

# **Kaskaska County Community Collaborative**

## **Transition To Success**

**11/2/2020**

**“Like slavery and apartheid,  
poverty is not natural.  
It is man-made, and it can be  
overcome and eradicated by  
the actions of human beings.”**

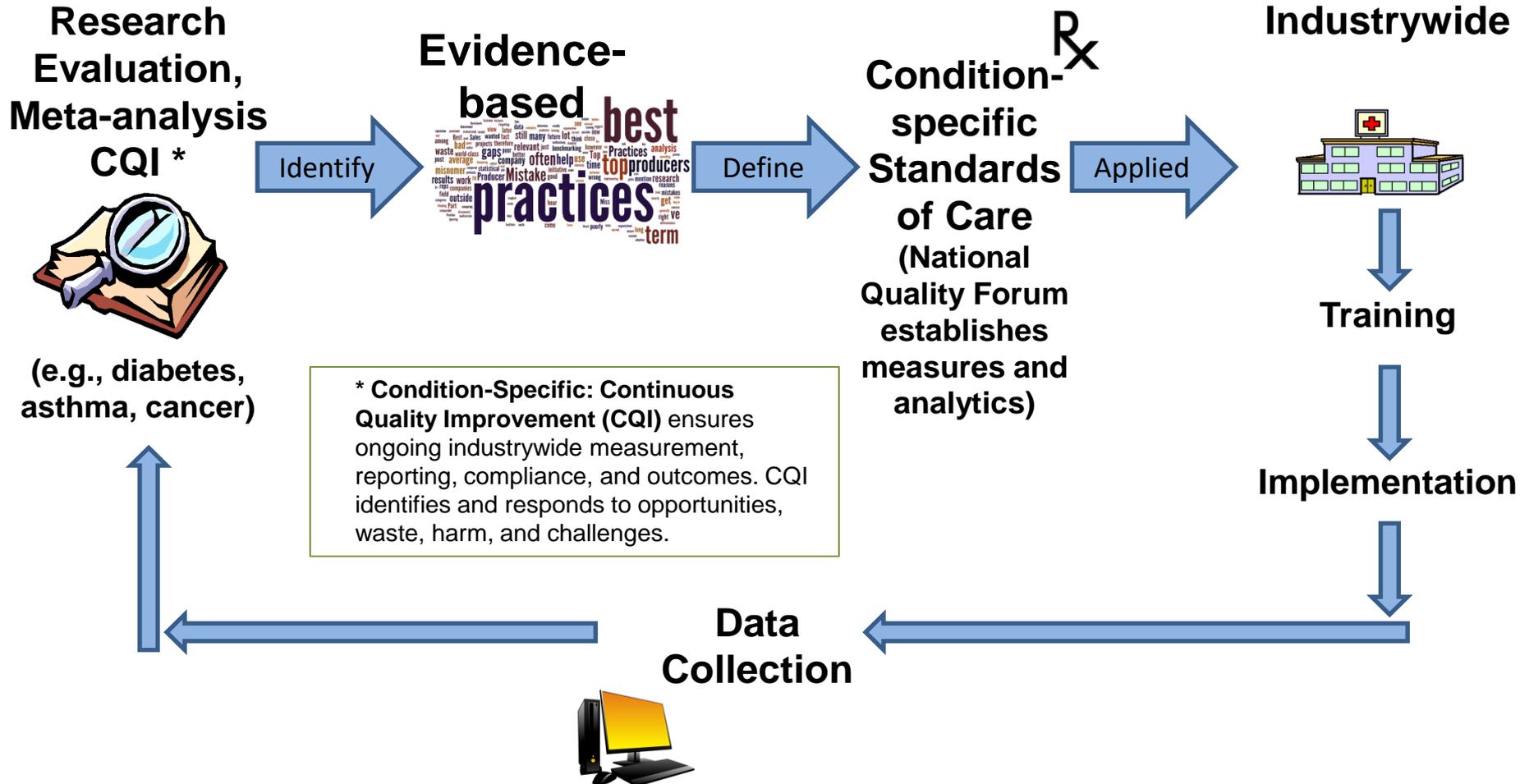
*- Nelson Mandela*

**Marcella Wilson, Ph.D.  
President & Founder  
Transition To Success<sup>®</sup> LLC  
[Mwilson@TTS-LLC.org](mailto:Mwilson@TTS-LLC.org)  
[www.TransitionToSuccess.org](http://www.TransitionToSuccess.org)**

# The Medical Model

## Understanding and Treating Disease

A uniform system of industrywide standards and analytics with continuous quality improvement (CQI)





# Current Funded U.S. Delivery System

*Client Driven – Disconnected - Ineffective*

## Human Service

- 1.4 million not for profits
- 650,000 social workers

## Faith-Based

- 320,000 US Christian Churches
- 3,727 US Synagogues
- 2,106 US Mosques

## Education

- Head Start (\$8.1B)  
(serves over 32M children in the US)
- Public Schools  
Vocational & High  
Education (\$69.9B)
- 99,000 public schools
- 3.7 million elementary  
and secondary teachers
- 262,300 school  
counselors

Client independently  
attempts to access  
goods, services &  
supports



**Estimated Cost:**  
**\$1,660,451,000,000\***

**Does not include: Foundations,  
Corporate or Individual  
Donations**

## Healthcare

- 5,723 hospitals
- 209,000 PCPs
- Medicaid and  
CHIP (70M, 1 in  
5 in the U.S.)
- Medicare health  
plans (53.8M)



## Government

- DHS
- Community Mental Health
- Housing
- Medicaid/Medicare
- Veterans
- Juvenile justice
- Prisoner reentry

# National Poverty Level



## Poverty & Education

### Children Growing Up In Poverty:

- Complete Less School
- Work and Earn Less as Adults
- Are More Likely to Receive Public Assistance as Adults
- Have Poorer Health
  
- Boys growing up in poverty are more likely to be arrested as adults.
- Girls growing up in poverty are more likely to become single parents.

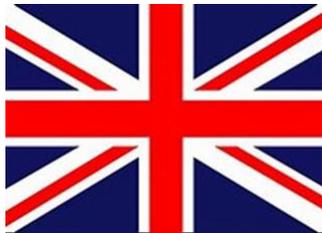
# HEALTH SPENDING ACROSS THE WORLD



## **United States of America:**

Per capita: \$9,237

Life expectancy: 79.1 years



## **United Kingdom:**

Per capita: \$3,749

Life expectancy: 80.9 years



## **Canada:**

Per capita: \$4,576

Life expectancy: 81.7 years

# Health Disparities for Those Living in Poverty

Poverty status is based on Gallup's best estimate of those in poverty, according to the U.S. Census Bureau's 2011 thresholds

	<b>Percentage with Disease in Poverty</b>	<b>Percentage with Disease Not in Poverty</b>	<b>Difference (percentage points)</b>
Depression	30.9	15.8	15.1
Asthma	17.1	11.0	6.1
Obesity	31.8	26.0	5.8
Diabetes	14.8	10.1	4.7
High blood pressure	31.8	29.1	2.7
Heart attack	5.8	3.8	2.0
Cancer	6.3	7.1	-0.8
High cholesterol	25.0	26.0	-1.0

*(Gallup—Healthways Well-Being Index, 2011)*

# Treating Environmentally Based, Industry-Accepted Medical Conditions \*

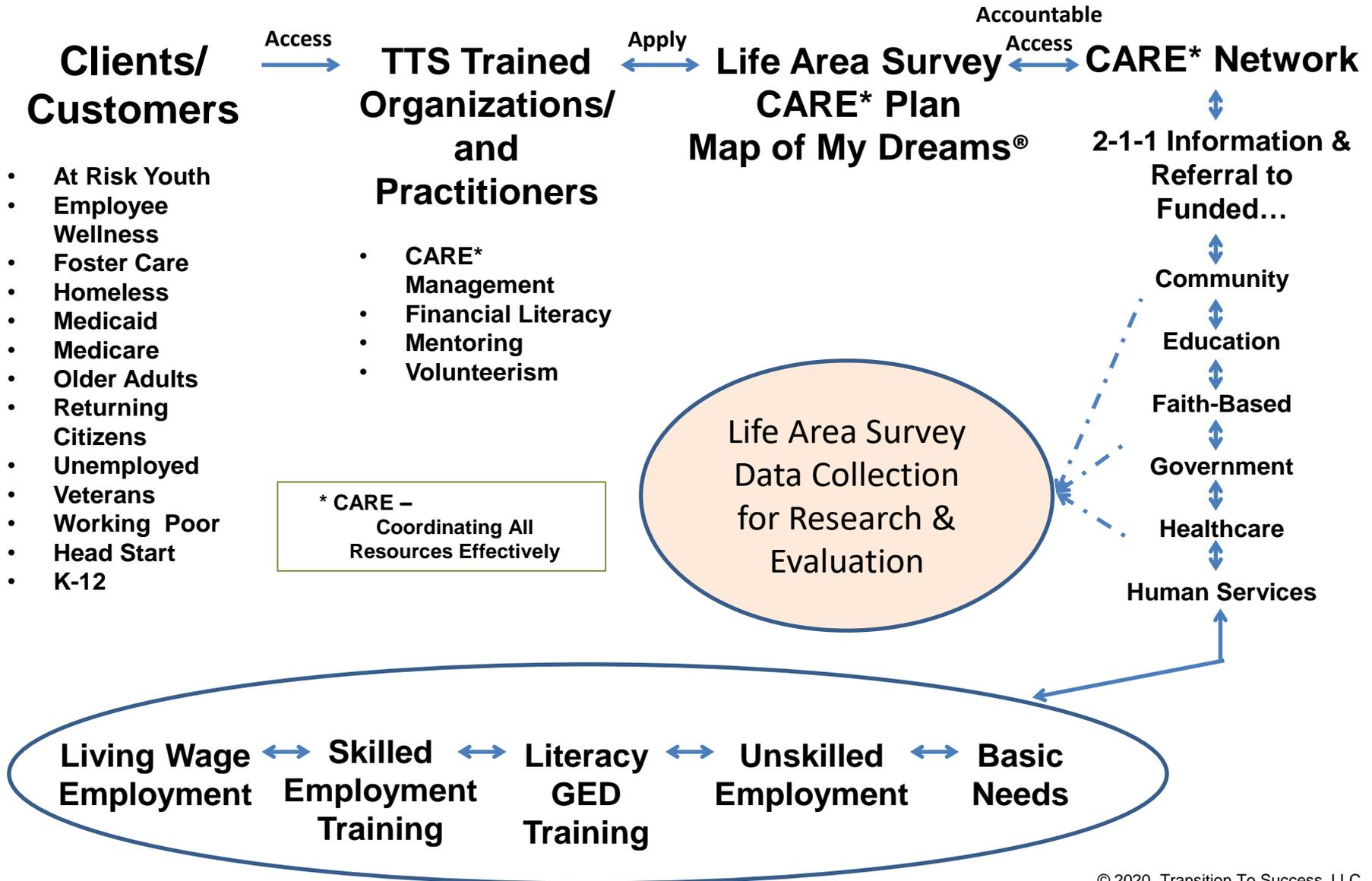
Environmental Exposures	Symptoms	Diagnosis	Standard of Care	Billable
Lead ingestion	Irritability, high blood pressure, long-term neurological damage	Lead poisoning	Required	✓
Asbestos	Trouble breathing, nausea, vomiting	Cancer/ Mesothelioma	Required	✓
Mosquito bites	Fever, rash, joint pain, conjunctivitis, muscle pain, headache	Zika, West Nile, yellow fever, and malaria viruses	Required	✓
Limited access to fresh fruits, vegetables, and exercise	Increased thirst, blurred vision	Type II diabetes Obesity	Required	✓
Cigarette smoking and second-hand exposure	Wheezing, increased risk of cancer, asthma, COPD	Nicotine addiction	Required	✓
Accidents	Broken bones, closed head injuries	Trauma	Required	✓
Pollution	Difficulty breathing, decrease in lung function, wheezing	Asthma/COPD	Required	✓
<b>Social Determinants of Health</b> Food insecurity, high crime rates, inadequate/unaffordable housing, lack of access to basic needs/resources, limited access to quality healthcare, poorly performing schools, racism, and unemployment, transportation	Increased rates of diabetes and blood pressure, infant and maternal mortality, increased depression and mental health disorders, asthma, compromised immune system and brain development, higher death rates	Extreme Poverty (ICD 10 Z59.5) Homelessness (ICD 10 Z59.0) Lack of adequate food or safe drinking water (ICD 10 Z59.4) Low Income (ICD 10 Z59.6)	<b>TTS CARE:</b> Screening & Coordinating All Resources Effectively	Behavioral Health and Substance Abuse. Billable CPT Codes for Medicaid, Medicare and Third Party

\* **Note:** Recognized disease without genetic predisposition

# Transition To Success<sup>®</sup>

## Treating the Condition of Poverty

With A Client Centered Community Based Continuum of Care



**MAP OF MY DREAMS<sup>®</sup>**

**My Dream Is:**

**SAMPLE**

**Date:**

**LIFE AREA SURVEY**

Page 1

Life Area	1	2	3	4	5	My Score	Priority Areas
<b>Food</b>	I don't have enough food and / or the ability to prepare it (refrigerate / store) I need food	I need food stamps / government support for food.	I can usually get by but sometimes I need help	I have enough food on a budget without assistance	I can buy the all the food I want without assistance		
<b>Housing</b>	I am homeless or I am afraid of losing my home	I live in temporary housing / unsafe housing and / or can't afford my rent / payments	I live in stable housing but it doesn't meet my needs	My house is safe but I need government or family support	My House is safe and affordable		
<b>Income</b>	I have no income	I don't have enough income and / or I spend too much	I can make ends meet with my government help	I just get by without assistance	I make enough money and manage it well		
<b>Mental Health</b>	I have impulses to hurt myself or others	I struggle with depression and other mental health issues	sometimes I struggle with my feelings	I deal with my emotions and stress and do not seek support	I deal with my emotions and stress and seek support when needed.		
<b>Drugs / Alcohol</b>	I think I have a problem with street drugs / prescription medication. I have been hospitalized for alcohol behaviors.	I think about drugs / alcohol - I worry about withdrawal symptoms. I have health, relationship and / or financial problems because of my drug / alcohol use.	I used within the last 6 months and am concerned about my use of drugs / alcohol and sometimes take risks (driving drunk, using on the job)	I have used in the last 6 months but it is not a pattern and I do not engage in risky behaviors.	I have not abused drugs / alcohol in the last 6 months		

*Based on Arizona Self-Sufficiency Matrix*

**SAMPLE**

**My Dream is:** \_\_\_\_\_

Start Here v v v v

- FOOD  TANF (Temporary Assistance For Needy Families)
- SNAP (Supplemental Nutrition Assistance Program)

\_\_\_\_\_

- HOUSING  Vouchers
- Rental Assistance

\_\_\_\_\_

- INCOME  ETIC (Earned Income Tax Credit)

\_\_\_\_\_

- MENTAL HEALTH

\_\_\_\_\_

**LEGEND**

Priority (Check for priority area)

**Keep Going >>>>**

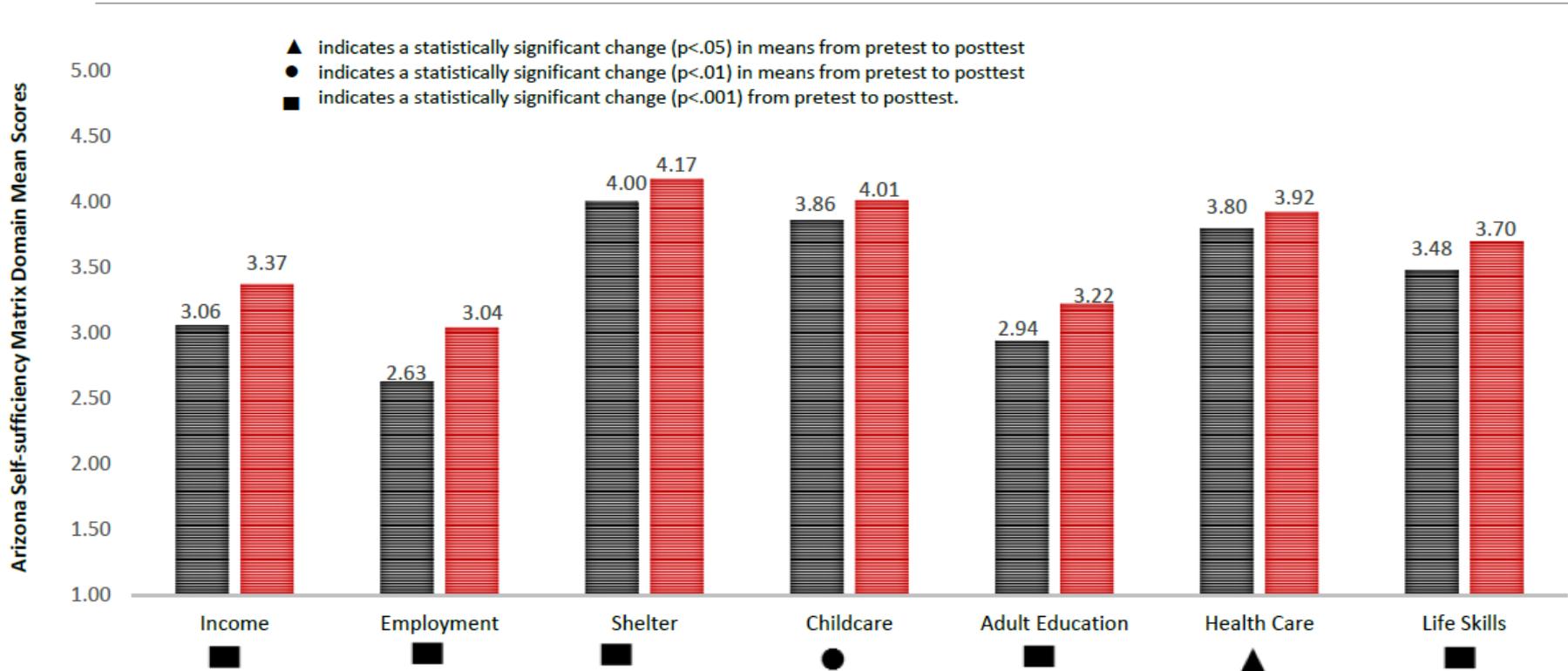
# Map of My Dreams<sup>®</sup>

## WORKBOOK AND GUIDE

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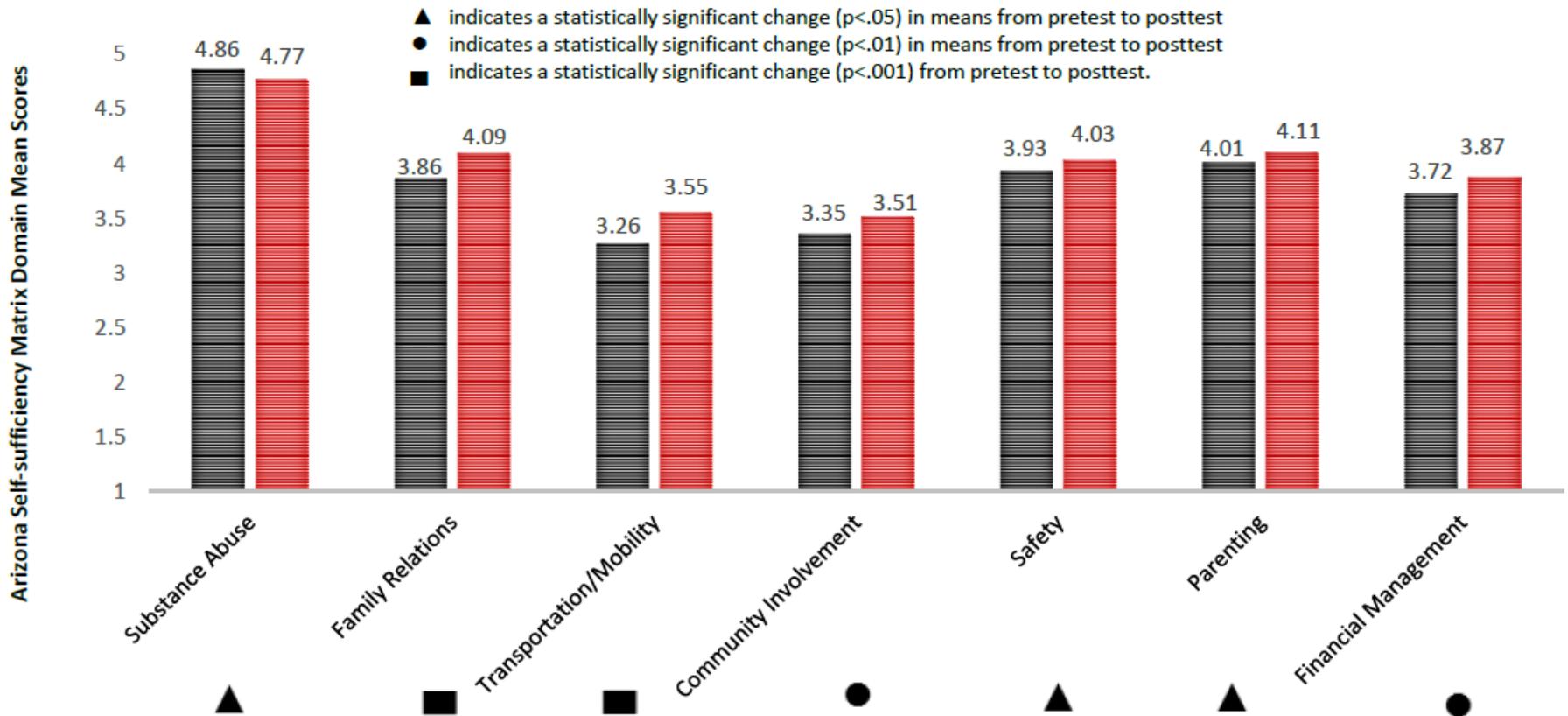
# TTS Independent Evaluation Results

## Matrix Head Start: SSM\* Domains with a Significant Change in Mean Scores, Winter 2014 to Spring 2015



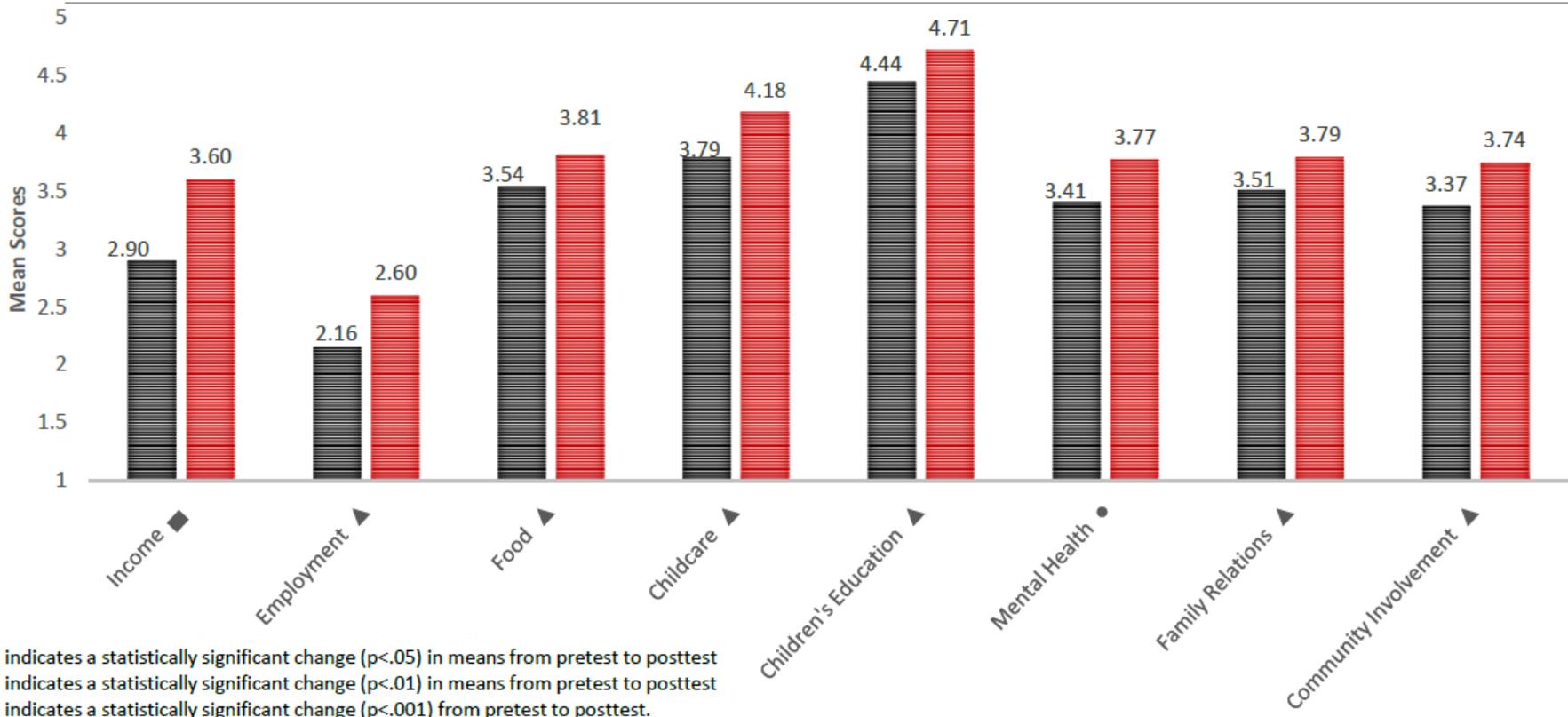
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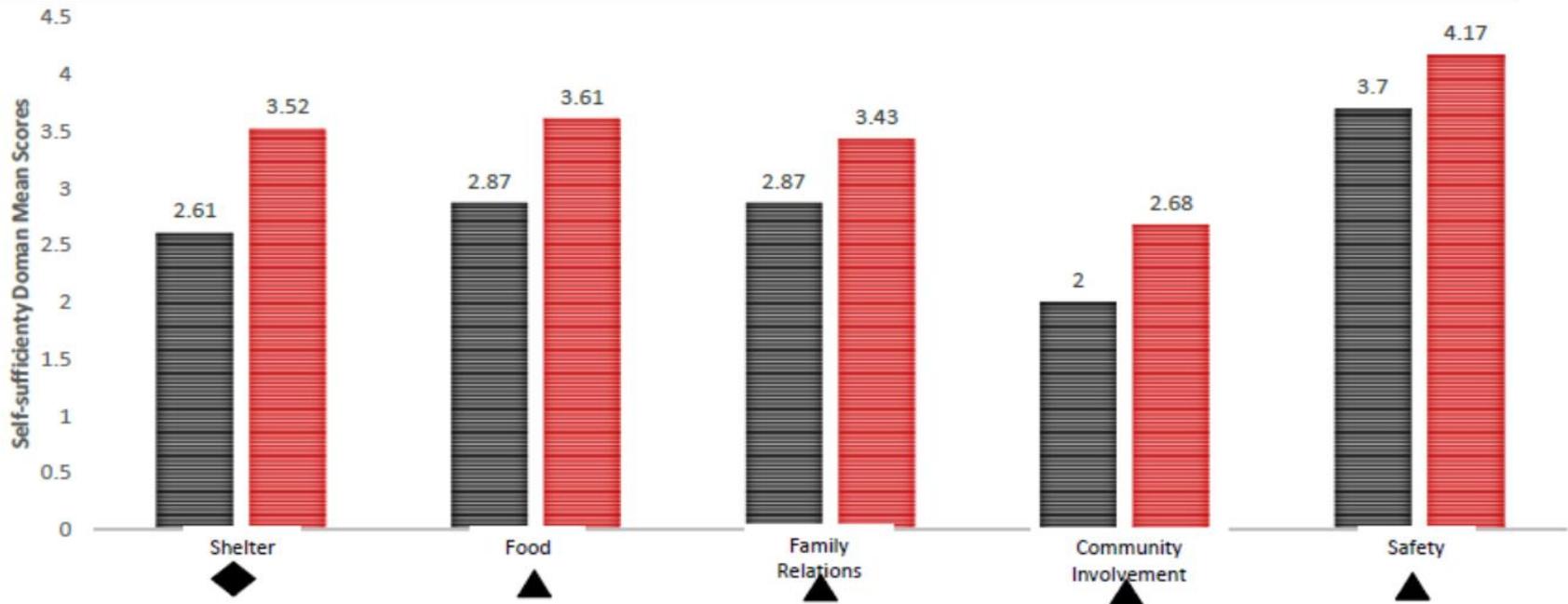
# TTS Independent Evaluation Results

FSDWC: SSM Domains with a Significant Change in Mean Scores from Pretest (January 2013 through February 2014) to Posttest (November 2013 through April 2014)



# TTS Independent Evaluation Results

Off The Streets: SSM Domains with a Significant Change in Mean Scores from Pretest to Posttest in 2014-2015



- ▲ indicates a statistically significant change ( $p < .05$ ) in means from pretest to posttest
- indicates a statistically significant change ( $p < .01$ ) in means from pretest to posttest
- indicates a statistically significant change ( $p < .001$ ) from pretest to posttest.

# Transition To Success<sup>®</sup>

## Matrix Program Outcomes, Detroit MI

### During the Fiscal Year 2014-2015:

94%

94% of Matrix Head Start children received hearing and vision screenings. 93% are up-to-date on immunizations, utilizing existing healthcare funding streams at no cost to the organization.

97%

97% of requests for assistance were successfully obtained for clients enrolled in one of the Ryan White's HIV/AIDS social service programs.

500,000

In 2014-2015, Matrix distributed approximately **500,000 pounds** of food in the Osborn Community to feed children and families using existing funded community based programs.

4,250

In 2014-2015, the Senior Center enrolled 147 clients and provided **4,250 hours of wellness services** which included exercise programs, socialization opportunities and nutrition and health education.

50

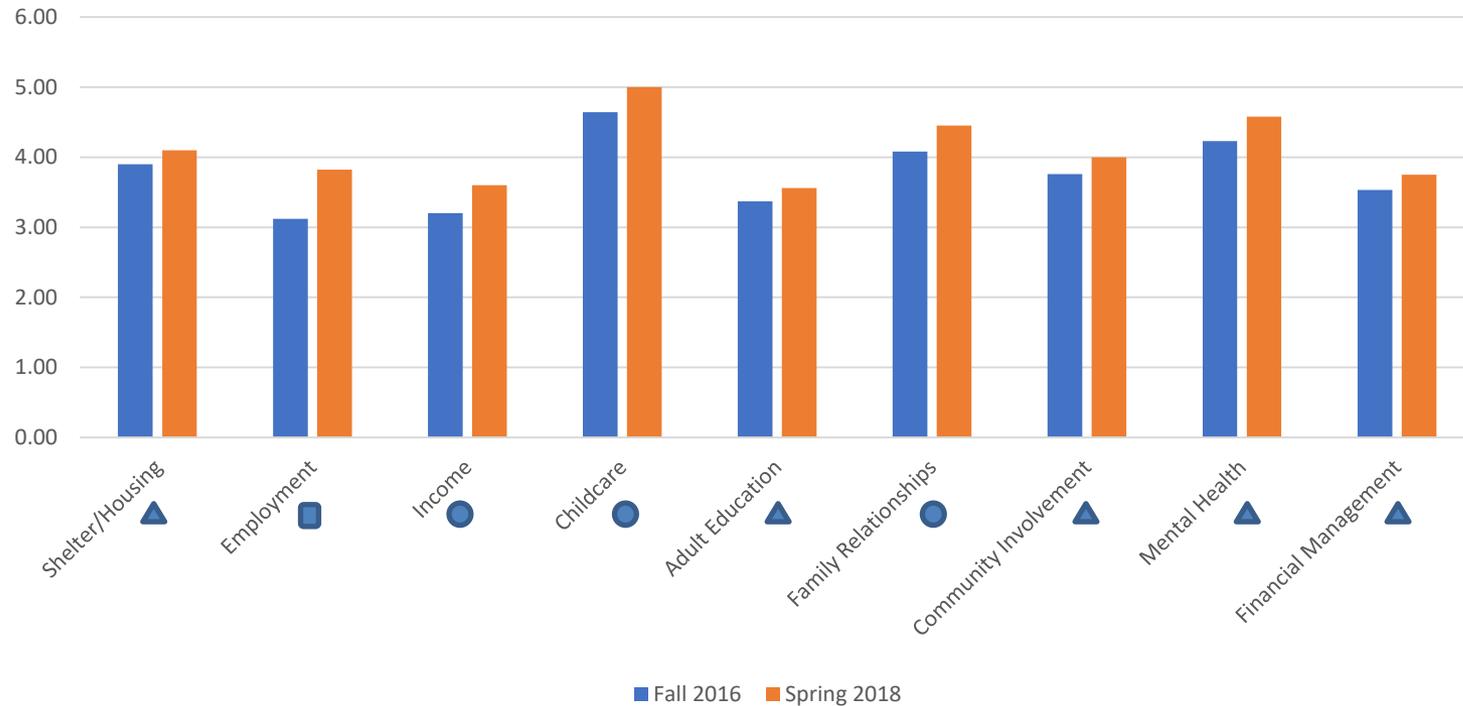
Since 2004, **9 TTS clients received Master's** degrees, **16 received Bachelor's** degrees and **25 received Associate's Degrees**. In addition, 15 of their children received college scholarships

# TTS Independent Evaluation Results

## At Child & Family Services, Hawaii:

### Year End Evaluation of Pilot Implementation of Transition To Success<sup>®</sup> Fall 2016 - Spring 2018

#### Hale Ho'omaluu Family Center and Head Start Kauai



- ▲ p < .05 in means from pretest to posttest
- p < .01 in means from pretest to posttest
- p < .001 from pretest to posttest

*SAS Services, LLC (SAS) was contracted by Child and Family Service and Goodwill Hawai'i to evaluate of the pilot implementation of Transition-To-Success (TTS) model on Maui and Kaua'i.*

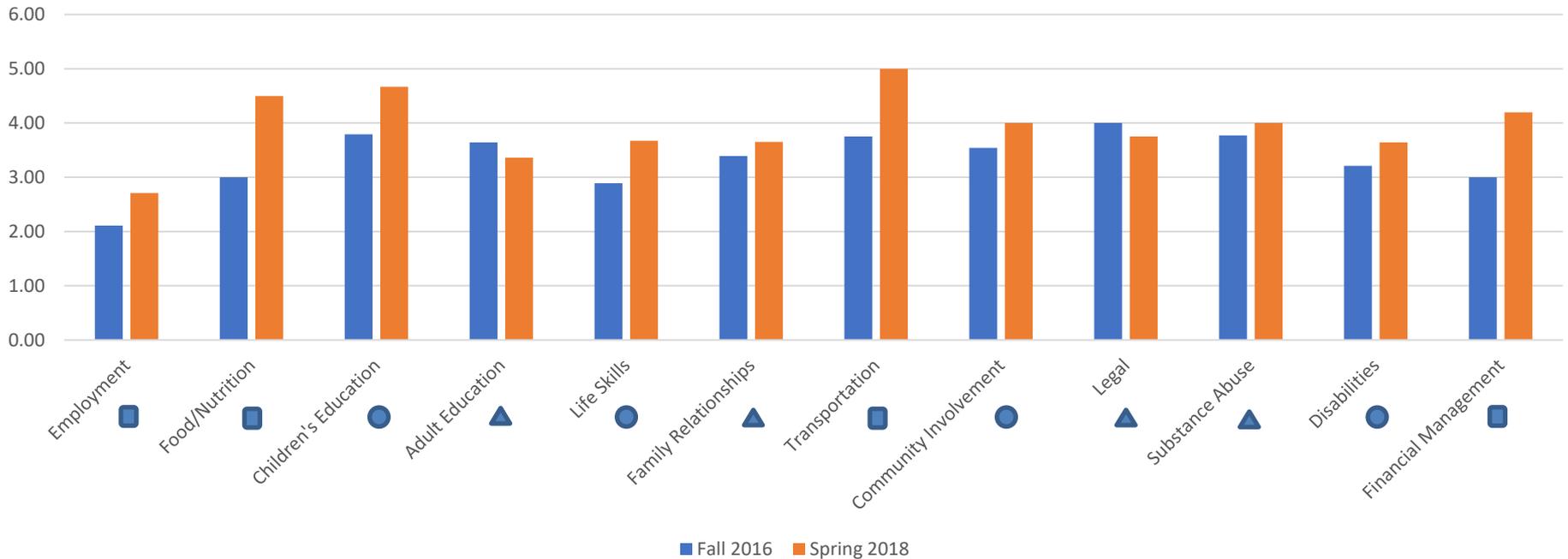
# TTS Independent Evaluation Results

## At Child & Family Services, Hawaii:

### Year End Evaluation of Pilot Implementation of Transition To Success<sup>®</sup>

#### Fall 2016 - Spring 2018

### Neighborhood Place Wailuk Molokai Integrated Services Systems Maui



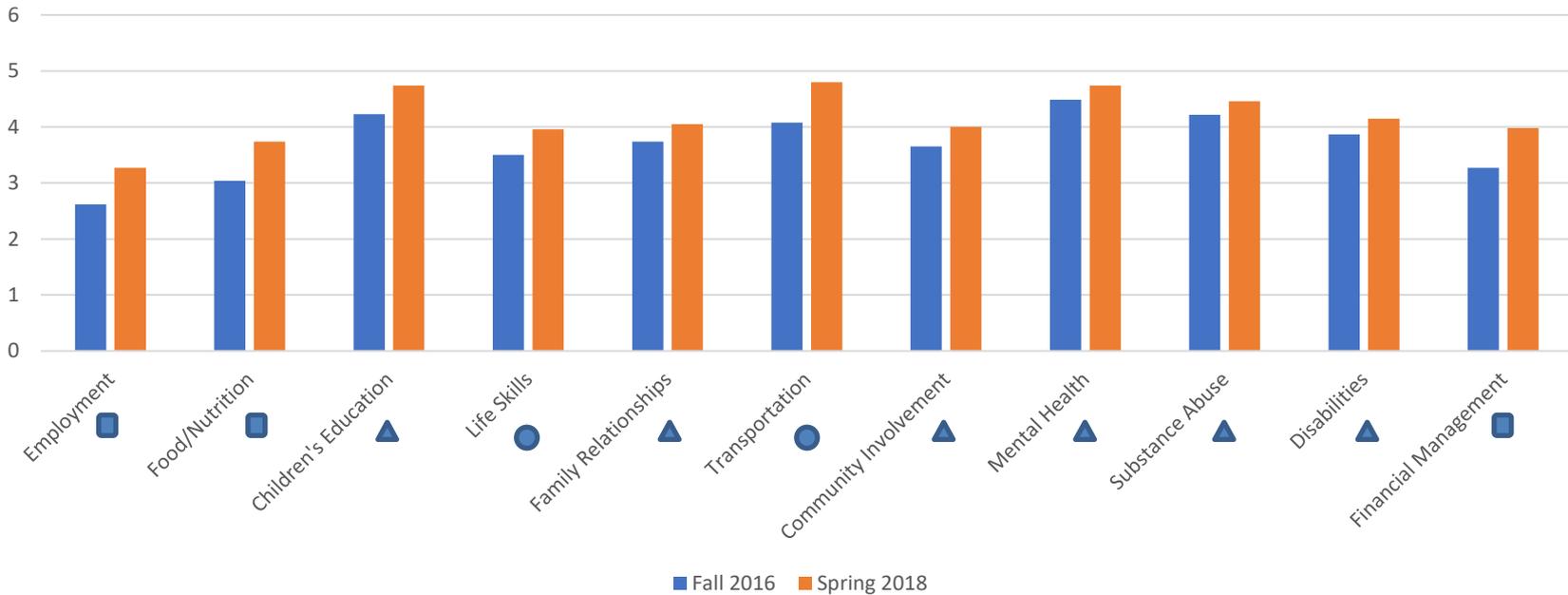
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# TTS Independent Evaluation Results

## At Child & Family Services, Hawaii: Year End Evaluation of Pilot Implementation of Transition To Success<sup>®</sup> Fall 2016 - Spring 2018

### Hawaii Statewide



- ▲  $p < .05$  in means from pretest to posttest
- $p < .01$  in means from pretest to posttest
- $p < .001$  from pretest to posttest

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# Transition to Success<sup>®</sup>

## Detroit NBC Affiliate News Story Dreams Coming True



<https://youtu.be/Xjqn0LhrOzE>

# How To Treat the Condition of Poverty

1. **Assess:** Social Determinants, behavioral health and substance use exposures using the Transition To Success Life Area Survey.
2. **Screen / Interview:** When indicated, refer to primary care, behavioral health and substance abuse treatment.
3. **Treat:** Transition To Success<sup>®</sup> Standards of Care / CARE\* Plan and Map of My Dreams<sup>®</sup>.
4. **Re-Screen:** with Life Area Survey to assess improvements, opportunities and new challenges.
5. **Analyze:** Outcomes Data for system of care improvement opportunities and fund development.
6. **Continue:** TTS Training and integration across health, human services, government, education and faith-based organizations

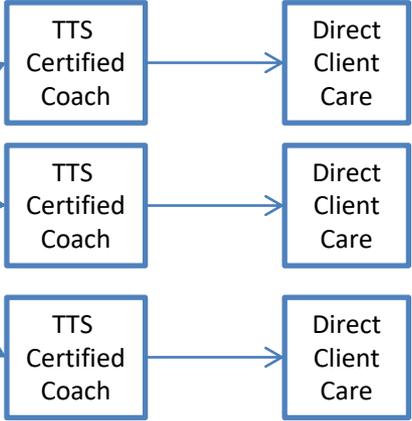
\* CARE: Coordinating  
All Resources Effectively

# Transition To Success® (TTS) Training To Treatment



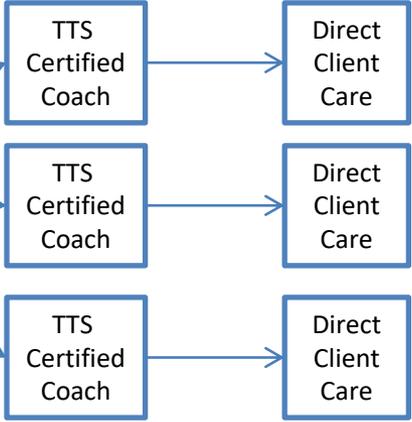
TTS Certified Instructors TRAIN >

Adopting Organization's TTS Certified Trainer(s) TRAIN >



Trainers at your Community Based Organization train staff, coaches and other adopting organizations

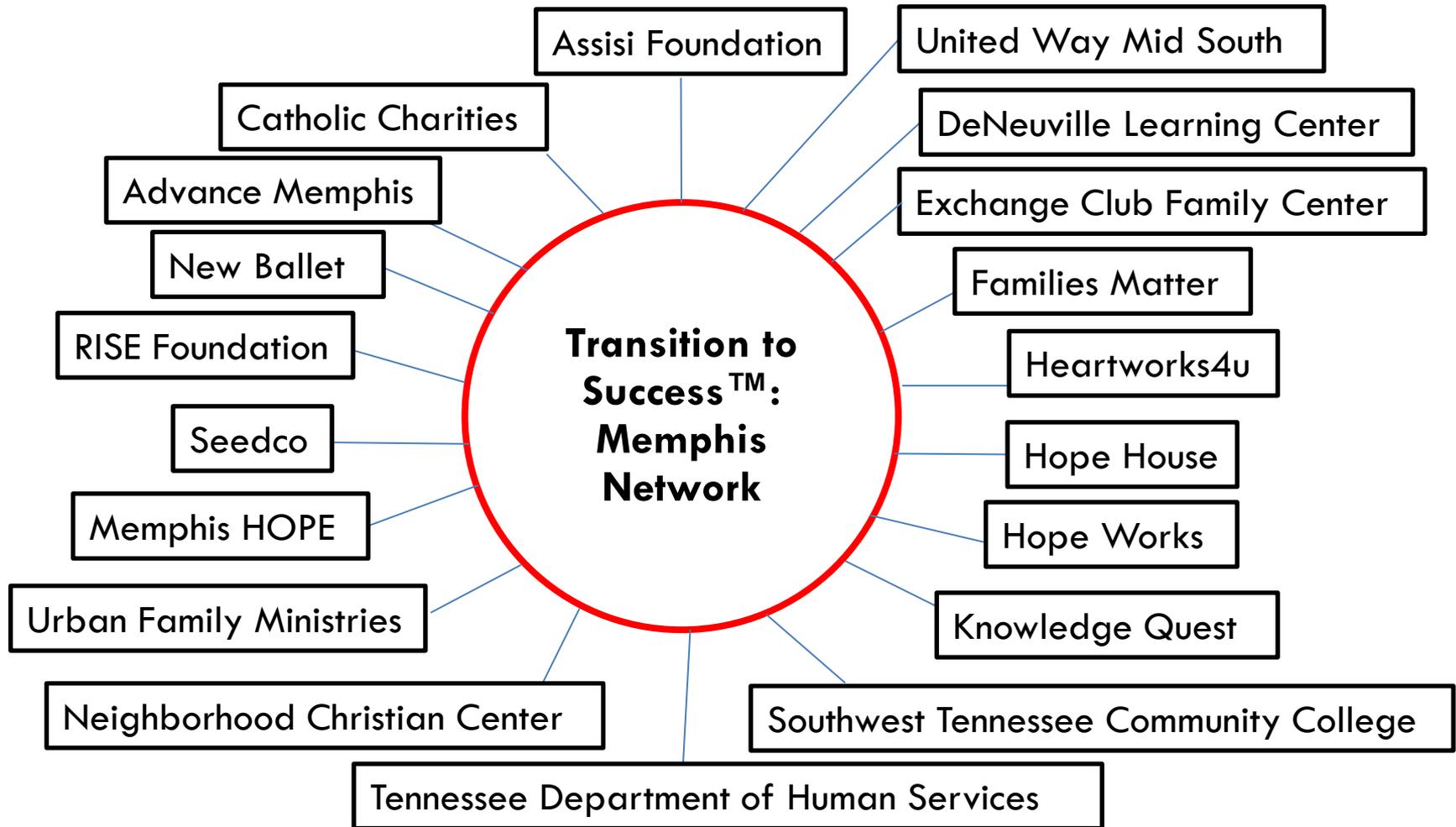
Adopting Organization's TTS Certified Trainer(s) TRAIN >



Every TTS organization has the ability to sustain training across its own organization, and the potential to generate revenue by training other organizations in the community

## Community Based Training, Education and Collective Impact Social Enterprise

# The Power of One – TTS Memphis



# Building A CARE\* Network In Your Community

**Goal:** A client centered, community base, integrated, measurable system of care that is feasible financially and operationally, maximizing existing funding streams to treat poverty and the social determinants.

## **Objective:**

- I. Train: The delivery systems at all levels
  - Poverty is a treatable environmentally based medical condition, not a character flaw. Remove Stigma... Change Culture
- II. Integrate:
  - TTS Social Determinant Assessments / Treatment Protocols
  - Available Funding / Data Collection
  - CQI
  - Providers across health, human service, government, education and faith-based

**Scalable – Sustainable – Measurable – Multi-Generational**

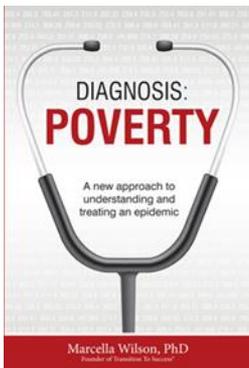
# Transition To Success<sup>®</sup> (TTS): A National Standard of Care To Treat the Condition of Poverty

- A Clinton Global Initiative
- Statistically Significant Independent Evaluation Results
- Over 80 Organizations Involved
- Over 800 trained nationwide
- Pilots:
  - Assisi Foundation/ Memphis, TN
  - Child and Family Services/HI
  - Department of Human Services, City of Lansing MI
  - Third New Hope Baptist Church/Community Network (6 Congregations) Detroit, MI
  - Catholic Charities, New Orleans, LA
  - Forward Service Corporation WI
- Publications:
  - “Diagnosis: Poverty - A new approach for understanding and treating an epidemic” – Book and Curriculum
  - The Online Journal of Issues in Nursing: “Child Poverty, Toxic Stress, and Social Determinants of Health: Screening and Care Coordination.”
  - The American Journal of Health Promotion: “Social Determinants of Health – Relevant History, A call to Action, An Organization’s Transformational Story, and What Can Employers Do?”
  - National Association of Social Workers (NASW), Commission for Case Manager Certification (CCMC): “Rethinking poverty: An evidence-based approach to treatment.”

# Thank you!

**“... find your dream. It's the pursuit of the dream that heals you.”**

*Billy Mills' Father  
Oglala Lakota Sioux*



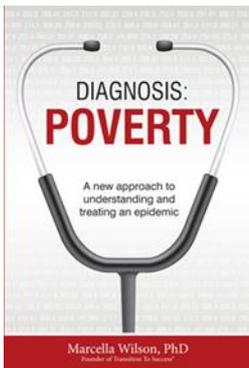
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Check out my book:

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# Questions & Next Steps

“Vision Without Backbone is Fantasy”

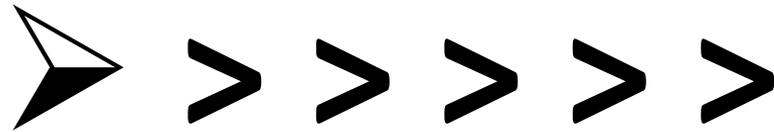
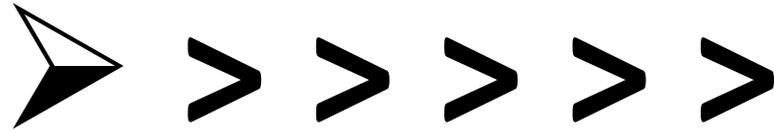


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# Not Used ...

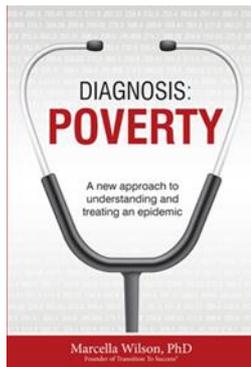
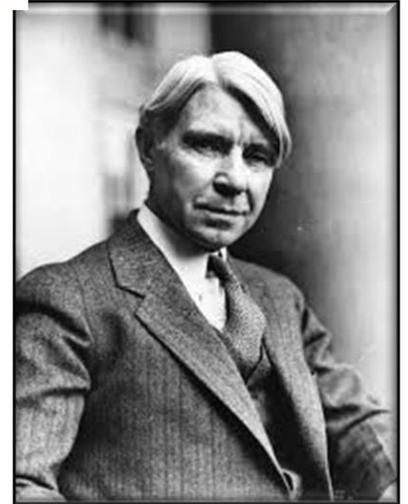




Thank You!

“Nothing if not first a dream”

- *Carl Sandberg*



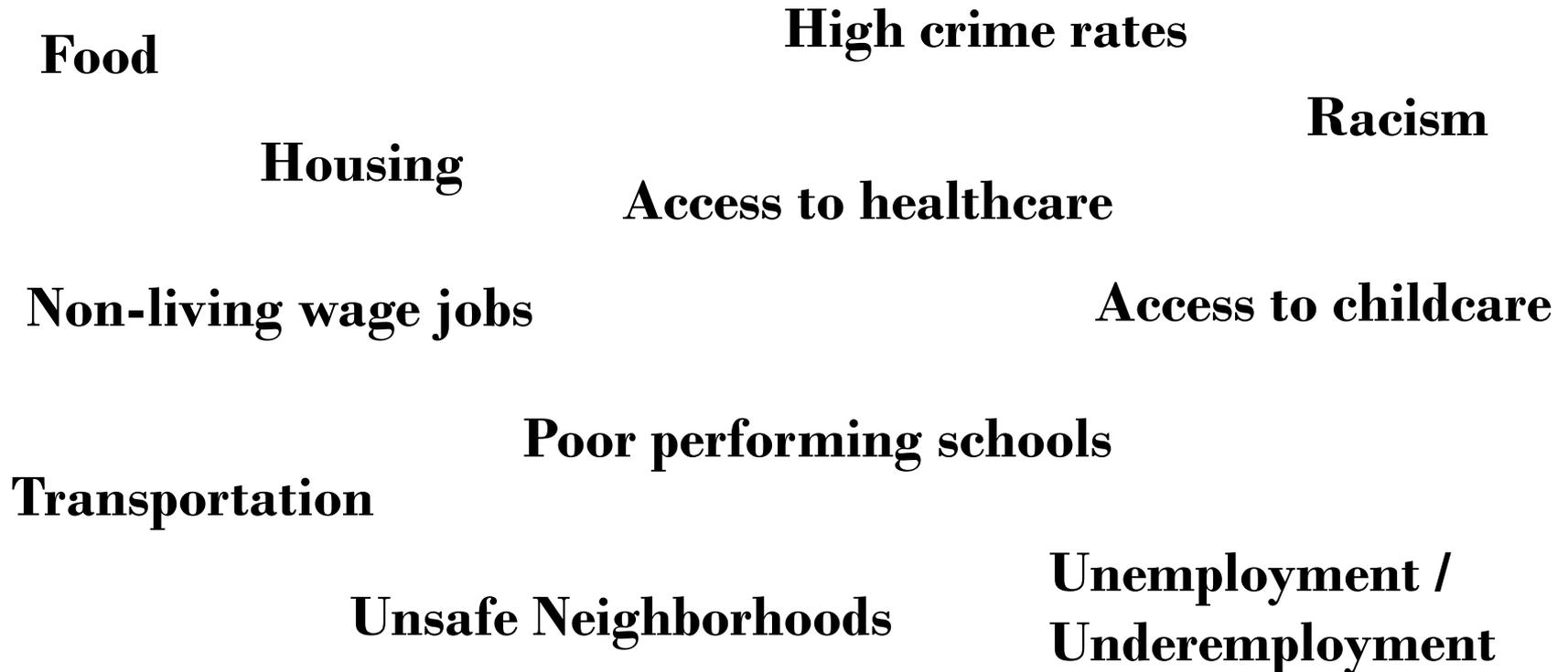
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## **According to the World Health Organization:**

Social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels.



# **Social Determinants of Health and Financial Wellness**

**The research is clear, exposures to one or more of these environmental conditions directly affects health and financial wellness.**

**Food**

**High crime rates**

**Racism**

**Housing**

**Access to healthcare**

**Access to childcare**

**Non-living wage jobs**

**Poor performing schools**

**Transportation**

**Unsafe Neighborhoods**

**Unemployment /  
Underemployment**

# Transition To Success®: A National Standard of Care To Health Economic Wellness

- Recognized as a Clinton Global Initiative
- 5 Statistically Significant Independent Evaluation Results
- Over 100 Organizations trained
- Pilots:
  - Assisi Foundation/ Memphis, TN
  - Child and Family Services/HI
  - Department of Human Services, City of Lansing MI
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# Poverty and Mental Health

- The lower the Socio economic status of an individual, the higher is his or her risk of mental illness (Hudson 2005 ). People in the lowest socioeconomic status are 2 to 3 times more likely than those in the highest strata to have a mental disorder (US Surgeon General 1999)
- Higher unemployment, poverty and lack of housing affordability in poor communities account for more than half of the community differences in psychiatric hospitalizations. (Hudson 2005)
- The conditions of poverty can cause mental health disorders and alleviating poverty can have positive effects on children's mental health. (Costello et al 2003)

Source: [www.fccmh.org](http://www.fccmh.org)

# Poverty Impacts Health

Low income individuals are more likely to have high blood pressure, cholesterol, and become obese or diabetic, as long term stress hormones compromise the immune system and promote weight gain.

*(thinkprogress.org, 2013)*

Even low levels of food insecurity directly affects the development of children's brains--- **specifically white matter, gray matter and the hippocampus.**

*(Children's Watch – May 2009)*

Low birth weight babies whose families were food insecure in early childhood are almost 28 times more likely to be overweight or obese at age 4 ½.

*(Children's Defense Fund: Child Nutrition and Obesity)*

# The Pre-Paid Funded **Transition To Success CARE\* Network**

**\*Coordinating All Resources Effectively**

## Faith-Based

- 320,000 US Christian Churches
- 3,727 US Synagogues
- 2,106 US Mosques

## Education

- Head Start (\$8.1B) (serves over 32M children in the US)
- Public Schools Vocational & High Education (\$69.9B)
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- 262,300 school counselors

## Human Service

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**Client and TTS  
 Adopting  
 Organizations  
 Coordinate All  
 Resources  
 Effectively**

## Healthcare

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- Medicaid and CHIP (70M, 1 in 5 in the U.S.)
- Medicare health plans (53.8M)

**Estimated Value:  
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## Government

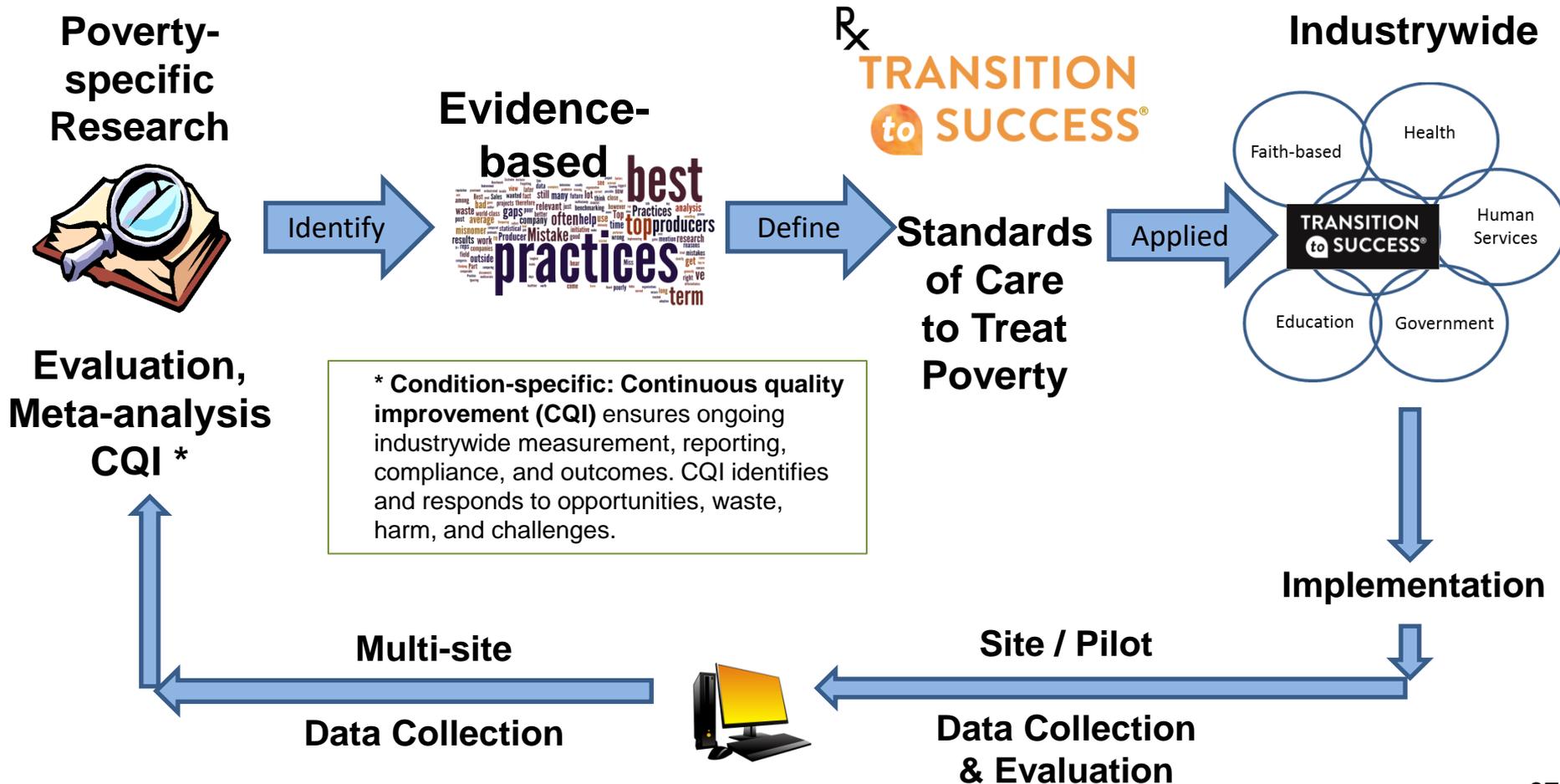
- DHS
- Community Mental Health
- Housing
- Medicaid/Medicare
- Veterans
- Juvenile justice
- Prisoner reentry



(\* Federal Office of Management and Budget, <http://febp.newamerica.net/background-analysis/education-federal-budget>).

# Understanding and Treating the Condition of Poverty

**Transition To Success:**  
 A uniform system of care with continuous quality improvement (CQI)



# Bridging The Gap Between Client Care and the Social Determinants

III. Develop: Community Based CARE Network (Coordinating All Resources Effectively) promoting uniform protocols and analytics.

<b>Human Service</b>	<b>Health Plan</b>	<b>Government</b>	<b>Education</b>	<b>Faith-Based</b>
<ul style="list-style-type: none"> <li>• 211</li> <li>• Basic Needs</li> <li>• Community Supports</li> <li>• Energy Assistance</li> <li>• United Way's</li> </ul>	<ul style="list-style-type: none"> <li>• Behavioral Health Network</li> <li>• Patient Services</li> <li>• Social Work</li> <li>• Care Management</li> <li>• Medical Transportation</li> <li>• Chronic Care Management</li> </ul>	<ul style="list-style-type: none"> <li>• Housing</li> <li>• Workforce Development</li> <li>• Subsidies</li> <li>• Juvenile Justice</li> <li>• Criminal Justice</li> </ul>	<ul style="list-style-type: none"> <li>• Head Start / Education</li> <li>• K-12 / GED</li> <li>• Vocational / Skilled Trades</li> <li>• Higher Ed</li> </ul>	<ul style="list-style-type: none"> <li>• Basic Needs</li> <li>• Community Support</li> <li>• Fellowship</li> </ul>

Uniform protocols and analytics to treat poverty, organize care and ensure access to existing, already funded programs and services across healthcare, human services, government, education and faith-based organizations.

**Scalable – Sustainable – Measurable – Multi-Generational**