

**21<sup>ST</sup> CENTURY TEAM  
MEMBERS LESSONS IN:  
Attraction, Retention, Promotion  
with an  
INCAPACITATED  
WORKFORCE**

***Developing Resilience  
& Trauma Responsiveness  
in the Workplace***

**EVIDENCED BASED SUBSTANCE ABUSE &  
MENTAL HEALTH**

**TREATMENT & EDUCATION  
BIOLOGICAL COGNITIVE BEHAVIORAL APPROACHED  
EMPLOYEE ASSISTANCE  
SOLUTIONS**



***Transformation Services, Inc.***

## ***EXECUTIVE SUMMARY MISSION & VISION STATEMENT***



**HOW CAN I HELP Y-O-U?** The mission and vision of *Transformation Services, Inc.* (TSI) is to provide Substance Abuse/Mental Health Treatment and Licensing in a Trauma *Resilient* based model. Our services focus on an Incapacitated Workforce: Unemployed, to Underemployed, and Employed with Positive Drug Tests, Absenteeism Return to Work, Productivity, and Safety Issues are addressed through in person or distance digital services in a variety of settings: WORK, SCHOOL, HOME etc. Alcohol and drug problems disproportionately affect those in urban communities (“*Trauma Fallout*”), where customized care is expensive, or inaccessible. Our primary goal is to offer quality health care, increase delivery options-immediate, and long term. Career choice and workforce development: Attracting, Retaining, Promotion are a focus.

Our *Day Into Night* approach 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 like 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*<sup>™</sup> 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 and treatment 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 care and support from our *Peer Specialists*-those who are graduates of the program (many who are in recovery or have mental illness). Active in social media is key, and services can be accessed in many ways: in-person, via phone, electronically. We are *already providing these services in EAP contracts described below*.

Members of Milwaukee Metropolitan Association of Commerce/The Business Council (MMAC/TBC), TSI has been in business for 14 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 and treatment.



## EXPERIENCE

**TransformationServices** successfully administered a federal grant that focused on this “homeless” population, by providing disenfranchised with an employability finding 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**. This then becomes the workforce that provides services to YOUR incapacitated work force-offering identifiable, Peer to Peer 360 Circle of Support-**Mental Health & Safety Wellness Checks**. The World Health Organization (WHO) [defines health](#) as “a state of complete physical, mental and social well-being,” while wellness aims to enhance said well-being. [According to WHO](#), social, economic and environmental factors can affect a person’s health, but maintenance and improvement depend on their efforts and lifestyle choices.



**TransformationServices** 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. **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. 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 wellness 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 strategy, 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.

## **Employer Problem: How Can I Better Help My team?**

### **Incapacitated Work Force: Poverty, Addiction, Joblessness and Homelessness**

What happened to you? Difficulties related to working with this incapacitated work force, 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 2018 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. The landmark book (and exhibit), "Evicted" outlines the problem well.

**TransformationServices** target population are 'Professionals to Be' within the Wisconsin job centers and communities but is available to any workforce nationwide. The targeted service area includes job training and support, using a peer to peer advocacy model. An underutilized potential work force 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. Many small and medium companies hire these individuals hoping to give them a chance post incarceration-a good thing. Often though, substance abuse, mental health issues resurface into absenteeism, lost productivity, inventory, and safety issues. All of which become a 360 hiring, firing, hiring cycle. Employee intermittent drug use (e.g. alcohol, marijuana), what we call *trauma fallout* complicate the picture.

### **What are some solutions?**

**TransformationServices** parent company 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 provide on the spot care, specifically with those who have been successfully trained. This then becomes the workforce that provides services to YOUR incapacitated work force-offering identifiable, Peer to Peer 360 Circle of Support. It's about relationships that really treat the trauma and improving companies bottom lines. Membership in MMAC/TBC gives our company a unique perspective.

## **Evidence-Based Service/Practice: Biological-Cognitively Based Treatment**

The mission of TSI, is to provide treatment and educational services for the disenfranchised (Department of Vocational Rehabilitation (DVR), 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 employee at point of entry is administered a digitized initial assessment (using *Motivational Interviewing*) that includes: psychosocial background, prior drug and alcohol and, employment history, needs assessment, case planning. This then assesses risk, as well as lays the groundwork for a relationship (the basis of trauma informed care), should the need ever arise. If it does,

The primary mode of behavioral change that TSI utilizes is Resilience methods (e.g. Motivational, Matrix, EMDR Models 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, with ongoing safety checks. 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.

## **TransformationServices, Inc. (TSI)**

Changing Lives, Changing Communities and Now Changing Health Care



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). Many of our staff have been 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.

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.

**The employer then gets the benefit of this training, that provides the treatment, but comes not only with the ability address trauma, but identify strategies, and be an ongoing identifiable relationship for the employee, permanent 24/7 resource for the employer.**

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 have similar occupational struggles.

## 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 maintaining 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>

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. 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:**

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All about BUSINESS. Pleased [#TransformationServicesInc](#) was invited to discuss our efforts in workforce resiliency. [#MRA](#) was a great host, St. A's included many diverse and different voices who have just been quietly doing the work...



## In Sum

- Addiction, joblessness, and homelessness are factors in working with the disenfranchised (DVR, 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 incapacitated (DVR, 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, thereby creating services on demand.
- **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 **75% treatment improvement rate, 97% completion rate, 99% licensing rate, and a 50% or better hiring rate.**
- **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

Barry, K.L.; Tip 34 - *Brief Interventions and Brief Therapies for Substance Abuse*, US Dept. of Health and Human Services, Maryland, 1999

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Peters, R.; Wenzler, H. Tip 44: *Substance Abuse Treatment for Adults in the Criminal Justice System*, US Dept. of Health and Human Services, Maryland, 2013

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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>