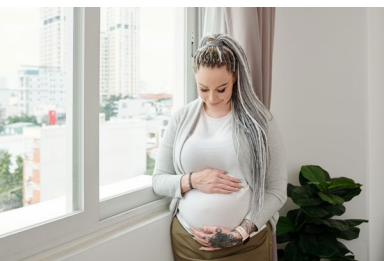


**CUPH**  
Center for Urban  
Population Health



# TANF AODA

## TANF AODA Grant Evaluation: Using Data to Improve Substance Use Disorder Treatment for Low-Income Parents

Presented by:  
Michelle Bunyer and Michelle Corbett

**BACKGROUND**

## For 2017-2021<sup>1</sup>

### *Principal Investigator*

Dr. Lisa Berger

Former CUPH Director, currently Associate Dean and Professor at  
UW-Milwaukee Helen Bader School of Social Welfare (HBSSW)

### *Evaluation Coordinator*

Michelle Bunyer

CUPH & UW-Milwaukee

### *Evaluator*

Michelle Corbett

CUPH & UW-Madison

Additional support: Jess Alanis (2017-2019) and Mary Kusch (summer intern 2020)

<sup>1</sup> For 2022, the project will move from HBSSW to CUPH, Michelle Bunyer will become the Principal Investigator, and Dr. Lisa Berger will no longer have a role on the project



- TANF AODA grant awarded to Milwaukee County Behavioral Health Division by Wisconsin Department of Health Services, Division of Care and Treatment Services, Bureau of Prevention Treatment and Recovery for 2017-2021 (extended through 2022)
- Award funds substance use disorder assessment, treatment, care coordination, and recovery support services for TANF-eligible individuals (*low-income with a minor child(ren) or currently pregnant*) in Milwaukee County

### **Priority populations**

- ★ Pregnant women
- ★ People who use IV drugs

- BHD contracts with community-based organizations which provide treatment and recovery support services throughout Milwaukee County
- Types of assessment, treatment, and recovery support services available through TANF AODA funding:
  - Access Point Assessment (to determine needed services)
  - AODA Residential Treatment
  - AODA Day Treatment
  - AODA Outpatient Treatment
  - Recovery Support Coordination
  - Peer Support
  - Bridge Housing
  - Employment Services
  - Medication Assisted Treatment



# GRANT GOALS

**Goal 1:** Provide appropriate alcohol and drug addiction outreach, intervention, treatment, care coordination, and support services for individuals and their families who are TANF eligible and who have a family income of not more than 200% of the federal poverty level.

**Goal 2:** Provide services of the highest quality that are evidence based or promising practices in accordance with the elements, standards, and core values of the TANF outreach, treatment, and support program.

**Goal 3:** Achieve positive family functioning, self-directed recovery, and improved quality of life among persons and families served.

**Goal 4:** Track the number of alcohol and drug-related deaths in the county and among service providers and implement appropriate anti-drug diversion, overdose prevention, and other effective strategies.

# PROJECT FEATURES

- TANF AODA is not a program it is a funding stream; some services may be paid for with grant dollars but others may be paid through insurance or other BHD sources
- The publicly funded behavioral health system is complex and always changing
- BHD has an internal evaluation team which handles most of the analysis for reporting on performance measures to the state
- CUPH Evaluation team is funded at a high % FTE
- The Scope of Work for the evaluation is revised each year
- Examining more than outcomes
- The CUPH evaluation team shares data and reports year-round and leads monthly TANF AODA evaluation meetings with BHD staff

# KEY EVALUATION QUESTIONS

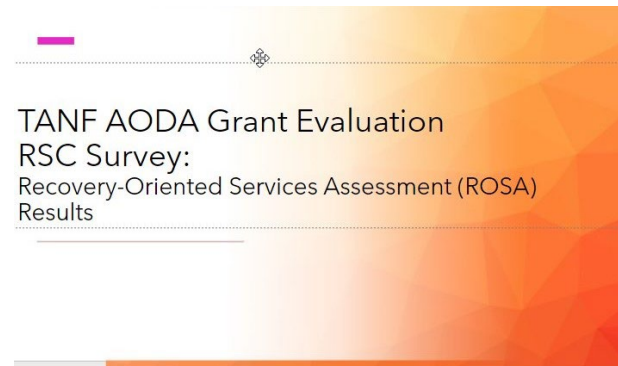
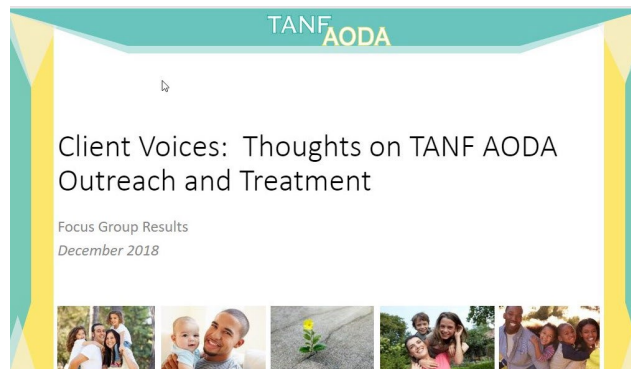
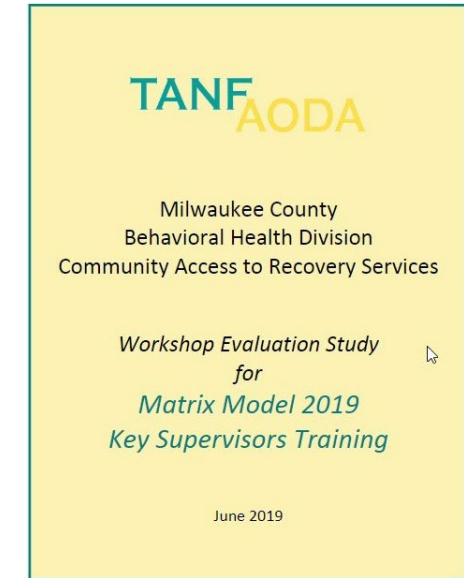
- ✓ Who are the consumers served by this grant?
- ✓ Are priority populations being enrolled in services?
- ✓ What is the profile of each priority population?
- ✓ How can BHD better engage with individuals in the community who might be eligible for services through this grant?
- ✓ What is the quality of services delivered to consumers?
- ✓ Are providers engaging in quality improvement activities?

- ✓ Are providers using evidence-based or promising practices in accordance with the core values of the grant?
- ✓ How well are consumers engaged and retained in Recovery Support Coordination services?
- ✓ How does substance use change for consumers after services? Quality of life?
- ✓ What information is accessed and how is it being used to understand the trends in substance-use related deaths in Milwaukee County and among TANF consumers?
- ✓ What changes to access and/or services might help to reduce the number of substance-use related deaths?

# EVALUATION ACTIVITIES

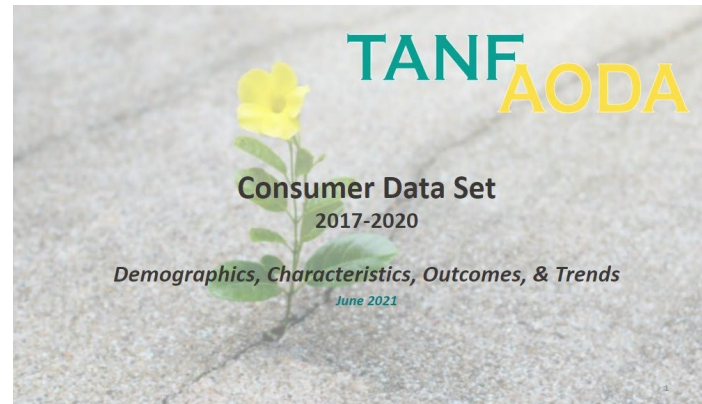
## Collected Original Data

- *Focus groups with TANF-eligible consumers*
- *Executive Director interviews*
- *Clinical/Operations Leader interviews*
- *Recovery Support Coordinator survey*
- *Evidence-based practices training surveys*



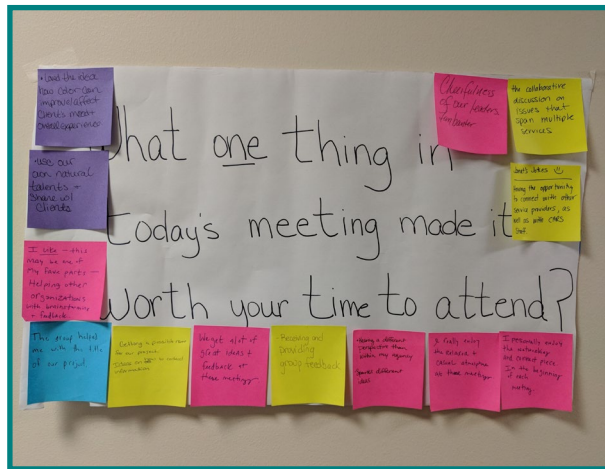
## Explored Administrative Data

- *Analysis of BHD data gathered at Assessment, Intake, 6-months, and Discharge*

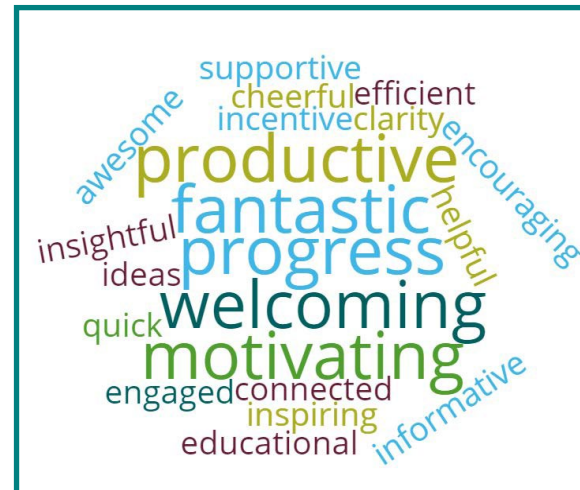


## Supported Quality Improvement Initiatives

- *NIATx Collaborative evaluation*
- *NIATx project technical assistance for community providers*



Post-It Comments  
*"What one thing in today's meeting made it worth your time to attend?"*



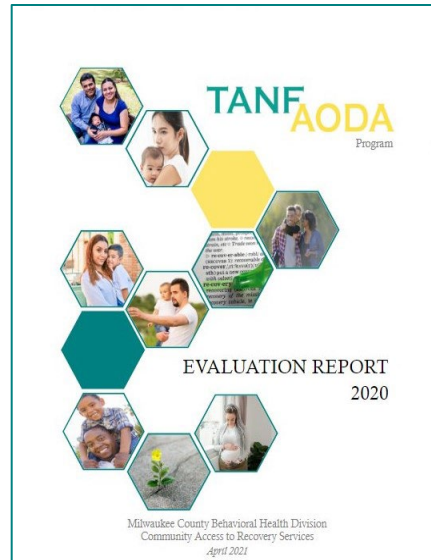
Word Cloud  
*"Today's meeting in one word."*



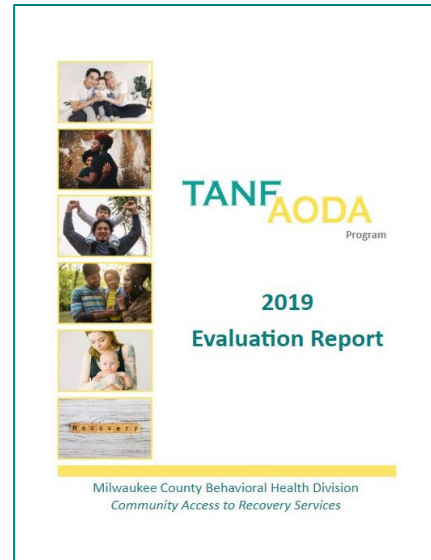
NIATx Project  
Guest House  
Natural Supports: An Eggcellent Idea

## Created Materials for Sharing Evaluation Information

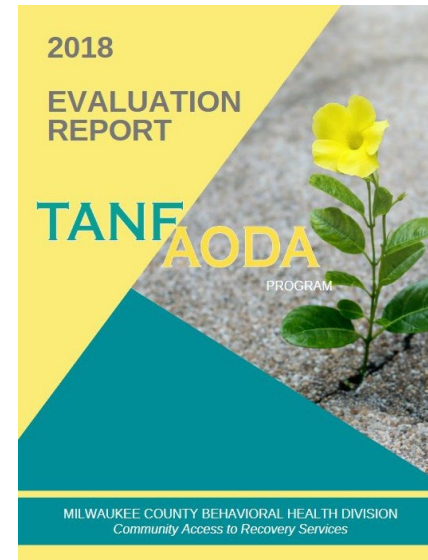
- *Annual reports, streamlined data reports, 2-page summaries*



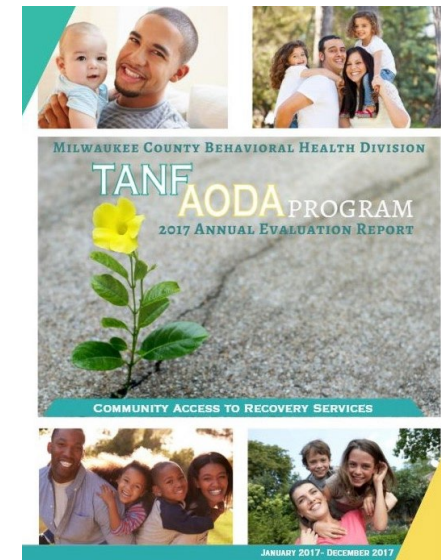
2020



2019



2018



2017

CHALLENGES

- Unclear expectations for evaluation deliverables at the beginning
- Change in TANF Project Director a few months into the project
- Time needed to cultivate relationships with TANF staff to establish trust
- Gaining buy-in from BHD internal evaluation staff
- Learning BHD acronyms, processes
- Understanding BHD priorities
- Managing expectations (ours and theirs)

# CUPH CONTRIBUTIONS

- evaluative thinking (inquisitiveness, value of evidence, perspective taking)
- resources (knowledge and staff) to collect original data for identifying improvements needed to meet grant's goals
- experience helping teams build their capacity to practice data-driven decision-making
- UWM faculty knowledge of current substance use disorder research literature
- data exploration and communication expertise
- bridge between the academic world and community provider world

# IMPACT OF PARTNERSHIP

## *Steps taken by BHD based on evaluation findings...*

- Added TANF AODA Peer Support position
- Created TANF AODA video for publicizing substance use treatment services
- Added TANF AODA information to BHD website
- Shared training feedback with Matrix Model & Finding Your Best Self trainers for consideration when planning future trainings
- Brought Matrix Model trainer back for one-on-one consultation
- Regularly adjusted NIATx Collaborative agenda to respond to attendee suggestions
- Developed RSC information sheet to be distributed at Access Points and Drug Court
- Added BHD staff time to assist with verifying TANF eligibility

*From Sue Clark, TANF Project Director...*

*“The involvement from CUPH has been instrumental in the way we report data, look at data, and understand data.”*

*“They brought organization to the way they report data and have made interpreting the data easy and accessible for the CARS team.”*

*“The CUPH team looks beyond what needs to be reported and pulls data that is useful when looking at current trends and possible ways to improve systems.”*

*From Dr. Lisa Berger, Principal Investigator...*

*“Projects like TANF AODA allow faculty to be in touch with what is happening in the field and to share this knowledge when teaching MSW students.”*

*“Faculty can share research and any other expertise as well with the field.”*

## Questions?

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