

EVIDENCED BASED
TREATMENT & EDUCATION

360 CIRCLE OF SUPPORT
AODA & MENTAL HEALTH TREATMENT
PRE-EMPLOYMENT SUPPORT
AODA & PREVENTION SPECIALIST TRAINING
POST TRAINING JOB MENTORING

TransformationServices, Inc.

Executive Summary

Since 2007, the mission of **TransformationServices Inc**, is to provide treatment & education for Wisconsin's disenfranchised, (Ex-Offenders/CCEP, WIA-Workforce Investment Act, Food Share, W-2 etc) and provide them access to life sustaining resources, including supportive services to enhance re-entry/re-establishment into community and reunification with family where applicable. **TransformationServices**, delivers comprehensive social services which are provided to all persons, regardless of race, faith, sexual orientation or criminal background.

Our training program (and state certified AODA treatment) is unique because it was not only developed by those in recovery, but the disenfranchised as well. Its focus is skill development as well as therapeutic support, and is similar to the international model of 12 step recovery which is based upon the successful transition of one alcoholic/addict assisting the person who follows behind them. As an estimated 80% of incarcerated adults have alcohol and/or drug addiction (to say nothing of mental health issues), and the majority are unable to receive treatment within the prison system, this model of peer to peer support becomes intrinsic in demonstrating hope for a future in the clientele we serve. To date we have trained more than 100 individuals (professionals and "professionals to be") and have a multicultural staff.

Our parent company won a competitive federal grant in 2006 that provided tutoring, training materials, testing and certification costs and has developed a training curriculum *360 Circle of Support™* to assist convicted felons achieve the status of AODA Substance Abuse Counselor-in-Training (SAC-IT). It is the intention of **TransformationServices** to institute a training program *Imail™* for the disenfranchised, in the near future which will provide online certification needed to gain self sufficiency through employability. Most of our clientele will be the disenfranchised themselves again supporting our basic peer to peer model and concept of a "hands on teaching model". As traditional teaching methods have largely failed with this population, we believe this to be a better approach. Perhaps the most cutting edge aspect of our program is our ability to offer the client training almost immediately after completing their treatment without the 'accepted' wait period of up to 2 years. Though referral for training is individualized, and experience based, we have found that there is little data to support a 'wait period' making the counselor any less prone to relapse. This notion is also consistent with the true 'peer-peer' model. The student's experiences and training will be carefully monitored and documented with our evaluative process. All students receive completion certificates, and/or licenses. Our business has been so successful; we now provide training nationwide, and WIA in *20 states*. We believe our model is replicable and transferable worldwide.

TransformationServices feels that we have developed not only a unique treatment approach, but a training opportunity to a common problem that many disenfranchised face-remaining clean and sober, while maintaining gainful employment. **TransformationServices** gives those that need and want it a chance to make a positive life change in not only their lives, but in the lives of their family and community. As it relates to Mr. Donald Sykes' review of the Milwaukee Workforce Development System and Recommendations for Improvements issued February, 2007

(1) **TransformationServices** is interested in becoming one of the intermediary specialty organizations that has the ability to coordinate and provide training-specifically Alcohol and Drug abuse. (2) Further, as a community based organization, we are able to work collaboratively with other health care organizations which we have already demonstrated based on our history of services provision (including documented WIA training). Success of our program (97% course completion rate, 99% licensing rate, 50% or better hire rate to date), and changes in the population we serve.

Organizational History

TransformationServices target population is within the Wisconsin job centers and penal facilities, but is available nationwide. The targeted service area includes job training and support, using a peer to peer advocacy model. Fewer than half of all released offenders stay out of trouble for at least 3 years after their release from prison, and many of these offenders commit serious and/or violent offenses while under parole supervision. The United States already has high incarceration rates: 1 in 100 citizens are imprisoned. When race is added to the equation, it becomes 1 in 36 Latinos, 1 in 15 African-Americans. These statistics continue to worsen when sex is considered 1 in 10 African-American men can expect to be incarcerated. Wisconsin has one of the highest rates of imprisonment in the country. In fact, an African-American is 42 times more likely to be incarcerated for a drug crime as opposed to whites. Alternative to incarceration programs are just beginning to emerge-the cost savings is substantial-It is \$29,000.00 for a year in prison, versus \$10,000.00 for treatment. If you figure in educational training and hiring the cost can still be nearly one-half the cost incarceration or long term W-2/WIA services. Therefore, our program costs (At most: \$6,000.00; tuition/books/license, ongoing educational & support services) offer a savings with better result. Certificates are awarded during course and a license is earned at the end.

One of our primary goals is to increase the number of minority (Latina, African-American, and Asian etc.) mental health professionals, and obtaining the SAC-IT and/or Prevention Specialist license is one of the most direct routes for entry into the field. Consequently, our staff is almost exclusively minority, who also provide as role models for our students as well.

Poverty: Homelessness, Joblessness and Addiction

Difficulties related to working with the disenfranchised, include joblessness, and subsequent homelessness. Studies found that 36% were unemployed and that 68% earned under \$15,000 per year. The poverty levels of the target service area are demonstrated by income as follows, Milwaukee County's median income in year 2005 was \$47,175. In comparison, *TransformationServices* targeted service area's median income was \$18,300. Less than 25% of these households had incomes of less than \$10,000 (Sources from the Non-Profit Center of Milwaukee). Based upon this data, our targeted area of service in Milwaukee County clearly indicates below poverty economic levels. *TransformationServices* successfully completed administering a federal grant that focused on this "homeless" population, by providing disenfranchised with an employability training program helping them to become AODA counselors. Given that, the two most tangible risk factors among the disenfranchised, (including ex-offenders) are relapse, and employability.

For the disenfranchised adult, this care continuum will address pre-vocational skills, and support after the job has been obtained. Additionally, *TransformationServices* has received final state AODA certification as a service provider utilizing our peer-peer model. *TransformationServices* is poised to serve the above mentioned clients with the hiring of additional staff, specifically those who have been successfully trained and want to become **Mentors, Prevention Specialists AODA counselors etc, in our clinic.**

Evidence-Based Service/Practice: 360 Circle of Support

The mission of **TransformationServices**, is to provide educational services for the disenfranchised (WIA, Ex-Offenders, W-2, Food Share etc) **TransformationServices** delivers comprehensive social services which are provided to all persons, regardless of race, faith, sexual orientation or criminal background.

Our peer to peer model then becomes more attractive based on cost, and establishing community relationships. Our program also addresses co-occurring or dual diagnosis clients, perhaps 25% of inmates and Ex-Offenders (Sachs, 2005).

<http://www.ncbi.nlm.nih.gov/books/bv.fegi?rid=hstat5.section.80044>. Each client at point of entry is given an initial assessment that includes: psychosocial background, prior drug and alcohol and, employment history, needs assessment, case planning. *We have an established completion rate of 97% or better, hiring rate of 50% with WIA clients-usually at a 50% higher hourly rate than required-(\$12.00 as opposed to \$8.00).*

This supervisory and treatment program is staffed with the client and supervisory treatment counselors until discharge to community support. (Peters, 2005).

<http://www.ncbi.nlm.nih.gov/books/bv.fegi?rid=hstat5.section.80044> (Forman, 2006).

<http://www.ncbi.nlm.nih.gov/books/bv.fegi?rid=hstat5.section.28661> Psycho-therapeutic, and psycho-educational skills training (stress management etc), individual and group therapy are all given in a very accepting environment. We collaborate with a number of faith-based, community organizations as well as probation and parole, whose intensive supervision is required for many offenders-often while accessing WIA services. We believe that this program is a recipe for success.

Approach: 360 Circle of Support

As fore stated, **TransformationServices** is a product of a very competitive federal grant that provided tutoring, training materials, testing and certification costs, as well as developed a training curriculum “360 Circle of Support” to assist convicted felons achieve the status of Substance Abuse Counselor - In Training (SAC-IT). This follows our vision to provide life sustaining employment and career options to the disenfranchised. **TransformationServices** recognizes the employment barriers to this population (education, experience, childcare, transportation etc). Most of our clientele will be the disenfranchised themselves “professionals to be” again supporting our basic peer to peer model. I’d add that we also have professionals (needing CEU’s) in the course-adding to potential job opportunities, and dispelling myths.

Perhaps the most challenging aspect of our model is our ability to offer **short term** the client training and certification. The student can complete the initial training components and exam within 90 days, and is very much a “hands on model”, traditional teaching methods have failed with this population. Though referral for training is individualized, we have found that there is little data to support waiting the full 2 years makes the counselor any more prone to relapse.

In fact, **“Individuals who have maintained their ‘Mid-Range Abstinence’ (90 days to 2 years) have a diminished risk or relapse and in general, a greater success rate for engaging in new activities and tolerating stress. Their family lives and sense of self have moved toward stability, and they have an increased capacity for long range planning and problem solving. They are often ready to engage in active job seeking or to begin working toward long term vocational goals by acquiring new skills and knowledge” (Young, 2000).** <http://www.ncbi.nlm.nih.gov/books/bv.fegi?rid=hstat5.section.68467> This notion is also consistent with the true peer to peer model that notes shared experiences most often lead to successful outcome.

The student’s experiences and training will be carefully monitored and documented with our evaluative process. The primary clinical supervisor/trainer is Dr. Ingrid D. Hicks, whose credentials as well as those of other proposed staff are available. We feel that exposure of the community to successful peers only supports our beliefs that change is possible. In all, our staff has decades of experience working with this population-and more importantly the desire to help the disenfranchised make changes to the system that has affected their families, their communities, and most importantly themselves.

Transformation Services, provides students with small group didactic instruction and case conferencing, individualized clinical supervision, team case management, individual and group therapy, skills training, and perhaps most important, students are in a positive learning environment with those that are “like them”. They know the program because they helped develop the program, and it worked for them. The programmatic hours are student tailored, based on time but in general students can complete the initial requirements 100 hours: assessment, case management, counseling, education, professional responsibility, ethics and an elective, within 8 weeks. As the Department of Regulations and Licensing requires an additional monitoring (4,000 hours/2years full-time) to practice independently, this also corresponds with the time limits of ‘Mid-Range Abstinence’ mentioned above. Most important, during this period is the introduction of Restorative Justice. Students must donate some training hours working with ex-offenders/disenfranchised by, “giving back”, by teaching others to learn from their mistakes. Given that want to further develop a relapse plan in place, should it occur. We also have available a secondary program for 'Registered Prevention Specialist' following much of the same educational course as our AODA program. The initial requirements for 'Registered Prevention Specialist in Training' can also be completed in 90 days. In the future we hope that this serves as the basis of our youth program. Last, all students are required to develop a specialty (ex. women) to round out their training. During this period, and really throughout their course of training, special attention is paid to ethical behavior.

This is achieved by the development of a business plan which decreases criminal thinking. Many Ex-Offenders have had "businesses" of their own in the past, and those same skills can be honed for productive use. For example, one student has submitted her business idea to Lena's Food Markets to run an Employee Assistance Program. She saw that employee absences and productivity were affecting company profitability, and she used her credentials to develop their program. If successful, she plans to market her services to other community based businesses. Another graduate (working full time at WCS) hopes to start a longer term transitional home for offenders that also serve as a job training site for Home Health Aides. As, our seminars are attended by professionals in the community this serves a dual role for the disenfranchised. Students are exposed to other job opportunities, and the professionals see disenfranchised in a positive environment-highlighting that behavioral change is possible.

Expectations and Future Support

In sum, **TransformationServices** believes that we have developed not only a unique, tightly monitored treatment approach, but a training opportunity to a common problem that many of the disenfranchised face remaining clean and sober, while obtaining and getting employment. Such programs offer the addict improved chances for success, and places them back on the road of respectability.

TransformationServices gives those that need and want it a chance to make positive life change in not only their lives, but in the lives of their family and community. As it relates to Mr. Donald Sykes' *Review of the Milwaukee Workforce Development System and Recommendations for Improvement*, Issued February 2007, this is supported by two recent Milwaukee Journal Sentinel articles, (Dresang, J., 6/6/2007).

<http://www.jsonline.com/story/index.aspx?id=616356&format=print> and (Marley, P., 6/6/2007).

<http://www.jsonline.com/story/index.aspx?id=616503&format=print>

TransformationServices is interested in becoming one of the intermediary specialty organizations that has the ability to coordinate all aspects and provide training – specifically for Alcohol and Drug Abuse. Further, as a community based business, we are able to work collaboratively based on our history, success of our program, and the population we serve. This ensures our long term sustainability. In addition to tracking program participants, graduates, licensees, and those employed and/or business owners, our evaluation is based on a Pre/Post model that was required of our AODA certification. This methodology is also accepted practice for many federal grants (Field, 2006). We currently post our results in a link in our website.

WIA is offered in every state, **TransformationServices believes that this is a true public-private partnership.** We are excited about the prospect of expanding and transferring our results and business model not only nationally, but worldwide.

In Sum:

- Addiction, joblessness, and homelessness are factors in working with the disenfranchised (Ex-Offenders, WIA, Foodshare, W-2).
- By offering a “Treatment to Training Model” we offer a one stop shopping model which exists with the current W-2 and Workforce Investment Act (WIA).
- The disenfranchised (Ex-Offenders, WIA, Foodshare, W-2 etc.) have much lower income than median Milwaukee. These groups are overly represented by minorities, but few professionals are providing training and/or care.
- **TransformationServices** was the outcome of a federal grant in 2006 to develop an AODA 'treatment to training' model that we currently administer. Our program was developed by the disenfranchised, which if successful become part of our multicultural staff, as develop business models of their own.
- **TransformationServices** has expanded our services to include **Pre-Vocational Support, Post Training Mentoring and AODA Treatment to address relapses** in our AODA training program-thereby really becoming a **360 Circle of Support**.
- We have found, and research supports that the best behavioral change is between 90 days and 2 years, the length of our '360 Circle of Support Treatment to Training' model.
- We have found that most students have had a dream to be business owners (and may have done so in the past), and we assist in developing its viability. This process also prevents and corrects future criminal thinking. Much of the 'street knowledge' they have can be redirected. We take seriously our job as changing our students into role models.
- We have expanded our multicultural model, we have trained and licensed Bi-Lingual SAC-Its-we very much believe that we can transfer this learning to a worldwide model.
- At course end, everyone receives certificates/licenses. Our results are available, and are posted on our website.
- Currently, we have a **97% completion rate, 99% licensing rate, and a 50% or better hiring rate (50% higher hourly rate, usually \$12.00) with WIA.**
- **TransformationServices** is already certified by the Department of Health & Human Services to provide an AODA services, and our training program is approved by the Wisconsin Department of Regulation & Licensing. We are also certified as a WIA provider (20 states), FoodShare, and W-2, DBE/EBE/MBE business, and listed on VendorNet, as well as with the Federal Business Registration Opportunities, and Grants.gov. Demonstrating a true public-private partnership, and a replicable, transferable model.

Supporting References and Resources

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