's poverty rate is going the opposite direction that it should: **the poverty rate in 49 of the state's 83 counties rose in 2022; Michigan's overall poverty rate, 13.3%, is the 13th highest in the nation, up from 18th.** Rising inflation, not matched by wage hikes, have put greater pressure on people, which drives other negative socioeconomic factors. This economic strain manifests in various forms, contributing to heightened levels of violence. Research by Sampson, Raudenbush, and Earls (1997) indicates that **poverty is strongly associated with increased rates of violent crime, creating an environment of fear and instability within these communities.**

Moreover, food insecurity plagues a significant portion of residents in both counties. Data from Feeding America (2021) reveals that **15.8% of individuals in Wayne County and 11.6% in Washtenaw County experience food insecurity, leading to nutritional deficiencies and exacerbating mental health challenges.**



Used with the permission of the University of Michigan

**Job insecurity further compounds the stressors faced by community members, with a disproportionate impact on BIPOC populations.** The Economic Policy Institute (2020) reports that **Black workers in Michigan are twice as likely as white workers to be unemployed.** Persistent unemployment and underemployment contribute to **financial strain, housing instability, and diminished access to healthcare, all of which are significant risk factors for mental health disorders** (Huang et al., 2021).

**Mass incarceration rates in Michigan are among the highest in the nation, disproportionately affecting BIPOC individuals.** The Sentencing Project (2021) reports that Black individuals in Michigan are incarcerated at a rate more than five times higher than that of white individuals. **The collateral consequences of incarceration, including disrupted family structures and limited reintegration opportunities, perpetuate cycles of trauma and mental distress.**

Furthermore, **the disparity in higher education attainment exacerbates existing inequities.** According to the National Center for Education Statistics (2021), Black and Hispanic individuals in Michigan are less likely to attain a bachelor's degree compared to their white counterparts. **This educational gap limits economic mobility and perpetuates systemic inequalities, contributing to chronic stress and mental health challenges** (Williams & Mohammed, 2009).

In summary, the residents of Wayne and Washtenaw Counties face a multifaceted array of socioeconomic challenges rooted in poverty and exacerbated by systemic inequities. These challenges, ranging from violence and food insecurity to mass incarceration and educational disparities, collectively contribute to a heightened risk of mental health disorders within BIPOC communities. **Addressing these intersecting issues requires a comprehensive approach that acknowledges the complex interplay between socioeconomic factors and mental well-being. THIS IS THE GOAL OF CARECONNECT.**

## References:

Feeding America. (2021). Map the meal gap 2021: A report on county and congressional district food insecurity and county food cost in the United States in 2019. <https://www.feedingamerica.org/sites/default/files/2021-04/2021-map-the-meal-gap-full.pdf>

Huang, Y., Wei, X., Wu, T., Chen, R., Guo, A., Yao, J., Zhao, Y., & Wei, Y. (2021). The relationship between unemployment and mental health outcomes during the COVID-19 pandemic in Hubei Province, China: A cross-sectional study. *BMJ Open*, 11(3), e044558. <https://doi.org/10.1136/bmjopen-2020-044558>

National Center for Education Statistics. (2021). Table 104.20: Number and percentage distribution of 25- to 29-year-olds who completed high school, by race/ethnicity and highest level of education attained: Selected years, 1910 through 2019. [https://nces.ed.gov/programs/digest/d19/tables/dt19\\_104.20.asp](https://nces.ed.gov/programs/digest/d19/tables/dt19_104.20.asp)

Sampson, R. J., Raudenbush, S. W., & Earls, F. (1997). Neighborhoods and violent crime: A multilevel study of collective efficacy. *Science*, 277(5328), 918-924. <https://doi.org/10.1126/science.277.5328.918>

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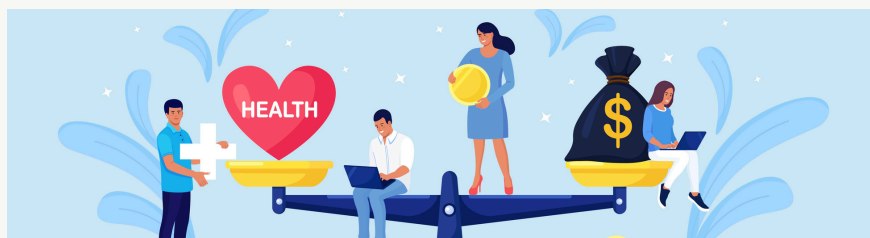
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CARECONNECT

# SOLUTIONS: WHAT CARECONNECT WILL SAVE THE MICHIGAN TAXPAYER: IMPLEMENTING EVIDENCE-BASED INTERVENTIONS AND STRATEGIES IN THE CARECONNECT PROGRAM CAN POTENTIALLY LEAD TO COST SAVINGS FOR MICHIGAN STATE OVER TIME



**1. Reduced Healthcare Utilization:** By providing preventive mental health services, crisis intervention, and wraparound support, **CareConnect can help individuals manage their mental health more effectively, reducing the need for costly emergency department visits, psychiatric hospitalizations, and other acute care services.** Preventing mental health crises before they escalate can result in significant savings in healthcare expenditures.

**2. Prevention of Chronic Health Conditions:** Mental health conditions are often comorbid with chronic physical health conditions such as diabetes, hypertension, and cardiovascular disease. By addressing mental health issues early and promoting holistic wellness, **CareConnect can help prevent or mitigate the development of chronic health conditions, reducing the burden on the healthcare system and associated healthcare costs.**

**3. Reduction in Criminal Justice Involvement:** Individuals with untreated mental health conditions are at increased risk of involvement with the criminal justice system, leading to incarceration, court proceedings, and associated costs. By providing targeted interventions for individuals with mental health needs, such as diversion programs, mental health courts, and community-based support services, **CareConnect can help reduce recidivism rates and alleviate the strain on the criminal justice system.**

**4. Improvement in Educational Outcomes:** Mental health issues can significantly impact educational attainment and academic performance, leading to lower graduation rates and decreased workforce productivity. By promoting mental wellness and providing support services for students experiencing mental health challenges, **CareConnect can help improve educational outcomes, workforce readiness, and economic productivity, ultimately contributing to long-term cost savings for the state.**



**5. Enhanced Workforce Productivity:** Mental health issues can impair workforce productivity, leading to absenteeism, presenteeism, and decreased job performance. By addressing mental health concerns in the workplace and providing supportive services for employees, **CareConnect can help improve workforce mental health, job satisfaction, and overall productivity, resulting in economic benefits for employers and the state.**

**6. Reduction in Social Welfare Expenditures:** Individuals with untreated mental health conditions may rely on social welfare programs for housing assistance, food assistance, disability benefits, and other forms of support. By promoting mental wellness and providing wraparound services that address social determinants of health, **CareConnect can help individuals achieve greater self-sufficiency and reduce reliance on social welfare programs, leading to cost savings for the state.**

Overall, by investing in evidence-based mental health interventions and strategies through the CareConnect program, **Michigan State can potentially realize long-term cost savings across multiple sectors, including healthcare, criminal justice, education, workforce development, and social welfare. These savings can result from improved health outcomes, reduced utilization of costly services, and increased productivity and self-sufficiency among individuals with mental health needs.**



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- Druss, B. G., & Goldman, H. H. (2017). Integrating health and mental health services: A past and future history. *American Journal of Psychiatry*, 174(10), 875–884.
- Substance Abuse and Mental Health Services Administration (SAMHSA). (2016). *Best Practices in Behavioral Health Care for Sexual and Gender Minority Individuals*.
- Talbot, S., Hosek, S. D., Chue, A. E., & Rosenheck, R. A. (2019). Descriptive epidemiology of psychiatric inpatients in the United States: Prevalence, predictors, and outcomes. *Psychiatric Services*, 70(8), 669–675.
- U.S. Department of Health and Human Services. (2020). *Mental Health and Substance Use Disorder Services*.





## WHY WOULD CARECONNECT BE SUCCESSFUL...WHEN OTHERS HAVE NOT BEEN?



## CARECONNECT IS UNIQUELY POSITIONED FOR SUCCESS IN WAYNE AND WASHTENAW COUNTIES FOR SEVERAL REASONS:

- 1. Tailored Approach to Local Needs:** CareConnect's approach is specifically designed to address the unique needs and challenges prevalent in Wayne and Washtenaw Counties. **By focusing on the root causes of mental health issues, such as poverty and socioeconomic disparities, the program directly targets the underlying factors contributing to mental distress in these communities.**
- 2. Cultural Competency:** CareConnect prioritizes cultural competence and sensitivity in its service delivery. Given the diverse demographics of Wayne and Washtenaw Counties, including significant BIPOC populations, **the program's commitment to culturally competent care ensures that interventions are respectful, relevant, and accessible to all community members.**
- 3. Community Collaboration:** The program actively engages with local stakeholders, community organizations, and residents to co-create solutions that reflect the priorities and preferences of the community. **By fostering partnerships and involving community members in decision-making processes, CareConnect builds trust, strengthens social support networks, and enhances the relevance and effectiveness of its services.**



Image courtesy of Columbia River Mental Health Services

**4. Accessible Services:** CareConnect's mobile community mental health unit brings services directly to the neighborhoods and populations that need them most. **This mobile approach increases accessibility for individuals who may face barriers to traditional mental health care, such as transportation limitations or stigma associated with seeking help.**

**5. Comprehensive Support:** CareConnect offers a comprehensive range of services, including acute/crisis response, preventive care, wraparound support, and referrals to essential resources. **This multi-faceted approach ensures that individuals receive holistic support that addresses their immediate needs while also empowering them to address underlying challenges and build resilience over the long term.**

**6. Evidence-Based Practices:** The program is grounded in evidence-based practices and interventions proven to be effective in promoting mental health and well-being. **By adhering to established guidelines and continuously evaluating outcomes, CareConnect maintains a commitment to quality and accountability, maximizing the likelihood of positive results for program participants.**

## References:

### Reduced Healthcare Utilization:\*\*

- Kisely, S., Lin, E., & Lesage, A. (2009). The influence of poverty and social support on acute mental health care use: A population-based study. *The Canadian Journal of Psychiatry*, 54(7), 389–395. <https://doi.org/10.1177/070674370905400606>
- Whitley, R., & Wang, J. (2017). The role of assertive community treatment in reducing homelessness and psychiatric hospitalization rates. *Administration and Policy in Mental Health and Mental Health Services Research*, 44(2), 255–263. <https://doi.org/10.1007/s10488-015-0679-7>

### Prevention of Chronic Health Conditions:

- Pratt, L. A., & Brody, D. J. (2014). Depression and smoking in the U.S. household population aged 20 and over, 2005–2008. *NCHS Data Brief*, (34), 1–8. <https://www.ncbi.nlm.nih.gov/pubmed/24402215>
- World Health Organization. (2005). Mental health and chronic diseases: A review of the scientific evidence. [https://www.who.int/mental\\_health/prevention/genderwomen/en/](https://www.who.int/mental_health/prevention/genderwomen/en/)

### Reduction in Criminal Justice Involvement:

- Steadman, H. J., Osher, F. C., Robbins, P. C., Case, B., & Samuels, S. (2009). Prevalence of serious mental illness among jail inmates. *Psychiatric Services*, 60(6), 761–765. <https://doi.org/10.1176/ps.2009.60.6.761>
- Markowitz, F. E. (2011). Mental illness, crime, and violence: Risk, context, and social control. *Aggression and Violent Behavior*, 16(1), 36–44. <https://doi.org/10.1016/j.avb.2010.12.002>

### Improvement in Educational Outcomes:

- Lee, S., Tsang, A., Breslau, J., Aguilar-Gaxiola, S., Angermeyer, M., Borges, G., Bromet, E., Bruffaerts, R., de Girolamo, G., Fayyad, J., Gureje, O., Haro, J. M., Kawakami, N., Levinson, D., Oakley Browne, M. A., Ormel, J., Posada-Villa, J., Williams, D. R., & Kessler, R. C. (2009). Mental disorders and termination of education in high-income and low- and middle-income countries: Epidemiological study. *British Journal of Psychiatry*, 194(5), 411–417. <https://doi.org/10.1192/bjp.bp.108.052654>
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### Enhanced Workforce Productivity:

- Stewart, W. F., Ricci, J. A., Chee, E., Hahn, S. R., & Morganstein, D. (2003). Cost of lost productive work time among US workers with depression. *JAMA*, 289(23), 3135–3144. <https://doi.org/10.1001/jama.289.23.3135>
- Hilton, M. F., Scuffham, P. A., Vecchio, N., & Whiteford, H. A. (2008). Using the interaction of mental health symptoms and treatment status to estimate lost employee productivity. *Australian and New Zealand Journal of Psychiatry*, 42(8), 713–721. <https://doi.org/10.1080/00048670802277295>

### Reduction in Social Welfare Expenditures:

- Evans, D. N., Bauldry, S., & Mulford, C. (2019). Mental illness, social trust, and welfare state preferences: Evidence from the United States. *Social Science Research*, 78, 128–142. <https://doi.org/10.1016/j.ssresearch.2018.09.003>
- Ringeisen, H., Casanueva, C., Urato, M., & Smith, K. (2019). Mental health service use and selection bias: A decomposition of trends in Medicaid spending for children, 2005–2010. *Administration and Policy in Mental Health and Mental Health Services Research*, 46(3), 355–368. <https://doi.org/10.1007/s10488-018-00856-8>





# STEPS TO SUCCESS

**SOLUTION: THE KIND OF CARE  
THAT CARECONNECT WILL  
OFFER IS DIFFERENT**

There are literally thousands of mental health programs out there, but many of them function like "band-aids on bullet wounds." Not every problem has a silver-bullet, one-size-fits-all, solution, especially in communities that have been decimated and damaged for generations by the effects of systemic racism and discrimination at every level. Effective, holistic, evidence-based mental health interventions for mental health challenges experienced in low-income BIPOC communities should address the unique social, cultural, and systemic factors that contribute to mental distress. **Silent Cry will use these evidence-based modalities in CareConnect solutions to promote holistic wellness in Wayne and Washtenaw Counties to make a real impact on the citizens of those areas who need help.** Here are some examples of what we will do:



**1. Culturally Competent Therapy:** Therapeutic approaches that are **culturally sensitive and tailored to the cultural backgrounds and values of BIPOC individuals can be highly effective.** Culturally competent therapists acknowledge and validate the experiences of their clients, integrate cultural traditions and practices into therapy, and adapt treatment modalities to align with clients' cultural preferences.

**2. Community-Based Mental Health Programs:** Programs that are **embedded within the community and led by community members can be particularly effective in addressing mental health needs in low-income BIPOC communities.** These programs provide culturally relevant services, engage community members as partners in care, and reduce stigma associated with seeking help.



**3. Peer Support Services:** Peer support programs that **involve individuals with lived experience of mental illness can provide valuable emotional support, practical guidance, and encouragement** to BIPOC individuals facing mental health challenges. Peer support specialists can serve as role models and mentors, offering hope and inspiration for recovery.

**4. Trauma-Informed Care:** Many BIPOC individuals in low-income communities have experienced trauma related to systemic racism, discrimination, poverty, and violence. **Trauma-informed approaches prioritize safety, trustworthiness, choice, collaboration, and empowerment, recognizing the impact of trauma on mental health and wellness.**

**5. Mindfulness-Based Interventions:** Mindfulness practices, such as mindfulness meditation, yoga, and mindful breathing, have been shown to reduce stress, anxiety, and depression, and improve overall well-being. These interventions can be **particularly beneficial for BIPOC individuals experiencing mental health challenges, providing tools for self-regulation and emotional resilience.** These techniques are easy to teach even in a mobile unit!

**6. Family and Community Support Networks:** Strengthening family and community support networks can play a crucial role in promoting mental health and resilience in BIPOC communities. **Interventions that involve family members, elders, spiritual leaders, and other community stakeholders can provide social support, intergenerational wisdom, and cultural connections that enhance mental well-being.**

**7. Access to Basic Needs:** Addressing socioeconomic disparities and providing access to basic needs, such as housing, food security, healthcare, and education, is essential for promoting mental health and reducing mental health disparities in low-income BIPOC communities. **Interventions that address social determinants of health can improve overall quality of life and reduce stressors that contribute to mental distress.**



CARECONNECT

## BASIC OVERVIEW OF PROGRAM SERVICES

To structure the CareConnect program along evidence-based lines for maximum effectiveness within the given budget of \$450,000.00 per year for two years, it's essential to prioritize allocation of resources based on proven interventions and best practices in mental health care.

CareConnect will serve all ages and will offer a range of acute and preventive mental health services, including harm reduction methods, to address the diverse needs of individuals in Wayne and Washtenaw Counties.

### **FOCUS AREA 1: ACUTE/CRISIS RESPONSE SERVICES**

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- Rapid response to individuals experiencing acute mental health crises, providing assessment, de-escalation, and short-term interventions.
- Crisis Counseling: Immediate emotional support and counseling for individuals in distress, helping to stabilize their mental health and connect them with additional resources as needed.
- Safety Planning: Collaborative development of safety plans with individuals at risk of self-harm or suicide, outlining coping strategies, support networks, and professional contacts for crisis management.

### **FOCUS AREA 2: PREVENTIVE MENTAL HEALTH SERVICES:**

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- Psychoeducation Workshops: Community-based workshops and seminars to increase awareness of mental health issues, reduce stigma, and promote wellness practices.
- Stress Management Programs: Structured programs to teach coping skills, relaxation techniques, and mindfulness practices for managing stress and promoting emotional resilience.
- Peer Support Groups: Supportive group settings facilitated by trained peers, offering mutual aid, validation, and shared coping strategies for individuals experiencing similar mental health challenges.
- Early Intervention Services: Targeted interventions for individuals at risk of developing mental health problems, such as youth experiencing early signs of mood disorders or trauma-related symptoms.





### FOCUS AREA 3: HARM REDUCTION METHODS:

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- **Substance Use Counseling:** Counseling services for individuals struggling with substance use disorders, focusing on harm reduction strategies, goal setting, and relapse prevention.
- **Needle Exchange Programs:** Outreach services providing clean syringes, disposal supplies, and education on safer injection practices to reduce the transmission of blood-borne infections among individuals who inject drugs.
- **Overdose Prevention Training:** Training sessions on recognizing and responding to opioid overdoses, including the administration of naloxone (Narcan), an opioid antagonist that can reverse the effects of an overdose and save lives.

### FOCUS AREA 4: WRAPAROUND SUPPORT SERVICES

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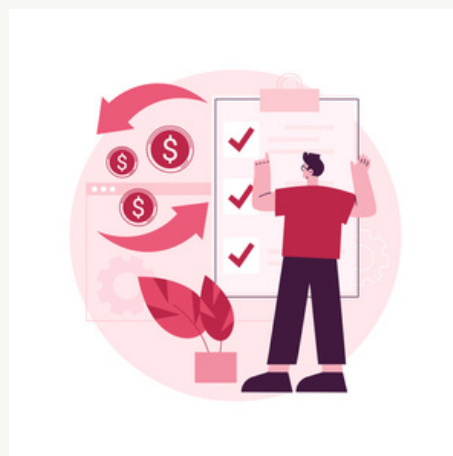
- **Case Management:** Individualized support and advocacy to help individuals navigate social services, housing assistance, healthcare systems, and other community resources.
- **Referrals to Specialty Care:** Coordination of referrals to specialty mental health services, including psychiatry, therapy, and psychiatric rehabilitation programs, based on individual needs and preferences.
- **Peer Navigation:** Peer-based navigation services to assist individuals in accessing and engaging with mental health services, providing emotional support, practical assistance, and guidance throughout the care process. This includes credible messengers, listener services, and much more that is also within the scope of peer support services but has more depth and breadth.



## **BREAKDOWN OF ESTIMATED COSTS: PROPOSED BUDGET OF \$450,000.00/YEAR**

### **1. Personnel Costs (50% of Budget):**

- Hire a diverse team of professionals, including:
  - Licensed therapists and counselors
  - Peer support specialists
  - Social workers
  - Nutritionists
  - Physician's assistants
  - Community mediators and elders
  - Listeners/Credible Messengers
- Ensure competitive salaries and benefits to attract and retain skilled professionals.
- Allocate funds for ongoing training and professional development.

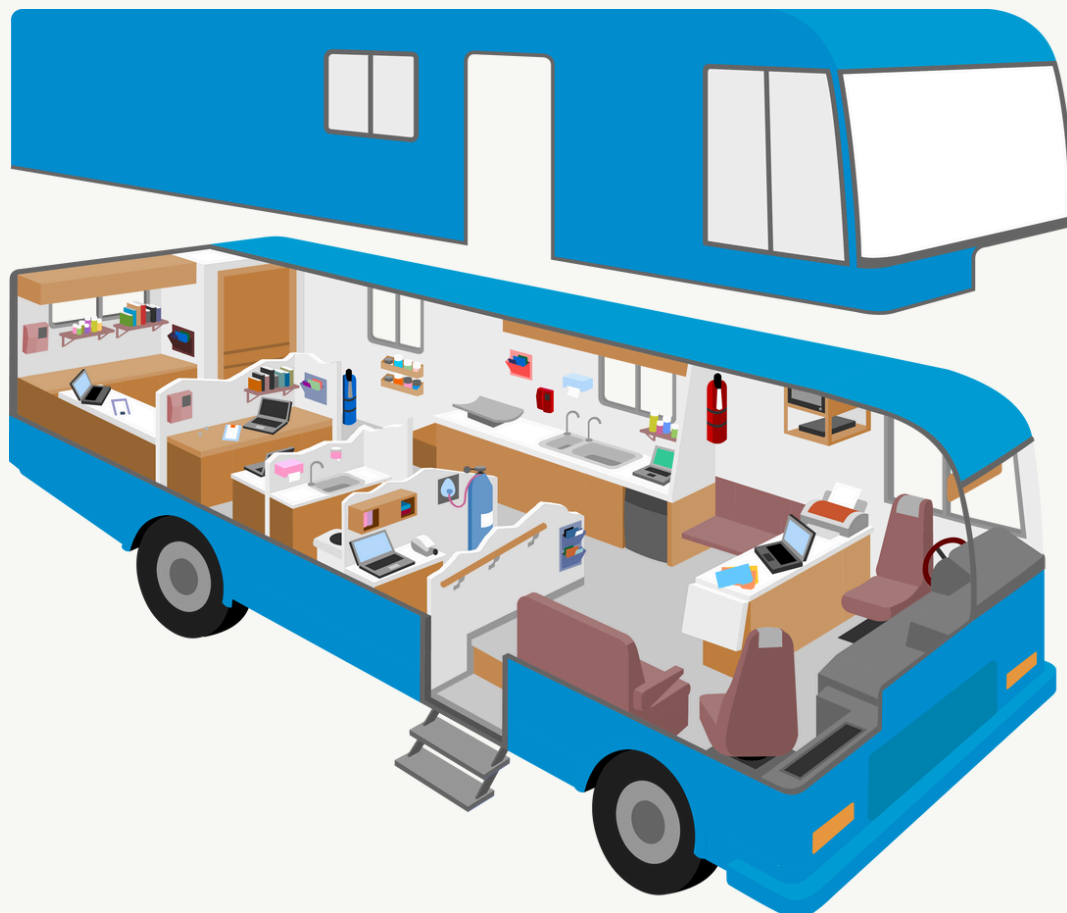


### **2. Operational Expenses (20% of Budget):**

- Rent or lease a central office space to serve as a hub for coordination and administrative activities.
- Cover costs associated with mobile unit maintenance, fuel, insurance, and other operational expenses.
- Purchase necessary equipment and supplies for service delivery, such as laptops, mobile devices, office supplies, and medical equipment.

### **3. Program Development and Implementation (15% of Budget):**

- Develop evidence-based protocols and procedures for crisis intervention, preventive services, and wraparound support.
- Invest in technology and software for electronic health records (EHR) management and data tracking.
- Conduct community outreach and engagement activities to raise awareness about CareConnect services and build partnerships with local organizations and stakeholders.



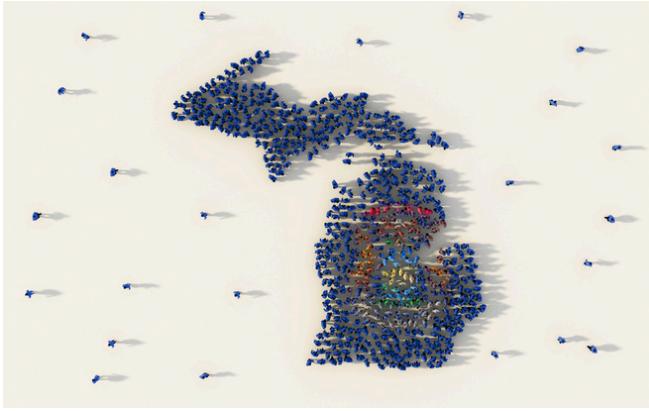
#### **4. Community Resources and Support (10% of Budget):**

- Allocate funds for the provision of tangible resources and assistance to community members, including:
  - Food assistance programs (e.g., food vouchers, grocery assistance)
  - Clothing distribution initiatives
  - Gift cards for essential items (e.g., hygiene products, household supplies)
  - Collaborate with local businesses and organizations to secure donations and discounts for community members in need.

#### **5. Evaluation and Quality Improvement (5% of Budget):**

- Allocate funds for ongoing program evaluation and quality improvement efforts.
- Conduct regular assessments to measure the effectiveness of CareConnect interventions and outcomes.
- Use feedback from clients and stakeholders to inform program modifications and enhancements.





# HELP US HELP MICHIGAN

In summary, Honorable Members, CareConnect represents a comprehensive approach to addressing mental health challenges in our communities, integrating evidence-based interventions, culturally competent care, and community collaboration to promote healing, resilience, and well-being.

By investing in CareConnect, Michigan State has the opportunity to realize significant cost savings over time while improving the lives of its citizens and communities. Studies have shown that effective mental health interventions can lead to reduced healthcare utilization, decreased involvement with the criminal justice system, improved educational outcomes, enhanced workforce productivity, and reduced reliance on social welfare programs (Kisely et al., 2009; Steadman et al., 2009; Lee et al., 2009; Stewart et al., 2003; Evans et al., 2019). These cost savings translate into tangible benefits for taxpayers, as well as meaningful impacts for individuals and families affected by mental health challenges.

By providing preventive mental health services, crisis intervention, harm reduction methods, and wraparound support, CareConnect aims to reduce the burden on emergency departments, prevent chronic health conditions, decrease criminal justice involvement, improve educational outcomes, enhance workforce productivity, and promote self-sufficiency among individuals with mental health needs. Through its culturally competent and community-based approach, CareConnect fosters trust, resilience, and social cohesion, empowering individuals to reclaim agency over their mental well-being and build healthier, more vibrant communities.

The real-world benefits of CareConnect extend beyond cost savings to encompass improved quality of life, reduced stigma, increased access to care, and strengthened social support networks for individuals and families across Wayne and Washtenaw Counties. By investing in CareConnect, Michigan State demonstrates its commitment to promoting mental health equity, advancing social justice, and fostering thriving, inclusive communities for all residents.

In conclusion, I urge the Michigan State Budget Appropriations Committee to prioritize funding for CareConnect, recognizing the potential for long-term cost savings, real-world benefits, and meaningful impacts on the individuals and communities we serve. Together, we can build a brighter future where mental health care is accessible, equitable, and transformative for all.

Sincerely,

Shawanna Vaughn

CEO/Founder  
Silent Cry, Inc.



SILENT CRY  
INC

CASE STUDY

# CLINICAL STUDY INFORMATION



## Mental Health Illness in Minority Communities-Proposal

### Mental Health Illness in Minority Communities-Proposal

Mental health is an important element of health that has become essential in the wellbeing of individuals over the past decades due to its impact on the physical and social wellbeing of community members. The prevalence of mental health issues in society has increased, and it is now a public health challenge that draws attention from various stakeholders (Wainberg et al., 2017). Studies on mental health issues indicate an increasing prevalence across the world. The prevalence in America remains high despite continued efforts to improve the quality and access to healthcare services. Statistics from U.S. Medicaid indicate that the prevalence of cognitive health issues was 30%-75%, while in Medicare, the prevalence was 10-25% (Jadhakhan et al., 2019). Mental health issues are also noted to be more prevalent in discriminated sections of the population. Despite this, efforts to address mental health issues are limited and ineffective to most communities without adequate healthcare cover to access quality healthcare services for their mental health challenges.

This proposal aims to present a trauma bus and trauma therapeutic community resources as a feasible solution to address the high prevalence of mental health issues in communities that experience a high level of discrimination. Marginalized communities in America face several challenges because of inadequate access to social resources. The communities entail black, indigenous, and people of color (BICOP), low-income earners, and people who have suffered trauma. However, the lack of adequate healthcare insurance and other factors like poverty, lack of access to healthcare services, and systemic discrimination are barriers to accessing appropriate treatment (Kohn et al., 2018). The research aims to determine whether providing a trauma bus and trauma medical services to the identified communities will address public health issues. The study will achieve this by collecting information on various community health interventions to address the issue and data from the implemented project. Assessment of the collected data will establish whether there is a need for more interventions of a similar nature to address the prevalent issue. The proposal from SilentCry, a non-profit organization, aims to provide a trauma bus and trauma health services through various specialists. The bus will provide mental healthcare services, including socio-emotional support, to minority community members, low-income earners, and individuals who have suffered in California, Michigan, and New York. The goal is to reduce the prevalence of trauma and other mental health illnesses through this community health intervention.

### Statement of the Problem

The prevalence of mental health issues in America is significantly high and more prevalent in minority communities. The prevalence of mental health presents a significant public health challenge for the country (Muller, 2020). Health predictors indicate that the prevalence of diseases is more significant among minority and discriminated communities. Beech et al. (2021) state that America faces a public health crisis because of the high prevalence of diseases within communities. According to the authors, the prevalence of the disease is propelled by various socioeconomic factors, including poverty. The trend is reflected in mental health, as a minority and discriminated communities have the highest prevalence of cognitive health issues. Common socioeconomic issues include high incarceration crime rates. Children are also receiving unfavorable socioeconomic outcomes as factors like poverty, foster care, and traumatic events from violence lead to trauma in adulthood. Williams (2018) states that mental health prevalence in populations of color is attributed to the discrimination they experience in society. Therefore, the prevalence of mental health is high in society, especially in BIPOC, low-income earners, and traumatized individuals.

Efforts to address mental health issues are minimal to minority communities. The prevalence of mental health is high worldwide, but the level of attention allocated to the public health issue is insignificant. Muller (2020) acknowledges that despite mental health is a significant public health issue, the amount of attention allocated to the issue is low. He indicates that few scholars are addressing the issue. The healthcare sector is also yet to make significant efforts to address mental health compared to other healthcare issues. Moreover, efforts to address mental health in BICOP communities are low. Community efforts are also not many, and their scope tends to be limited. This research will establish whether the proposed intervention will help provide appropriate mental healthcare to underserved community members who rarely have access to them.

### Objectives

- Identify factors that prevent access to mental healthcare
- Identify the impact of community health services in addressing health issues.
- Identify the effectiveness of the proposed trauma bus and trauma therapeutic community resources.



## Significance of the Study

The wellbeing of a community is dependent on the availability and uptake of healthcare services. The research is important because it provides a solution to the high overall impacts of mental health. The trauma bus will provide various services to Michigan, California, and New York Community members. The study also adds to the existing literature on mental health in BICOP, low-income earners, and traumatized individuals. Most studies focus on other healthcare issues, and minority communities focus on other health factors. The study will be essential by reducing the existing gap on the topic. Also, the study provides healthcare organizations, professionals, and stakeholders with vital information on mental health and possible solutions to the issue. The information can help implement effective measures to address mental health in the identified communities. The research will also inform the healthcare organization of the best way to address mental health in underserved communities.

## Scope of the Study

The proposal aims to present a solution to mental health issues in minority and underserved communities. The trauma bus and trauma therapeutic community resources will reduce the prevalence of trauma and other mental health illnesses in the targeted communities. The research will collect data from respondents in the target population. Both male and female participants will be included in the study. It will also look for data from professionals in the field. Data collection will be done for three months. The research will be limited to participants from the three cities. The study will focus on the high occurrence of mental health issues in the three communities because the demographic has been neglected.

## Literature Review

### Prevalence of Mental Health Illness in America

The prevalence of cognitive health issues is very high in America. The National Institute of Mental Health indicates that America had 52.9 million adults living with mental illness in 2020, representing 21% of the adult population (NIH, 2022). The prevalence of the illnesses was noted to be higher among females than males at 25.8% and 15.8%, respectively (NIH, 2022). Notably, the high occurrence rate of mental illness was noted to be highest in young adults aged 18-25 years at 30.6% in comparison to adults (26-49 years) and older adults (50 and older) at 25.3% and 14.5%, respectively (NIH, 2022). Lipson et al. (2018) also acknowledge the high occurrence rate of mental health illness in the country in their study, "Increased Rates of Mental Health Service Utilization by U.S. College Students: 10-Year Population-Level Trends (2007-2017)." The outcomes are also supported by various scholars who focus on different demographics of the population.

### Mental Health Disparities

The prevalence of cognitive health is higher in underserved communities than in other demographics. A study by Le Cook et al. (2018) on the research of mental health and mental healthcare inequalities indicates that racial minorities in America had a higher probability of suffering severe and persistent mental disorders than Whites. The comprehensive review also found a significant disparity in the access to care between the two groups. The outcomes are supported by Adams and Miller (2021), who sought to establish the representation of minorities in mental health diseases in top clinical psychology journals. The researchers found that several studies did not cover the factors that lead to mental-health disparities in the identified journals. Another study by Le Cook et al. (2017) on mental health disparities trends in the country indicated that significant disparities were evident in the access and treatment of mental health in minority communities. These outcomes indicate the level of disparity regarding the diagnosis and treatment of mental health in colored communities.

### Health interventions for Mental Health Illness

Community health interventions are highly encouraged in addressing mental health illnesses. Duncan et al. (2021) researched how to improve adult mental health proposed a need for more inclusion of service providers and policymakers in addressing mental illness in communities. Community interventions are highly encouraged to address the high prevalence of mental health. The scoping review of community-centered solutions for cognitive health encourages further research on the topic after finding positive outcomes from existing research (Baskin et al., 2021). The outcomes are also supported by McGrath et al. (2021), who found similar outcomes in a review that sought to determine the effectiveness of community interventions. Therefore, community interventions are essential in addressing the high prevalence of mental health issues in minority communities.

## Methodology

### Research Approach

The research begins with assessing trauma and other mental health illnesses in the target community. The proposal by SilentCry will then be implemented to address the health challenges. The mixed-method approach will be applied to collect both qualitative and quantitative data. After implementing the proposal, questionnaires that will be emailed and distributed through online mediums will be the primary data collection tools. Thematic analysis for qualitative data analysis and Python programming for quantitative data analysis will help interpret the data.

### Study Population

The study population will entail residents from the three cities, New York, Michigan, and California. The participants will come from BICOP, low-income earners, and individuals who have suffered trauma. The participants will be classified based on ages 5-9, 12-15, 16-18, and adults (19 and above). The study will also collect data from healthcare professionals, including social workers, peer specialists, and others directly involved in the proposed project. More than 500 participants will be targeted in the study. Participants will be both male and female from the three cities. Using different cities aims to ensure that researchers collect accurate data on the outcomes of using the trauma bus and mental health services to address mental health in the communities. The inclusion of specialists will ensure that the study attains a holistic perspective of mental health in these communities and the changes the proposal will have on the affected communities.

### Sampling techniques

Data sampling will be through the purposive method that has been proven to acquire samples that provide a logical representation of the target population. It will be an effective method because of the sample size and the areas the trauma bus and specialists will cover. Purposive sampling is also less costly, convenient, and takes less time, which will benefit the study. The study will apply maximum variation in purposive sampling to collect the different perspectives of the sample population. The approach will help collect responses from a broad population to help determine the impacts of the trauma bus in addressing mental health illnesses in the communities.

### Data Collection/ Instruments

Questionnaires, both open and closed, will be the primary data collection tools in the study. They will be sent through the post, email, and other reliable electronic mediums. Interviews will also be conducted with specialists based on the convenience of the specialists. Therefore, face-to-face and online meeting platforms like Zoom will conduct the interviews. Interviews will also be used.

### Data Analysis

Thematic analysis, python programming language, and other data analysis tools will be used. Thematic analysis will assess qualitative data by identifying common themes and trends in the collected data. It will help identify the causes of mental health disparities and the impacts of interventions implemented. Python programming language and other tools will be used to assess quantitative data. Python programming can grade and assess statistical meanings from the data and help to compare the various variables in the data.

### Ethical Considerations

The collection of personal data from the participants will require guarantees that the information will be kept confidential and not shared without the consent of the participants. Part of the process will ensure that all personal information about the participants is excluded when using the data. Also, the participants will be informed about the study and their consent provided before participating in the study. Voluntary participation will be ensured, and the participants will be allocated numbers to avoid using personal information during data analysis or sharing study outcomes. Finally, specialists who will be part of the interviews will be required to indicate the most convenient time to do the interviews to avoid inconveniences and allocate sufficient time to provide enough information.

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# LET'S GET WORK TOGETHER FOR MICHIGAN



SHAWANNA  
VAUGHN

PHONE

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(718) 200-2720

EMAIL

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shawanna@silentcryinc.org

WEBSITE

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[www.silentcryinc.org](http://www.silentcryinc.org)

SILENT CRY,  
INC



# SilentCry



# THANKS

[WWW.SILENTCRYINC.ORG](http://WWW.SILENTCRYINC.ORG)