

**EVIDENCED BASED  
TREATMENT & EDUCATION  
360 CIRCLE OF SUPPORT  
AODA & MENTAL HEALTH  
TRAUMA INFORMED  
COGNITIVE BEHAVIORAL APPROACHED  
TREATMENT TO TRAINING**



***Transformation Services, Inc.***

## EXECUTIVE SUMMARY MISSION & VISION STATEMENT

"There are 10 million Americans with mental illness and only 45,000 inpatient psychiatric beds ~ Jails and prisons are the nation's largest mental health care facility". From Lives on the Line: No One Cares About Crazy People



The mission and vision of *Transformation Services, Inc.* (TSI) is to provide Substance Abuse Treatment and Training in a *cognitive behaviorally based model*. The program focuses on an *Incapacitated Workforce*: unemployed, to underemployed, and ex-offenders. Alcohol and drug problems disproportionately affect those in urban communities. Our primary goal is to offer quality health care and in doing so increase the number of minority providers in mental health and substance abuse.

Our *Day Into Night Trauma Informed Cognitive Behavioral Treatment Program* is unique because it was not only developed by professionals, but by those in recovery, as well. The name also reflects the hours (9AM- 9PM) of our services that are available to clients. Its focus is skill development as well as therapeutic support, and is similar to the accepted international model. Our parent organization won a competitive grant that became *Transformation Services* proving tutoring, training materials, testing, and licensing costs. We then developed a training curriculum *360 Circle of Support™* to assist the disenfranchised achieve the status of Substance Abuse Counselor-in Training (SACIT). Most of our clientele are "professionals to be" they support our basic Peer to Peer model and concept of "hands on teaching model". Traditional teaching methods have largely failed with this population, and TSI believes this approach will be successful. Perhaps the most cutting edge aspect of our model 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 to peer' model. The client's experiences and services receive support from our *Peer Specialists*-those who are graduates of the program (many who are in recovery, or have mental illness themselves). Active in social media our company's future services include on-line psychotherapy/support (*Imail™*) for offenders that are incarcerated, and for our EAP contracts below.

TSI has been in business for 12 years, we hire our students, and/or provide on-site job referrals. We function as a consortium; our therapists have a wide range of expertise and backgrounds. All of our '360' services are available year-round, and 24 hours a day and on-line. One of our strengths-currently we are the only community program to do so, and offer support before and after training.

*Transformation Services* feels that we have developed not only a unique treatment approach, but a training opportunity for a common problem that many disenfranchised face-remaining clean and sober, while maintaining gainful employment. *Transformation Services* 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. Our facility *GreenCircle* offers a growing environment that also supports a Social Entrepreneurship Incubator for Professionals and Professionals to Be. Since 1995, the Healing Garden component of our treatment program has had an outdoor alternative, allowing clients to learn and practice effective stress management techniques (Motivational, Matrix, EMDR etc). A walking track offers a naturalistic location for therapy and a calm oasis in a busy urban locale-developing effective wellness strategies, that until now for the client have been self-destructive choices (alcohol, drugs, cigarettes, food etc). We now offer the Healing Garden for staff and students, both of whom also receive the Adverse Childhood Experiences Questionnaire (ACE). This assists us with Workforce Development, hiring, but also *retention*. TSI works collaboratively with other organizations based on our history, success of our program, and the population we serve. Last, we offer EAP services through a number of employers (*Kohls, IRS, Whole Foods*), and Insurers (*FEI, Managed Health Network, & Miners*). Health care is a growth industry. The substance abuse and mental health parity act ensures continued expansion. For Individuals, Businesses, Community, and Government, *TSI* remains a model for *Changing Lives, Changing Communities, and Now Changing Health Care. Social Entrepreneurship is the cornerstone* of our business.

## **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. 2017 figures indicate the cost as \$37,994.00 for a year in prison, versus at most \$10,000.00 for alternative treatment. If you figure in educational training and hiring can still be nearly one-half the total cost of incarceration or long term W-2/WIOA services. Therefore, our program costs (At most \$7,600.00; 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 clinicians of color, 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 2016 was \$43,599.00. In comparison, **TSI** targeted service area's median income was \$18,300. Less than 25% of these households had incomes of less than \$10,000. Based upon this data, our targeted area of service in Milwaukee County clearly indicates below poverty economic levels. *TransformationServices* successfully administered 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 addresses pre-vocational skills, and support after the job has been obtained. Additionally, *TransformationServices* has state AODA certification as a service provider utilizing our peer-peer model. **TSI** is poised to serve the above-mentioned clients with the hiring of additional staff, specifically those who have been successfully trained and want to work **our clinic or open their own businesses using our incubator.**

## **Evidence-Based Service/Practice: 360 Circle of Support *Cognitively Based Treatment***

The mission of TSI, is to provide treatment and educational services for the disenfranchised (Ex-Offenders, WIOA, W-2, Food Share etc.) delivering comprehensive 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, 2013).

<http://store.samhsa.gov/product/TIP-42-Substance-Abuse-Treatment-for-Persons-With-Co-Occurring-Disorders/SMA13-3992>

Each client at point of entry is given an initial assessment (using *Motivational Interviewing*) 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, 2013). <http://store.samhsa.gov/product/TIP-44-Substance-Abuse-Treatment-for-Adults-in-the-Criminal-Justice-System/SMA13-4056> Forman, 2013) <http://store.samhsa.gov/product/TIP-47-Substance-Abuse-Clinical-Issues-in-Intensive-Outpatient-Treatment/SMA13-4182>

The primary mode of behavioral change that TSI utilizes is Cognitive Behavioral Therapy (CBT) et. al (e.g. Motivational, Matrix, EMDR etc). Changing and challenging the thinking of offenders as they transition back into their communities is paramount. They often have irrational thinking that is affected by core beliefs. TSI seeks to “reset” these beliefs, in light of their current situation, encouraging them view their families, communities differently, and certainly in a more positive way. In effect change the “automatic” way in which they have responded to stressful life situations- and making the wrong choice again and again. This is all provided within a short term format-eight sessions or four total hours of treatment, post initial assessment, occurring within six months. Teaching different ways of thinking will result in new behavior post prison. Changing criminogenic attitudes and beliefs will reduce misconduct and recidivism. The key principles of Seeking Safety as the overarching goal (helping clients attain safety in their relationships, thinking, behavior, and emotions). Four content areas on the co-occurring disorder: cognitive, behavioral, interpersonal, case management Further, the CBT approach is buttressed by psycho-educational skills training (stress management/wellness, EMDR etc.), individual and group therapy are all provided in a very accepting environment. We collaborate with faith-based, community organizations as well as probation and parole, whose intensive supervision is required for many offenders-often while accessing WIOA services. Completing treatment successfully, they are eligible for the training program-One they can complete in 90 days.

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 felons achieve the status of Substance Abuse Counselor - In Training (SAC-IT).

**TSI** recognizes the employment barriers to this population (education, experience). Most of our clientele are the disenfranchised themselves “professionals to be” again supporting our basic peer to peer model. We also have professionals (for CEU’s) and other job seekers (e.g. veterans and their families, displaced workers) in the course-adding to potential job opportunities, and dispelling myths. *I*mail offers the same program for offenders through a correspondence course.

Perhaps the most challenging aspect of our model is our ability to offer the client **short term** training and certification. The student can complete the training 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 student 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, 2016). <http://store.samhsa.gov/product/TIP-38-Integrating-Substance-Abuse-Treatment-and-Vocational-Services/SMA12-4216>

This 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 is Dr. Ingrid D. Hicks, whose credentials as well as those of other 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 curriculum, and it worked for them. The programmatic hours are 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-with an additional 4 weeks to pass the licensing exam. As the Department of Safety & Professional Services requires additional monitoring (4,000 hours/2years full-time) to practice independently, this also corresponds with the time limits of “Mid-Range Abstinence” mentioned above. We have not found few barriers to licensure, *even* given an ex-offender status. More important, during this period is the introduction of Restorative Justice. Students must donate some training hours working with ex-offenders/disenfranchised by, “giving back”, and thereby teaching others to learn from their mistakes. Further, we have developed and have in place, a relapse plan, should it occur. We also have available a secondary program for ‘Prevention Specialist’ following much of the same educational course as our AODA program. The initial requirements for ‘Prevention Specialist in Training’ can also be completed in 90 days. Last, all students are required to develop a specialty to round out their training. During this period, and really throughout their course of training, special attention is paid to ethical behavior. Other issues that are addressed include reunification efforts: This is a program designed to assist clients in working toward building stronger relationships, therefore a stronger foundation of support, as they work toward successful integration back into the community. Groups that are specific to the relationship aspect of our client’s treatment. Topics such as (but not limited to); The Involved Father, Co-parenting: Friends before Lovers, Child Support, Domestic Violence Awareness.

This is achieved in part by the development of a business plan which has shown a decrease in 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. This is complimented by a business incubator that provides the support necessary for those that want to start their own clinics.

### **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.

**TSI** 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 Milwaukee Journal Sentinel articles, (Dresang, J., 6/6/2007). These studies are still relevant more than 10 years later. <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).

<http://store.samhsa.gov/shin/content//QGCT30/QGCT30.pdf>

We currently post our results in a link in our website. **TSI 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, WIOA, 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 & Opportunity Act (WIOA).
- The disenfranchised (Ex-Offenders, WIOA, 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, or develop business models of their own in our incubator.
- **TransformationServices** has expanded our services to include **AODA Treatment Pre-Vocational Support, Job Placement, and Post Training Mentoring and a Imail (correspondence course). This allows us to function as 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.
- Most students have had a dream to be business owners (and may have done so in the past-illegally), 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. Further, by utilizing the ACE, supported by use of other CBT models (Motivational, Matrix, EMDR etc.) recidivism and relapse are greatly reduced.
- We have expanded our multicultural model; having trained and licensed Bi-Lingual Substance Abuse Counselors-Its-we very much believe that we can transfer this learning to a worldwide model.
- At course end, all of our students receive 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 WIOA.**
- **TransformationServices** is already certified by the Department of Safety & Professional Services to provide an AODA services, and our training program is approved by the Wisconsin Department of Safety & Professional Services. We are also approved as a WIOA provider (20 states), FoodShare, and W-2, DBE/EBE/MBE business, and listed on VendorNet, as well as with SAM 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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Young, N.; Tip 38: *Integrating Substance Abuse Treatment and Vocational Service*, US Dept. of Health and Human Services, Maryland, 2016. <http://store.samhsa.gov/product/TIP-38-Integrating-Substance-Abuse-Treatment-and-Vocational-Services/SMA12-4216>