



A Standard of Care to Treat the Social Determinants of Health

*“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*

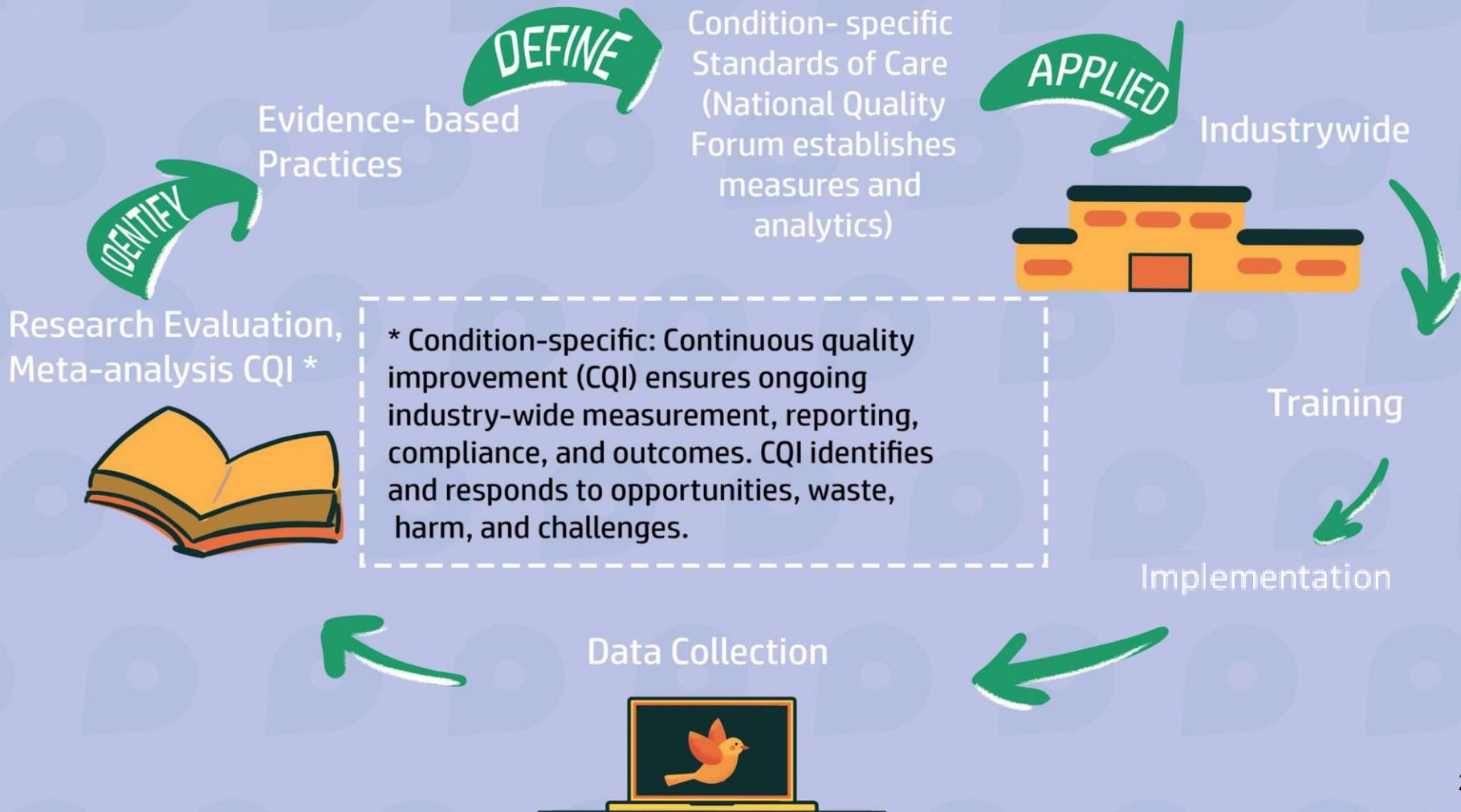
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The Medical Model Understanding and Treating Disease

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





Treating Poverty in America



Evidence - Based Practice



Poverty-related



Research, Evaluation, and Meta-analy

No comprehensive, cross-industry, interdisciplinary, uniform analytics to support CQI *

- Client self-navigation
- Practitioner preference
- Organizational preference





Current Funded U.S. Delivery System

Client Driven – Disconnected – Ineffective

Healthcare

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

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

Estimated cost.
\$1,660,451,000,000*
Client independently
attempts to access goods,
services & supports

(Does not include: Foundations,
Corporate of individual donations.)

Education

- Head Start (\$10.7B)
(Has served over 36 million 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

Government

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



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

	Percentage with Disease in Poverty	Percentage with Disease Not in Poverty	Difference (percentage points)
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)

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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	✓
Pollution	Difficulty breathing, decrease in lung function, wheezing	Asthma/COPD	Required	✓
Social Determinants of Health 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)	Transition To Success (TTS): Screening & CARE (Coordinating All Resources Effectively)	Behavioral Health and Substance Abuse. Billable CPT Codes for Medicaid, Medicare and Third Party

* Note: Recognized disease without genetic predisposition



Map of My Dreams[®]

Life Area Survey

My Dream Is: _____

Date: _____

Life Area	1	2	3	4	5	My Score	Priority Areas
Food	I don't have enough food and / or the ability to prepare it (Refridgerate / 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 all the food I want without assistance.		
Housing	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.		
Income	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.		
Mental Health	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.		
Drugs / Alcohol	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 six months and I am concerned about my use of drugs / alcohol and sometimes take risks (driving drunk, use drugs on the job).	I have used in the last six months but it is not a pattern and I do not engage in risky behaviors.	I have not abused drugs / alcohol in the last six months.		



My Dream is: _____

Start Here



FOOD

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

HOUSING

- Vouchers
- Rental Assistance

INCOME

- EITC (Earned Income Tax Credit)

LEGEND
Priority (Check for
priority area)

KEEP GOING!



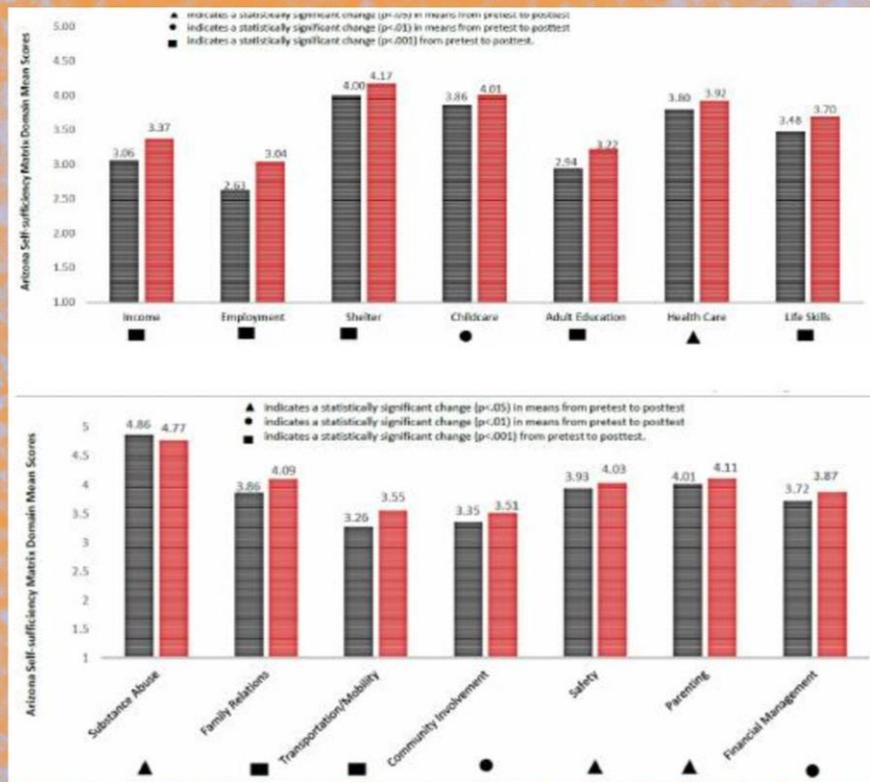
TTS Independent Evaluation Results

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

This 15-month independent study in Detroit Head Start focused on reducing the family exposure to 18 social determinants using a client self reporting Likert scale for pre and post study reporting.

This study was completed with no new funding other than research and evaluation. Existing staff (parent educators) and training budgets were used to implement Transition To Success in Head Start for this study.

Results of this independent evaluation indicate statistically significant improvement in 14 of 18 social determinant domains, including but not limited to income, employment, medication compliance, healthcare, education, transportation and financial management.





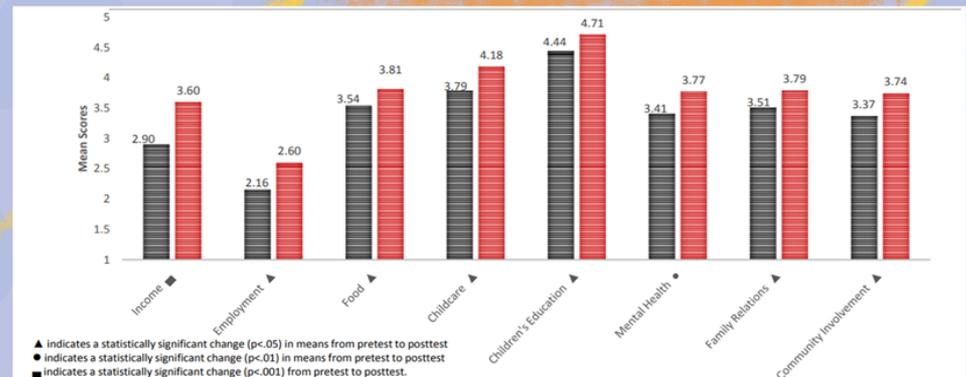
TTS Independent Evaluation Results

TTS Independent Evaluation Family Service of Detroit and Wayne County (FSDWC)

This 12-month independent evaluation of Transition To Success was completed at FSDWC, an outpatient, behavioral health, Medicaid Clinic in Detroit. Other than research and evaluation there was no additional funding for staffing and TTS training was accomplished within the existing training budget. In this study Master level, State of Michigan licensed therapists were trained in TTS, integrating social determinant screening and care management into the therapeutic response.

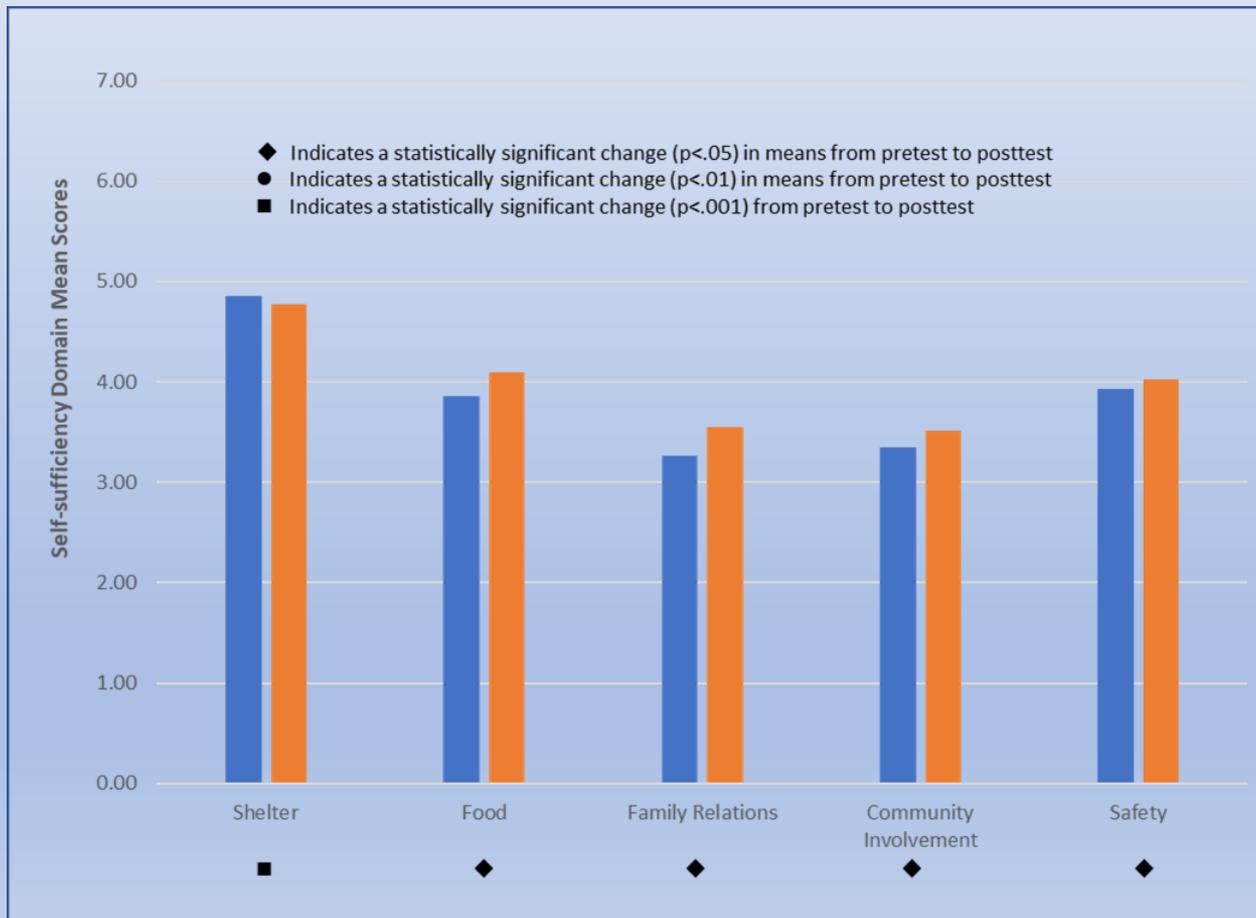
With an average length of stay of 6 outpatient visits, clients reported statistically significant improvement in 8 of 18 domains, including but not limited to income, employment, food and mental health. All services provided were reimbursed by Medicaid at a cost of less than \$600.00 to the insurer.

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 – Homeless & Runaway Youth Shelter SSM Domains with a Significant Change in Mean Scores from Pretest to Posttest 2014-2015



Off The Streets, a 21 day homeless and runaway shelter, located in Detroit Michigan offered 24/7/365 safe haven for youths ages 10-21. This study from 2014 thru 2015 followed 41 youth. **This evaluation identified statistically significant change in 5 of 19 social determinant domains, including shelter, food, family relations and community involvement.**

Transition To Success® Final Evaluation Report – 8/29/2015 W. K. Kellogg Foundation Grant: P3018954



TTS Independent Evaluation Results

At Child & Family Service, Hawaii:
Year End Evaluation of Pilot Implementation of
Transition To Success® Fall 2016 - Spring 2018

Head Start - Kauai, Hawaii

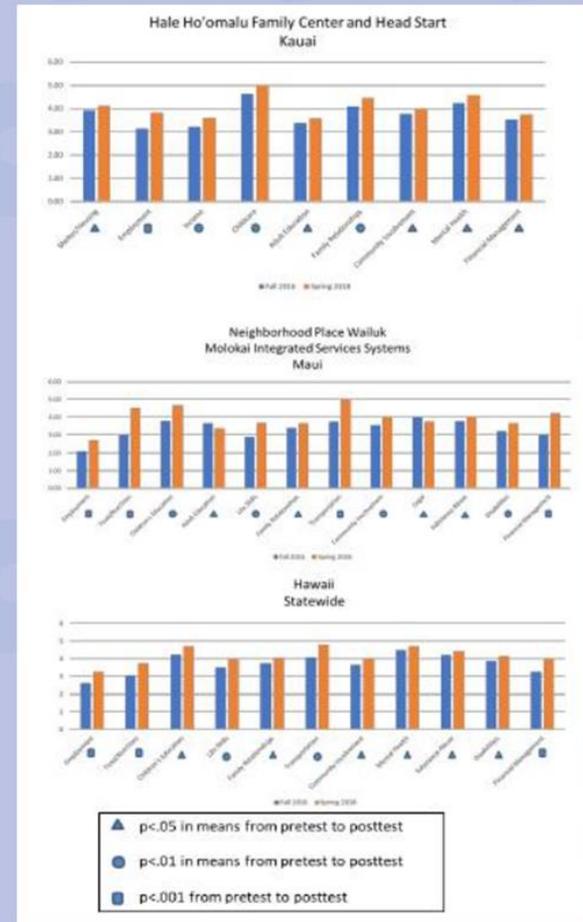
This 20-month independent evaluation of Head Start Kauai focused on reducing families' exposure to the social determinants of health and was accomplished with no new funding other than research and evaluation. Using a client self reporting Likert scale, for pre and post scoring Head Start parents reported statistically significant improvement in 9 of 18 domains, including but not limited to shelter, employment, income, mental health and financial management.

Neighborhood Place - Maui, Hawaii

This 20-month independent evaluation of a human service provider in Maui was focused on reducing individuals' and families' exposure to the social determinants of health. With the exception of research and evaluation, results were accomplished within existing funding streams. Using the Arizona Self Sufficiency Matrix, a client self reporting tool, using a Likert scale with pre and post scoring, clients reported statistically significant change in 12 of 18 social determinant categories including but not limited to employment, food, and transportation. Of note is the statistically significant decrease in adult education. This decrease corresponds with an increase in employment, indicating a childcare service gap for working parents. Also of note is a statistically significant increase in the reporting of substance abuse concerns. This increase reflects a higher level of trust and willingness to identify and address these concerns.

Statewide - Hawaii

This 20-month independent evaluation of CFS statewide programs was focused on reducing individuals' and families' exposure to 18 social determinants. With the exception of research and evaluation, results were accomplished within existing staffing and training budgets. Using the Arizona Self Sufficiency Matrix, a Likert scale client self reporting tool, clients reported statistically significant improvement in 11 of 18 social determinant domains including but not limited to, employment, food, transportation, mental health and financial management. Of note the increased reporting of substance abuse issues reflects the clients increased level of comfort and trust addressing their substance use concerns.



Federally Qualified Health Clinic (FQHC)

In this study Transition To Success® was integrated into Primary Care at a Memphis FQHC for 6 months during the Covid epidemic. **With no new funding for program, only evaluation, this study demonstrated statistically significant improvement in 7 of 21 SDoH domains including food, healthcare, housing, support, mental health, transportation and legal. Additionally the study reported statistically significant improvement in HbA1c levels in diabetics and statistically significant improvement in PQH9 scores for patients with depression.**





Detroit NBC Affiliate News Story Dreams Coming True





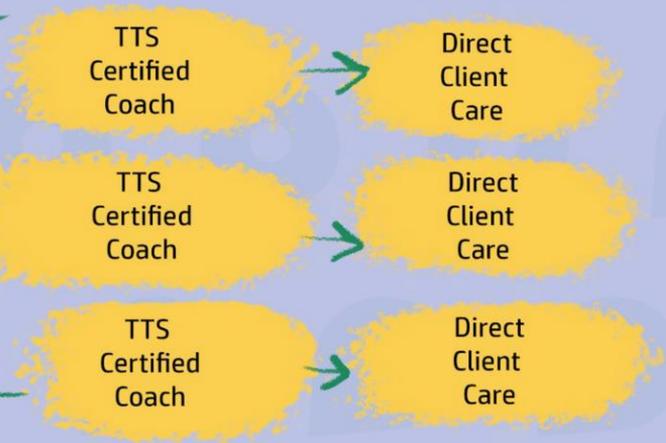
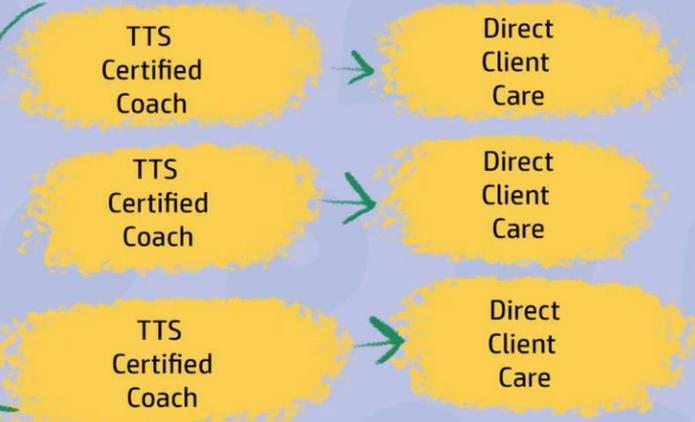
Transition To Success®(TTS) Training To Treatment

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

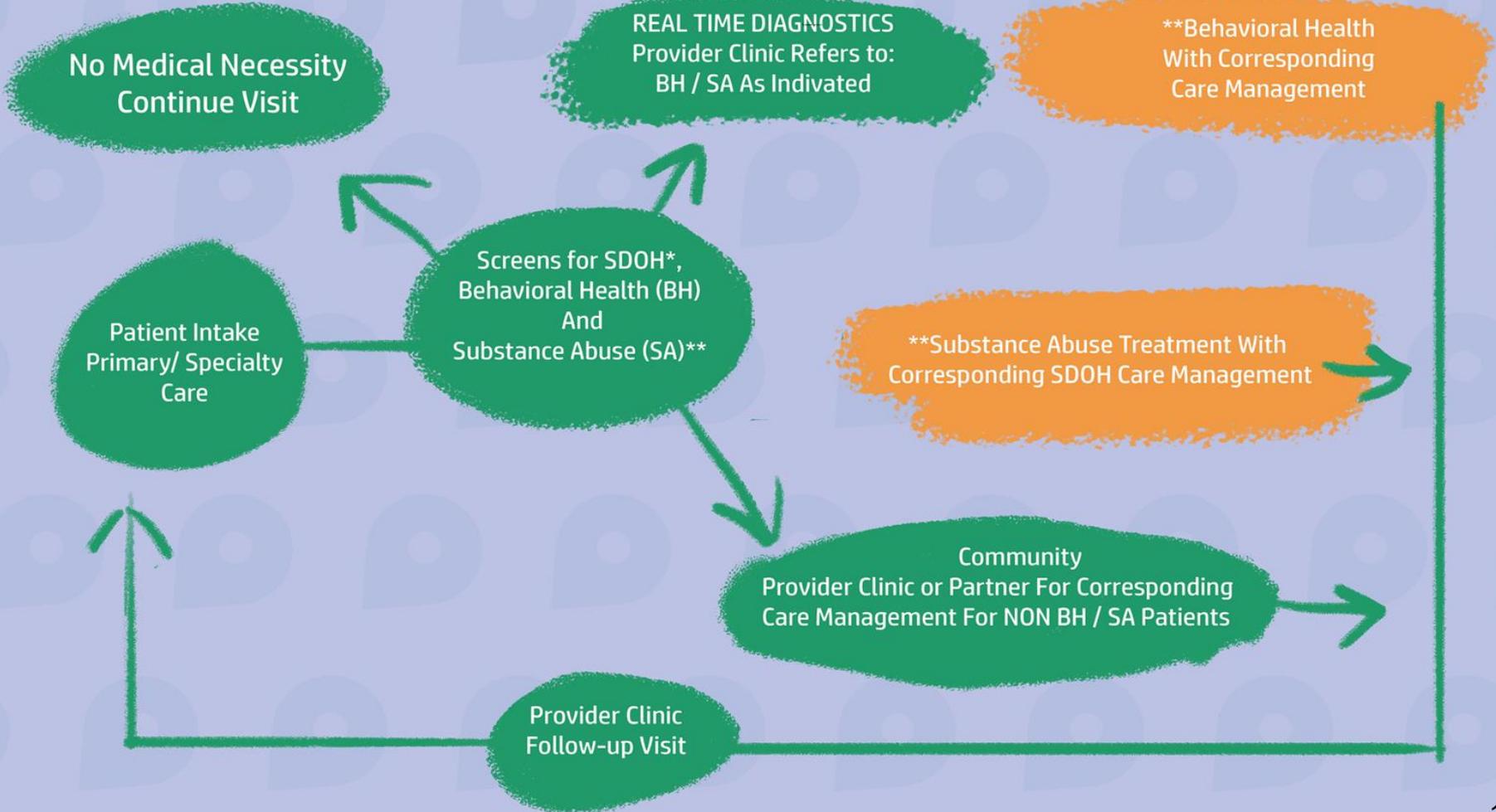
Adopting Organization's TTS Certified Trainer(s) TRAIN >



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



Transition To Success Reimbursable Pathways to Integration of Social Determinant Screenings In Primary and Specialty Care



Indicates: Reimbursable Services**



Transition To Success[®] (TTS): Today A National Standard of Care To Treat the Condition of Poverty



- 2 Robert Wood Johnson Foundation Initiatives
- Recognized as a Clinton Global Initiative
- 7 Statistically Significant Independent Evaluation Results
- Pilots:
 - Department of Children and Families, WI – Immigration / Refugee Services
 - TN DHS over 100 organizations including United Way Mid South & Assisi Foundation
 - Child and Family Services, HI (Statewide integration)
 - Third New Hope Baptist Church/Community CARE Network, Detroit, MI
 - Cass Community Clinic, Detroit MI
 - ACCESS, Dearborn, MI
 - Forward Service Corporation WI
 - Northeast Wisconsin Technical College, WI
 - Orange County Head Start, CA
 - Heart Mountain Clinic, Cody, WY
- Publications:
 - “Diagnosis: Poverty - A new approach for understanding and treating an epidemic” – Book and Curriculums
 - 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, 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.”

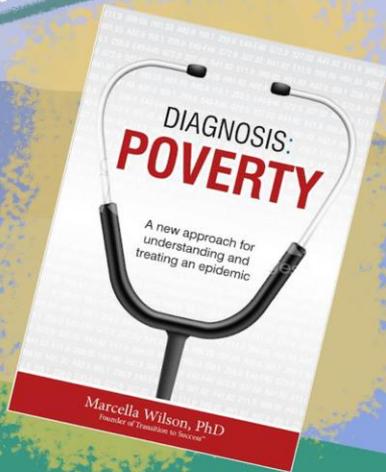
Changing the way We Understand and Treat the Condition of Poverty!



Next Steps!

“Vision without backbone is fantasy”

Check out my book!



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