Workgroup: Data Workgroup

Topic: Integrated Data System

Description of Problem:

Typically, a range of factors contribute to an individual developing mental health and substance abuse challenges. Unfortunately, the Wisconsin “system” to address these factors, developed in the 1970s and remains siloed. This makes it difficult to provide wholistic and effective services. Our publicly funded models have not kept pace with societal changes, evidence-based practices, and integrated use of data to guide services that reduce harm, increase access, and improve outcomes.

Although Wisconsin has many hard-working public servants, service fragmentation results in substantial disparities across ethnic and racial groups and by geographic location. Difficulty in efficiently identifying at-risk individuals and sub-populations prevents timely deployment of preventive services, contributing to higher overdose and suicide death rates and overuse of costly incarceration and state hospital beds. Service fragmentation also makes it harder for individuals to access more effective community-based care.

Limitations in using integrated data across multiple systems makes it much harder to define the full scope of these challenges and to develop effective strategies. Wisconsin is a great state, and we can do better!

Strategies:

There are approaches employed by states and municipalities that use integrated data to improve outcomes. This approach allows systems to identify elevated risk, target services, monitor outcomes in closer to real-time, and use limited resources more efficiently. Foundational to these efforts is state leadership that elevates the importance of integrated data and high-quality analysis to support program design and management.

States such as Washington, Indiana and Massachusetts have been leaders in use of analysis informed by integrated data. The University of Wisconsin Institute for Research on Poverty (IRP) has data from a broad range of departments that dates to as early as the late 1980s. Agencies which contribute data to the Wisconsin Administrative Data Core (WADC) include: Medicaid, Wisconsin Collaborative for Healthcare Quality, Child Support/Child Welfare, State Department of Corrections, Unemployment Insurance

Benefit System, and others. UW IRP can perform analysis at the request of state government and researchers. IRP has been a key part of research focusing on child welfare outcomes and the effects of social determinants of health on families. Currently, Data Workgroup members are pursuing a partnership with IRP to conduct research comparing crisis system function across Wisconsin counties.

The MHAP Data Workgroup, with MHAP support, submitted a request this June to the Governor's Interagency Council on Mental Health to review current data systems and explore ways to use data more effectively. Government systems typically change slowly and often have limited resources, so efforts to educate state leadership, advocate for sufficient data resources, and engage legislators, will be necessary.

Further Research Needed:

The Data Workgroup is partnering with undergraduate students from the UW-Madison La Follette School of Public Affairs' class in Health Policy, to perform a review of best practices in using data and policy analysis from other states that resulted in significant improvements in their mental health and substance use services. We hope to take their findings to refine our requests to the Interagency Council and continue encouraging leadership to take needed steps toward data integration.

Readers are referred to recommendations from page 6-7 of the 2009 TMG behavioral health Infrastructure Study for key lessons learned from other states' reform efforts. They include leadership, planning, being consumer focused, a core benefit set and ensuring that data informs the effort: https://drive.google.com/file/d/1AmPtrGaxNmMCN7alUjcFLataUkR3s_yk/view?usp=drive_link