

American Rescue Plan State Fiscal Recovery Fund Recommendation Cover Sheet

Please submit this document with any recommendations for funding from Rhode Island's allocation of federal fiscal recovery funds available through the American Rescue Plan Act. This information will be made available to the public along with any detailed documents submitted that describe the proposal. It is encouraged that such documents identify clear goals and objectives and quantifiable metrics.

This is not a formal request for funds, and submission of recommendations does not guarantee a response, public hearing, or appropriation from the General Assembly.

Name of Lead Agency: The Interfaith Counseling Center

Additional agencies making recommendation (if applicable): _____

Contact Person / Title: Christine King, President Phone: (401)461-5234

Address: 1520 Broad Street, Providence, RI 02905

Email Address (if available) info@interfaithri.org or cking@interfaithri.org

Brief Project Description (attachments should contain details)
Clinical Trauma Healing Program

Total request: \$ 250,000.00

One-time or Recurring Expense? One Time for a three year ongoing program

ARPA Eligibility Category (check all that apply) – See link for further information
<https://www.rilegislature.gov/commissions/arpa/commdocs/Treasury%20-%20Quick-Reference-Guide.pdf>

- Respond to the public health emergency and its economic impacts X
- Premium pay to eligible workers _____
- Government services/state revenue replacement _____
- Water/sewer/broadband infrastructure _____



Community Conversations
on Trauma & Healing

The Interfaith Counseling Center - “Can We Talk” Community Trauma Healing Program

The Interfaith Counseling Center is requesting funding to sustain the availability of **free** community-based trauma healing support programming called Can We Talk in two sites in Providence, to expand programming in one additional high need community, and provide funding for direct mental health services, counseling, and case management; at no charge for clients from the CWT (Can We Talk) supported communities.

The Interfaith Counseling Center (ICC) provides mental health counseling to all in need. The ICC works to remove barriers to care, often serving those who are even lost by our “safety net” of state mental health services. The ICC considers and respects all aspects of the human experience in the journey toward health and healing. The ICC serves clients of all faiths, backgrounds, and religions. We provide direct mental health care, case management and referral support when needed. We strive to be present in and supportive to the community-educating and advocating about mental health and its importance to the overall health our community.

Can We Talk is an in-person intervention that offers programming within a cultural and community context at the neighborhood level. It is an innovative, spirituality-based model (meaning pertaining to human spirit or soul) for healing support for individuals and families who may not otherwise seek, receive, or have insurance to access mental health services. Program components include meal sharing; childcare services if needed; artistic expression that engages mind, body, and soul; and the opportunity to anonymously share and listen to other community members’ stories of trauma, loss, healing, and hope. Through the program, individuals have access to a licensed mental health clinician and community companions who can serve as important navigators for the integration of multiple services. Clinicians and community companions help with referrals for medical, mental health, legal, housing, food, and other needs; may accompany people, as needed, to appointments and meetings; and provide one-on-one support to participants, upon request.

Interfaith Counseling Center
1520 Broad Street Providence, RI
(401)461-5234 www.interfaithri.org

Can We Talk has three program goals:

- 1) Increase awareness and understanding of trauma, post-traumatic stress and complex trauma, grief and loss, and the healing process.
- 2) Provide safe, consistent, and on-going community connection and support. Provide relief from traumatic stress in a group setting through the following opportunities for healing: body healing practices and movement, education, and story sharing
- 3) Deliver mental health supports to people who otherwise might not receive them, both within the program and through referral.

The program addresses the following important health priorities of our state.

- 1) Address the social and environmental determinants of health – key determinants addressed by the program include social cohesion, civic participation; discussion and referral to health and health care, mental health, and primary care services; and health promotion; neighborhood and built environment will be viewed at the neighborhood level through the lens of how to improve the physical environment with a focus on quality of housing, crime and violence, and environmental conditions.
- 2) Eliminate health disparities and promote health equity – within the urban setting, the program model increases the availability of competent mental and behavioral health services accessible to low socioeconomic status, women, LGBTQ, and racial and ethnic populations whose mental and behavioral health needs go frequently unaddressed due to cultural, structural, or linguistic, or economic barriers.
- 3) Ensure access to quality health services for all Rhode Islanders – the program ensures high quality access to mental and behavioral health services to the state’s most vulnerable and high-risk populations. Services are provided regardless of insurance and ability to pay.

Strategic Partners:

According to the report America’s Mental Health 2018, more needs to be done to give Americans much needed access to mental health services. The demand for mental health services is stronger than ever, with nearly six in 10 (56%) Americans seeking or wanting to seek mental health services either for themselves or for a loved one. These individuals are skewing younger and are more likely to be of lower income and have a military background. There is also a large disparity in access to mental health care based on level of income. Compared to middle- and high-income households, low-income Americans are less likely to know where to go for treatment and more likely to use a community center versus a qualified mental health provider. Of those that have not sought mental health treatment, more than half, or 53 percent, were in low-income households. People who are homeless, incarcerated or formerly incarcerated, or have substance abuse problems are also at higher risk for poor mental health.

Regarding community settings, studies show that African Americans and Latinos who reside in distressed communities are at heightened risk for compromised mental health, as their neighborhoods are too often associated with serious stressors, including elevated rates of poverty, substance abuse, community violence, as well as scarce youth-supportive resources, and mental health care options.

The Can We Talk program model increases the availability of competent mental and behavioral health services accessible to low those in low social economic groups, women, LGBTQ, and racial and ethnic populations whose mental and behavioral health needs frequently go unaddressed due to cultural, structural, or linguistic, or economic barriers. The program fosters a safe environment for formalized peer support and empowers individuals to learn how to take an active role in helping themselves and others heal. The program has shown to be especially effective in urban settings where there are inadequate resources to address higher incidences of individual and community trauma.

This funding would further support CWT for the next 3 years. Our goal is to expand this much needed community support. Our plan for sustainability beyond this funding is to continue engagement of community partners such as the Department of Health, The Nonviolence Institute, faith communities and other potential funding sources that may be able to provide program support through funding access, referral and/or with funds or staff. We plan to continue our annual fundraising efforts that provide for this type of community support as well. As a replication site of the Cory Johnson Program and part of their Trauma Healing Network we have their commitment to support and aid in sustaining our Providence programs.

Please join us in this effort to continue offering and expanding, with more meetings and locations, this successful, free community trauma healing program. It is vital to support healing in this time of crisis. Thank you for your time and attention.

Data Source:

Community Conversations About Mental Health: Information Brief (SMA13-4763, Issue brief). (2013). Substance Abuse and Mental Health Services Administration (SAMHSA).

**Can We Talk
Program Budget**

Program Implementation for two sites	<u>Annual</u>	<u>3 Years</u>
Clinical and Case Management Support	50,000	150,000
Program Staff Support (Program Coordinator, Artistic Director, Faith Leader, Community Companion)	16200	48600
Food and Hospitality	9600	28800
Childcare	1920	5760
Supplies	2400	7200
Training	3000	9000
Total	83,120	249,360