Leveraging Performance Scorecards to Improve Health and Equity in Your State Series

State officials could improve their capacity to respond to complex population health issues if they routinely use national data scorecards to:

- examine their state's current performance
- benchmark against the performance of other states
- connect with best practice states around successful interventions
- establish administrative, policy and/or regulatory priorities
- increase public trust and engagement through transparency
- examine performance and course correct interventions, over time

State officials need a range of indicators covering the dimensions featured to the right to create a comprehensive picture of state health performance over the life span, from young children to older adults, and to examine equity of access, utilization, care experience, and outcomes.

One product of this longstanding collaboration, the Money Follows the Person Report, is a public-facing dashboard of key indicators that includes both traditional measures and those that assess life satisfaction and lived experience. The dashboard is updated quarterly and distributed broadly to the steering committee of Money Follows the Person, Division of Health Services staff, and other state, regional, and community agency staff, as well as legislators, transition coordinators, housing coordinators, and their managers.

A particularly important element of the data that is featured in the dashboard is life satisfaction measures. These data are collected from participant surveys completed before the transition to the community and one month and a year after transitioning to community settings. The survey indicated that for a majority of participants, quality of life and life satisfaction improved.

“\text{The central aim of the partnership, really number one, is to create person-centered, data-driven culture change.}\

— Dawn Lambert, Connecticut Department of Social Services
The partnership has collaborated to evaluate two other projects that relate to improving the lives of older adults: Connecticut Housing Engagement and Support Services (CHESS), and the American Rescue Plan Act (ARPA)-funded home and community-based services (HCBS) implementation plan. These projects demonstrate the various pathways that states can take to leverage their research partnerships.

“We are definitely collaborators, with very clear understandings of our different roles. We also gather input from other stakeholders, both in our organizations and other state and local agency and organizations, as well as with the people that are served, so that the programs can optimize the things that are going well.”

—Julie Robinson, UConn Center on Aging

Creating and Sustaining a Partnership

During the Q&A, attendees inquired about how to initiate and maintain such a partnership. The panelists explained that they have a three-year contract that is regularly amended to build out new scopes of work. The agreement includes a very detailed budget that is approved by CMS. According to the panelists, the visibility of the report dashboard and the resulting measurable changes from their work together have solidified the value of this partnership.

“From the time that Julie and I started to work together to now, there’s been a 20% shift in the percentage of people discharged from hospital to community who need ongoing supports in lieu of institutionalization.”

—Dawn Lambert, Connecticut Department of Social Services

Connecticut Housing Engagement and Support Services (CHESS)

Launched last year, the (CHESS) program combines Medicaid state plan supportive housing benefits and health coverage with rental vouchers for state residents struggling with homelessness and chronic health issues, including behavioral health issues. Intended to intercept up to 150 participants through the next fiscal year. The formal evaluation includes interviews with participants before housing and then six months and 12 months into the program, as well as other analysis of administrative data.

ARPA Home- and Community-Based Services (HCBS)

Connecticut’s ARPA HCBS plan utilizes federal reimbursement (approximately $240 million) for community-based long-term services and supports. The aims of this program are centered around technology initiatives to support environmental adaptations, value-based reimbursement and promotion of health equity, and stabilizing and enhancing both formal and informal long-term services and supports.