“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
The Medical Model
Understanding and Treating Disease

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

Research Evaluation, Meta-analysis CQI *

(E.g., diabetes, asthma, cancer)

Evidence-based

Identify

Condition-specific Standards of Care (National Quality Forum establishes measures and analytics)

Define

Industrywide

Applied

Rx

Training

Implementation

Data Collection

* Condition-Specific: Continuous Quality Improvement (CQI) ensures ongoing industrywide measurement, reporting, compliance, and outcomes. CQI identifies and responds to opportunities, waste, harm, and challenges.

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Treating Poverty in America

Poverty-related
Research, Evaluation, and Meta-analysis

Evidence-based
Defines
Applied

• Client self-navigation
• Individual practitioner preference
• Organizational preference

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

* Condition-specific: Continuous quality improvement (CQI) ensures ongoing industrywide measurement, reporting, compliance, and outcomes. CQI identifies and responds to opportunities, waste, harm, and challenges.
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)

• 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)

• 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)

• Living in poverty has the most measurable affect on the rates of mental illness. 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)

• One study found that low economic status populations have a higher prevalence of one or more psychiatric disorders (51% versus 28%), mood disorders (33% versus 16%), anxiety disorders (36% versus 11%), probable alcohol abuse (17% versus 7%), and eating disorders (10% versus 7%) (Mauksch 2001)

Source: www.fccmh.org

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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.

<table>
<thead>
<tr>
<th>Disease</th>
<th>Percentage with Disease In Poverty</th>
<th>Percentage with Disease Not in Poverty</th>
<th>Difference (pct. pts)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>30.9</td>
<td>15.8</td>
<td>15.1</td>
</tr>
<tr>
<td>Asthma</td>
<td>17.1</td>
<td>11.0</td>
<td>6.1</td>
</tr>
<tr>
<td>Obesity</td>
<td>31.8</td>
<td>26.0</td>
<td>5.8</td>
</tr>
<tr>
<td>Diabetes</td>
<td>14.8</td>
<td>10.1</td>
<td>4.7</td>
</tr>
<tr>
<td>High blood pressure</td>
<td>31.8</td>
<td>29.1</td>
<td>2.7</td>
</tr>
<tr>
<td>Heart attack</td>
<td>5.8</td>
<td>3.8</td>
<td>2.0</td>
</tr>
<tr>
<td>Cancer</td>
<td>6.3</td>
<td>7.1</td>
<td>-0.8</td>
</tr>
<tr>
<td>High cholesterol</td>
<td>25.0</td>
<td>26.0</td>
<td>-1.0</td>
</tr>
</tbody>
</table>

(Gallup-Healthways Well-Being Index, 2011)
## Treating Environmentally Based, Industry-Accepted Medical Conditions *

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

*Note: Recognized disease without genetic predisposition

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Transition To Success®
Treating the Condition of Poverty
With A Client Centered Community Based Continuum of Care

Clients/Customers
- At Risk Youth
- Employee Wellness
- Foster Care
- Homeless
- Medicaid
- Medicare
- Older Adults
- Returning Citizens
- Unemployed
- Veterans
- Working Poor
- Head Start
- K-12

TTS Trained Organizations/Practitioners
- 2-1-1 Community Based – Info and Referral
  - Education
  - Faith Based
  - Government
  - Healthcare
  - Human Services

Map of My Dreams®
- CARE* Management
- Financial Literacy
- Mentoring
- Volunteerism

CARE* Network
- 2-1-1 Information & Referral to Funded...
  - Community
  - Education
  - Faith Based
  - Government
  - Healthcare
  - Human Services

Living Wage Employment ↔ Skilled Employment Training ↔ Literacy GED Training ↔ Unskilled Employment Basic Needs

* CARE – Coordinating All Resources Effectively

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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

* Self-sufficiency Matrix
TTS Independent Evaluation Results

Matrix Head Start: SSM Domains with a Significant Change in Mean Scores Winter 2014 to Spring 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
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)

- ▲ 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.

* FSDWC: Family Service of Detroit and Wayne County

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Understanding and Treating the Condition of Poverty

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

Poverty-specific Research
Evidence-based Best Practices
Evaluation, Meta-analysis CQI *

Identify
Define
Standards of Care to Treat Poverty

Rx

Transition To Success

Industrywide

Faith-based
Health
Human Services
Education
Government

Implementation

Multi-site Data Collection
Site / Pilot Data Collection & Evaluation

* Condition-specific: Continuous quality improvement (CQI) ensures ongoing industrywide measurement, reporting, compliance, and outcomes. CQI identifies and responds to opportunities, waste, harm, and challenges.
Does patient identify any need for resources and/or meets criteria for full assessment?

- No referral needed
- Yes

- Designated staff administers the TTS™ Patient Assessment Tool for Social Determinants and/or Behavioral Health Assessments **
- Appropriate staff reviews/scores assessments **

- Designated Staff conducts full M.I.N.I. Interview and Social Determinant Assessment *

- Designated Staff refers to community partner trained in TTS™ to conduct the full 19 domain assessment and/or establish the TTS Needs CARE Plan **

- Yes
  - Physician or designated staff asks: “Would you like help coordinating all of the services you are eligible for?”
  - No referral needed

- No
  - Schedule Follow-up Visit

* Medicaid/Medicare Private Insurance & Providers

** CMS Approved Behavioral Health / Substance Abuse Billable Screen with Zcode Tracking

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# M.I.N.I. Behavioral Health Solutions Suite

## M.I.N.I. Screen
- Preliminary screen to ACA depression requirements and establish medical need for further behavioral health diagnosis.
  - M.I.N.I. Screen (17 DSM Disorders)
  - M.I.N.I. Kid Screen (24 DSM Disorders)
  - Social Determinant Screening

## M.I.N.I. Diagnostic Interview
- The M.I.N.I. DSM-5 and ICD-10:
  - M.I.N.I. Kid last validated in 2010.
  - Versions used by Dept. of Defense for American warfighters since 1990.
  - Most utilized comprehensive diagnostic evaluation assessment in the world (NIH).
  - Used or referenced in over 10,000 clinical studies.
  - Social Determinant Assessment

## M.I.N.I. Outcome Tracker
- The M.I.N.I I Symptom Disorder Tracker measures clinically meaningful change (CMCM) outcomes over time.
  - Sheehan Disability Scale (SDS)
  - Sheehan-Suicidality Tracking Scale (S-STS)
  - Sheehan-Homicidally Tracking Scale (S-HTS)
  - Social Determinant Tracking
M.I.N.I. & M.I.N.I. Kid - Screened DSM-5 Disorders

- Adjustment Disorders
- Attention Deficit Disorder (ADD)
- Agoraphobia
- Alcohol Use Disorder
- Anorexia Nervosa
- Antisocial Personality Disorder
- Attention Deficit/Hyperactivity Disorder (ADHD)
- Bulimia Nervosa
- Conduct Disorder
- Generalized Anxiety Disorder
- (Hypo) Manic Episode (bipolar)
- Major Depressive Episode
- Obsessive Compulsive Disorder
- Oppositional Defiant Disorder
- Panic Disorder
- Pervasive Developmental Disorder
- Posttraumatic Stress Disorder
- Psychotic Disorders
- Separation Anxiety Disorder
- Social Phobia (Social Anxiety Disorder)
- Specific Phobia
- Substance Use Disorder
- Suicidality
- TIC Disorders (Tourette's, etc.)
Statistics from the National Institutes of Health show that two-thirds of all mental health diagnoses and treatments come from the primary care doctor and pediatric primary care doctors. Yet, the study shows, they struggle to get it right with misdiagnosis rates reaching:

- **97.8%** Social Anxiety Disorder
- **92.7%** Bipolar Disorder
- **85.8%** Panic Disorder
- **65.9%** Major Depressive Disorder
- **71.0%** Generalized Anxiety Disorder

NIH published diagnosis rate for the M.I.N.I. is 89%.
In any given year, there are approximately 34 Million American adults with co-morbid mental and medical conditions.

Coordinating Care Can:
• Improve Clinical Outcomes
• Increase Quality of Care
• Reduce Costs
• Boost Consumer Satisfaction
Transition To Success® (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:
  • Memphis TN – Assisi Foundation
  • New Orleans – Catholic Charities
  • Hawaii (Kauai & Oahu) – Goodwill Industries / Child & Family Services
  • Detroit MI – Third New Hope, Funded by St. John Health
  • Michigan Department of Health Human Services – Pathways To Potential
  • Catholic Charities of Northern Kansas
• Organizational Partners
  • Melagro Technology (CMS Approved) – Behavioral Health and Substance Abuse Screening
  • River Star Technology – 211 Application – Q1 2017
  • “Diagnosis: Poverty - A new approach for understanding and treating an epidemic” – Book and Curriculums

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Thank you!

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

Billy Mills’ Father
Oglala Lakota Sioux

Check out my new book:
Diagnosis: Poverty
A new approach for understanding and treating an epidemic

www.DiagnosisPoverty.com

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