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| **Information Area** |  | **Potential Sources** |
| Measures of Financial Health-Fiscal Condition or Fitness; efficiency |  | * State agencies receive annual audits, budget and financial reports; not generally aggregated, except:   --DDS tabulates cost reports for contracts over $100,000 since FY2005  --DMHAS has Annual Financial Report (AFR) data base, which collects revenue and expenditure information; in process of developing reports  --DCF has database of SSA audit reviews   * 990’s: generally not received by State agencies or aggregated   **(Note: Boston Foundation: *Purpose and Passion, Raising the Fiscal Fitness Bar for Massachusetts Non Profits* uses 990 data for measures of liquidity, liabilities to assets, surplus/deficits, administrative cost ratios, etc)** |
| Outcome Measures: reports, inspection reports, annual reports, studies etc |  | * State agencies receive outcome measure information related to contracts, but generally not aggregated, except:   --DDS has a number of quality and input measures on database(s)  --DSS has some annual monitoring reports prepared by Program staff; Bureau of Rehabilitation Services (BRS) includes outcome data in annual reports.  --DCF-listing of contracted services and outcomes in spreadsheet form is available |
| Cost Comparisons: Private and State-operated services |  | * A number of the health and human services funded and provided through POS contracts are not performed in-house by agency staff. For those provided by in-house and by contract, comprehensive cost comparison analysis generally has not been undertaken (apples to apples re costs, services provided). State agencies have the following information for those provided both in-house and by contract:   --DDS has compiled cost comparison reports from annual cost reports that compares expenses  --DCF and other state agencies has rates for in and/or out-of-state residential/group home providers and other services   * Other: State Comptroller rates for State-operated facilities |
| Wage comparisons state vs private; private union, non-union |  | * State and its agencies would have State wage schedules and fringe benefit costs for particular positions. Budget information and reports that agencies receive include some salary data, but not aggregated. * Other: CBIA/CAN surveys; State Commission on Enhancing Outcomes |
| Pick 3 or 4 service areas to compare |  | * State agencies have identified residential facilities, group homes, day services, psychiatric clinics, and case management as among the services which could be compared. |

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| 2000-09   * Cost of Employee Health insurance * Worker’s comp * Property casualty * Utilities |  | * The budget and financial information receives from some of this information, in varying levels of detail, but it is generally not aggregated. DDS does have this type of information in its annual cost reporting program. * Other: OPM will look at other sources for Connecticut or Northeast data regarding cost increases in health insurance (Kaiser Family Foundation), utilities, worker’s comp and property casualty |
| Projection of costs in community vs. institutions |  | * DDS has cost comparison information on community programs and community settings. * DSS: Money Follows the Person; Long Term Care needs assessment done by UConn Center on Aging; Connecticut’s Long Term Care Plan * Institutional vs. community care issue for DCF, DMAS and other agencies; issue is availability of data in this regard. Analysis complex. |
| Projected costs associated with Health and human services programs thru 12/31/14 |  | DDS, DSS-BRS indicate that they have historical cost information that could be reviewed |
| Sources of revenues for health and human services programs |  | State agencies and OPM have information re funding sources; would need to define information needs. |

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