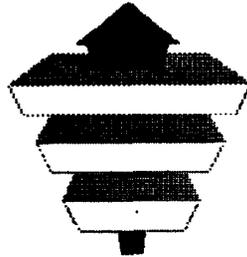


Bowers & Associates



**HDS EVALUATION STRATEGY,
PLANNING & PROCESSES**

Volume I . Find Report

November 1989

Prepared for:
Office of Human Development Services
Under
BOA No. 105-88-8112 Task A

HDS EVALUATION STRATEGY, PLANNING AND PROCESSES

Volume I - Final Report

Project Staff:

Bowers & Associates³

Gary E. Bowers - Principal Investigator
Margaret R. Bowers - Senior Analyst

University Research Corporation

Mark Schemmer - Senior Systems Analyst
Joel Aronson - URC Project Coordinator

Richard Schmidt & Associates, LTD

Richard Schmidt - Evaluation Specialist

November 1989

Volume I - Final Report

TABLE OF CONTENTS

| | Page |
|---|-------------|
| EXECUTIVE SUMMARY | i |
| 1. INTRODUCTION | 1 |
| 2. PURPOSE | 3 |
| 3. BACKGROUND | 4 |
| 4. METHODOLOGY | 12 |
| 5. ANALYSIS AND FINDINGS | 14 |
| 6. HDS EVALUATION STRATEGY - FY 1990 to 1994 | 25 |
| 7. RECOMMENDATIONS | 34 |
| APPENDICES | |
| A. List of Documents Reviewed | |
| B. List of Persons Interviewed | |
| C. Interview Forms | |
| D. Evaluations planned by HDS and Other Organizations | |

VOLUME I - FINAL REPORT

EXECUTIVE SUMMARY

Purpose

The primary purpose of this study was to evaluate the short-term and long-term management strategies and processes that are used to develop the annual Office of Human Development Services (I-IDS) Evaluation Plan, and to recommend improvements that will assist in alleviating problems that have been apparent in the development and implementation of past Evaluation Plans.

Background

The reasons for conducting this study were that I-IDS had become-aware of a number of problems over the past few years with determining information needs and in the evaluation planning processes that were used to produce the annual Evaluation Plan. These problems were noted in the Task Order for the study as follows:

- o Developing and determining policy relevance of proposed evaluation studies and information gathering projects;
- o Roles of staff offices and programs in developing the Evaluation Plan;
- o **Lack of** dissemination of products and the utility of evaluation study results;
- o Lack of specified funding sources for evaluations that cut across program areas;
- o Commitment of the Assistant Secretary of Human Development Services (ASHDS) to the direction of evaluation efforts, and to implementation of the study results;
- o Relating data collection and I-IDS Coordinated Discretionary Program grants to evaluation studies.

Methodology

Two major sources of information were used for this study:

Documents and Correspondence

All internal memoranda relating to I-IDS evaluation procedures from 1981 to September 1989 was reviewed. Also reviewed were reports from evaluation projects during the period, and other documents related to the project.

Interviews

Forty-seven (47) officials from HDS (program commissioners, staff office directors, program managers), and officials from the General Accounting Office and the Inspector General's Office were interviewed during the study.

Findings

“Each agency head should have, as a top priority, an honest inventory of what information is coming on line, whether it will be available in time to affect key decisions over the next 4 years, what the technical quality and relevance of the evaluations are, and what gaps need to be plugged first.” This quote is taken from a 1988 General Accounting Office (GAO) report of November 1988 entitled “Program Evaluation Issues.”

This quote provides a good general guideline of what we perceived to be the primary basis for structuring evaluation within the office of the ASHDS, HDS Program Commissioners, and those HDS staff offices who assist the ASHDS through policy analysis.

The most obvious result of our study was that many of the problems identified in the Task Order were not readily apparent during the development of the FY 1990/1991 Evaluation Plan. The primary reason for this is that evaluation is a priority item with the current ASHDS, and with those Commissioners and Program Managers who were in place at the time of our review. This situation, however, is a function of the management style and personality of the executives and staff involved in the evaluation process, and is not likely to change. It was readily apparent that the key person in evaluation is the Assistant Secretary for Human Development Services. The person who holds this position largely controls this process by their policy interests, management style, and belief in the value of evaluation as a tool for program improvement.

A major problem was found in the utilization of evaluation studies in HDS policy making, and in the dissemination of the results to outside organizations.

Another major finding was that there has been a significant increase in the evaluation of HDS organizations by the General Accounting Office and the HHS Inspector General. The number of studies conducted by these organizations is about equal to the number funded by HDS. Greater effort could be made to coordinate the various studies.

There is a lack of a formal methodology for identifying topical areas and establishing priorities for evaluation studies, both in the program areas and HDS staff offices.

As part of this study, an inventory of HDS evaluation projects was developed, and an automated system designed to provide for ready access to descriptive material and general results of the study (see Volumes II and III).

HDS Evaluation Strategy

The HDS Evaluation Strategy was not understood by most of those interviewed, partly due to bad “packaging,” and partly due to a lack of consensus on what constitutes the strategy.

A proposed framework for an HDS Evaluation Strategy was developed during the study to serve as a working document for further refinement of the strategy concept.

Recommendations

The recommendations resulting from this study are summarized in this section. The analysis and findings that produced these recommendations, and a more detailed description of suggested actions are contained in the full report.

1. **Disseminating the results of evaluation projects can be improved by establishing a central information library and improving the way reports are submitted and controlled within HDS.**
2. **Enhancements should be made to the HDS Evaluation Strategy to facilitate understanding of the role of evaluation in HDS decision making.**
3. **The mix between evaluation, research, and demonstration projects should continue to reflect an increased emphasis on evaluation, as specified in the FY 1990/1991 planning process.**
4. **Third-party evaluations of demonstration projects should be conducted to determine the value of the efforts and facilitate the transfer of innovations to other organizations.**
5. **Although the HDS Executive Secretary has established a system for tracking evaluation projects, additional staff efforts are needed to improve coordination of HDS human service evaluation activities with ASPE, GAO, and the HHS Inspector General, and to assure that the results of all studies are utilized.**
6. **Formal procedures should be established within the Office of the ASHDS, and in each program administration for ensuring topical areas and projects match HHS/HDS priority needs.**
7. **All OPPL guidances should be streamlined as part of a single process under common objectives that would result in a "STRATEGIC PLAN."**
8. **The location of evaluation units should remain where they are, for the present.**
9. **A more active role for the HDS Regional Offices is urged in all phases of the evaluation process.**

1. INTRODUCTION

This study was awarded under the Office of Human Development Services (HDS) Basic Ordering Agreement No. 105-88-8112 Task Order A "Evaluation of HDS Information Needs and Evaluation Strategy." The study was composed of three tasks:

Task 1:

Update of the HDS Evaluation Strategy and preparation of a report of proposed improvements to the process of preparing the annual HDS Evaluation Plan.

Task 2:

Preparation of an indexed abstract of HDS evaluation projects funded since 1985.

Task 3:

Design of a microcomputer-based management control system containing the abstracts of projects developed under the above task, and providing for ready analysis and reporting of such data, along with the capability of entering new projects as they occur.

The project deliverables are contained in 3 volumes corresponding to the tasks:

Volume I- Final Report

This volume contains objectives of the study, methodology used, an analysis of the data, a proposed HDS Evaluation Strategy for FY 1990-1994, and recommendations for improving the processes used in developing the Evaluation Strategy and Evaluation Plan.

Volume II - HDS Evaluation Project Management Control System.

This volume is in two parts: (1) Micro-computer diskettes containing the Evaluation Project Control System designed with RBase for DOS software; and a database containing records of all HDS evaluation projects completed or in process since 1985; (2) A User's Manual describing the layout of the database, and the basic operation of the system.

Volume III- Abstracts of HDS Evaluation Projects

This volume contains a description of all HDS evaluations completed or in process since 1985, and a summary of the results of the completed projects.

Introduction

These descriptions are also contained in the database diskettes referenced in Volume III.

Bowers & Associates would like to thank all of those administrators and staff members who participated in the interviews for their time in providing insights about the HDS evaluation processes and suggestions on areas for improvement. In particular, our appreciation goes to Richard Greenberg, our Project Officer, and Larry Guerrero, Director of the HDS Division of Program Analysis and Evaluation who spent many hours in assisting in arranging interviews, reviewing preliminary reports, and sharing their insights on HDS evaluation problems and successes over the past 10 years.

This report, however, is based on Bowers & Associates interpretation of the interviews, and our review of documents and correspondence relevant to the evaluation. It in no way is meant to suggest agreement with or support of the conclusions by any official outside of our own organization.

2. PURPOSE

The primary purpose of this study was to evaluate the short-term and long-term management strategies and processes that are used to develop the annual Office of Human Development Services (HDS) Evaluation Plan, and to recommend improvements that will assist in alleviating problems that have been apparent in the development and implementation of past Evaluation Plans.

The reasons for conducting this study were that HDS had become aware of a number of problems over the past few years with determining information needs and in the evaluation planning processes that were used to produce the annual Evaluation Plan. These problems were noted in the Task Order for the study as follows:

- o Developing and determining policy relevance of proposed evaluation studies and information gathering projects;
- o Roles of staff offices and programs in developing the Evaluation Plan;
- o **Lack of dissemination of products and the utility of evaluation study results;**
- o Lack of specified funding sources for evaluations that cut across program areas;
- o Commitment of the Assistant Secretary of Human Development Services (ASHDS) to the direction of evaluation efforts, and to implementation of the study results;
- o Relating data collection and CDP grants to evaluation studies.

The original intent, according to the HDS Project Officer, was that this study would be completed in time for the results to be used in the HDS FY 1990 evaluation planning cycle. However, problems with obtaining the necessary funding and a lengthy procurement process delayed the award of the study so that it was conducted concurrently with the development of the FY 1990 Evaluation Plan. While the results of this study were not available for use in preparing the Plan, the delay provided an excellent opportunity for the study to examine the stated problems with the evaluation process at the same time the process was actually occurring.

3. BACKGROUND

The annual procedure for determining which evaluation projects are to be funded by the Office of Human Development Services has not varied to any great degree in the past 10 years. The process officially “kicks-off” with the evaluation guidelines issued by ASPE in July of each year, and culminates with **ASPE’s** approval of the HDS Evaluation Plan in September.

The major steps in the process are:

- o Broad human service goals and initiatives for evaluation are defined by the Secretary of Health and Human Services. These goals reflect the policy direction of the current Administration;
- o Departmental goals and initiatives are interpreted by the Assistant Secretary of Planning and Evaluation (ASPE), and suggested priorities for major studies incorporated into guidelines for HDS;
- o The Assistant Secretary for Human Development Services (ASHDS), operating within the context of the HHS Secretarial initiatives, defines objectives and specifies HDS initiatives for the HDS program areas, and general areas of policy emphasis for the year.
- o The Division of Program Analysis and Evaluation (DPAE) within the HDS Office of Policy, Planning and Legislation (OPPL) prepares the HDS Evaluation Guidelines based on the **ASHDS objectives and policy** interests, studies required **by legislation**, and the **ASPE Guidelines**. **These** guidelines are sent to the **HDS Programs** to serve as a basis for developing their detailed evaluation agenda for the coming year;
- o Each HDS program area, along with OPPL, prepares a list of topical areas where information will be needed over the next 1 to 2 years, and where evaluation studies are needed to obtain this information. Cost projections are made for the studies, and priorities established using the goals, objectives, and initiatives in the Evaluation Guidelines as a framework for making decisions on which studies are to be submitted for approval (the procedure for topical area identification and setting **priorities** varies in each program area);
- o OPPL then reviews the proposed studies for consistency with the **ASHDS goals**, along with the need for cross-cutting and other special studies. **Differences** are negotiated with the **programs**, and the Annual Evaluation Plan **compiled** to reflect the results of the negotiation. The Plan is then sent to the **ASHDS** for approval, and subsequently to ASPE for final review and approval;

Background

- o ASPE reviews the plan within the context of the HHS Departmental initiatives, and the need for HHS cross-cutting and special studies. Differences are negotiated with the ASHDS and OPPL. When agreement is reached, the final HDS Evaluation Plan for the year is approved for implementation.

(Figure 1 is a flow chart of the process for developing the HDS Evaluation Plan).

A. Organizational Roles in Developing the HDS Evaluation Plan

In order to understand the process for developing the Annual Evaluation Plan, it is necessary to understand the HDS organization, the role of the programs and staff offices in evaluation, and the influences of organizations outside of HDS.

HDS Organization

The Assistant Secretary of Human Development Services is responsible for the administration and management of three major program administrations: the Administration on Children, Youth and Families (ACYF), the Administration on Developmental Disabilities (ADD), the Administration for Native Americans (ANA). The ASHDS is also responsible for providing administrative services to the Administration for Older Americans (AOA), and through OPPL, administers the Social Services Block Grant (SSBG) and Family Violence Program.

1. HDS Staff Offices

A staff office of ASHDS, the Office of Policy, Planning, and Legislation (OPPL), is responsible for managing the evaluation efforts of HDS. It does so through the Division of Program Analysis and Evaluation (DPAE), which serves as the primary coordinator in OPPL for the development and implementation of the Evaluation Plan. In performing this role, DPAE acts to interpret policy for evaluation within the framework of the goals, objectives and initiatives of the ASHDS and the Secretary of Health and Human Services (HHS), and reviews and approves project evaluation plans from the HDS program areas in the context of the goals and initiatives. DPAE is also responsible for the identification and conduct of specific evaluations that potentially involve more than one HDS program area - generally described within the Department as "cross-cutting" evaluations, and for evaluations that are administrative in nature or of special interest to the ASHDS.

ANNUAL HDS EVALUATION PROJECT DEVELOPMENT CYCLE

HHS/ASPE



HDS ASHDS/OPPL



PROGRAM ADMINISTRATIONS



FIGURE 1

Handwritten notes on the left margin: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

Background

An important activity related to evaluation is the tracking of reports to Congress required by legislation. Responsibility for this function currently resides in the HDS Executive Secretariat (ES).

Another important responsibility of OPPL is the conduct of administrative activities relating to the Social Services Block Grant (SSBG). Included in this responsibility is the conduct of evaluation and data analysis activities related to the SSBG, if such studies are required by the **ASHDS**.

Each of the Administrations within HDS is responsible for the evaluation of its own programs. These evaluations are required to be within the framework of the overall goals, objectives, and initiatives set down each year by the **ASHDS** and the Secretary of **HHS**. How this responsibility is carried out, however, varies with each administration:

2. Administration on Children, Youth, and Families

ACYF oversees the operation of four major programs specifically identified by legislation:

- o Head Start
- o Child Abuse and Neglect
- o Foster Care and Adoption Assistance
- o Runaway and Homeless Youth

ACYF is the only HDS Program Bureau that had personnel specifically identified as evaluation specialists. Until late 1989, these evaluation specialists operated as a unit within a staff office of the ACYF Commissioner. The evaluation unit was responsible to the Commissioner for the identification of topical areas, recommending priority projects, moving projects through the procurement process, and contract monitoring once an award has been made. In addition, the evaluation specialists were the primary users of the data that results from the studies.

Program managers and staff in the four program areas provide inputs to the evaluation staff during the development of the Annual Evaluation Plan.

In late 1989, this unit was dissolved, and the evaluation specialists re-assigned to the individual program areas. This reorganization was predicated on the belief that the

Background

evaluation specialists would be more responsive to the needs of the programs if they functioned as part of unit, rather than as an outside staff office.

3. Other HDS Programs

-Administration on Aging
Administration on **Developmental** Disabilities
Administration for Native Americans

The identification of topical areas and setting of priorities in AOA, ADD, and ANA is usually accomplished through a series of meetings between the Program Commissioners, and program managers, and senior staff. Projects are overseen through the procurement and contracting cycle by program staff, or depending on the type of project, by members of the Commissioner's staff. **AOA's** participation is optional, but they have elected to be included in the HDS evaluation planning process.

The Role of ASPE

The Assistant Secretary for Planning and Evaluation is responsible for the annual guidelines for the preparation of the Evaluation Plan. The guidelines are structured around the goals, objectives and initiatives of the Secretary of Health and Human Services. The Evaluation Guidelines are sent to HDS each year, and the proposed evaluation projects subsequently reviewed for consistency with the Secretarial initiatives. ASPE has both review and consent authority for evaluation projects that are normally in excess of \$135,000.

In addition to the review and approval authority, ASPE conducts projects that cut-across more than one HHS organization. Some of the resources that are used for this purpose are obtained from a "tap" on HDS evaluation dollars. The amount of the tap has been negotiated from year to year, but in the past several years it has been one-half percent of total HDS discretionary funds (including AOA funds).

B. History of Evaluation in HDS

Evaluation in the Office of Human Development Services (and its predecessor organizations), and, more broadly within the Department of Health and Human Services has been a mixed blessing throughout its history, beginning with the initial use of

Background

evaluation "set-aside" funds during the late 1960s and early 1970s. Many studies were carried out amidst continually changing policies and programmatic settings. Although many of the social service programs enjoyed broad policy and political support at a general level, considerable disagreement existed regarding the specific success criteria which should be employed to determine whether these programs--many of which were regarded as experimental or demonstrational in nature--actually worked. That is, did they produce the specific benefits intended by the legislation? The fact was ignored that those specific benefits often had never been defined in enough detail in the legislation to guide evaluators. Thus, evaluators were often left to define their own view of programmatic success.

Another challenge faced by evaluators and policy makers alike was that most program evaluations--certainly the type that tried to answer the large questions of the day--required more time to devise and complete than the average tenure of most policy makers. The audience for many studies became, by default, the research community and internal policy analysts in the Department.

Finally, over the years, a considerable body of research and evaluation was built up which, in the aggregate, comprised a potentially useful body of data, available to anyone who had the time and expertise to mine it. Often, that data remained unavailable to policy makers, largely because no formal mechanism was available to conduct the necessary studies of the material.

That series of challenges was addressed in part by HDS when it initiated a task order contract mechanism using a Basic Ordering Agreement (BOA) 5 years ago, joining both ASPE and the Public Health Service in a quest to provide important information to policy officials within reasonable cost and time parameters. The mechanism is not intended to replace the larger, carefully designed research-oriented studies that are needed to answer questions in which experimental or quasi-experimental designs are the most appropriate designs. Rather, these task order studies are intended to supplement larger studies, providing a response mechanism for policy officials and program managers who need answers quickly to questions of some urgency. The key to the success of the short-term response mechanism is the design of the studies, which must produce agreement on questions which are appropriate to the mechanism and data collection and analysis techniques which can produce the needed answers.

Background

Prior to 1980, the HDS evaluation function was combined with the planning and research functions in a staff unit called "Office of Planning, Research and Evaluation." Evaluation contracts tended to be long term, large dollar, and involved a relatively small group of contractors. In 1981, work was initiated to consolidate the discretionary grant process of each of the program areas into a single annual announcement called the Coordinated Discretionary Program (CDP). To facilitate this process and to assure the separate identities of the evaluation, planning, and research/demonstration units, the staff functions were re-organized into the Office of Program Development, and more recently the current Office of Policy, Planning and Legislation (OPPL).

Evaluation Events 1981-1 986

In 1981, under a new Administration, virtually all federal processes for gathering information from state and local governments came under intense scrutiny under the label of "New Federalism." In HHS, several changes began almost immediately. First, many approved evaluation projects planned under the prior Administration were cancelled. Secondly, nearly all research projects outside of the medical research area were reviewed to see if they could survive the policy aims of the new Administration. Information projects of all types, including long standing survey developmental projects, and long range social policy research projects were reviewed and many were eliminated. HDS research and demonstration projects came under special scrutiny because the new Administration thought that many useless projects had been funded by prior administrations. The then Assistant Secretary for Human Development Services, mainly to gain control of the budget available under research, demonstration and evaluation statutory authorities, proposed to centralize them under her management. The intent was to gain control over the objects of expenditure.

The 1981-1986 time period was characterized by a relatively unusual stability at the ASHDS level - only one Assistant Secretary during the six year period. The management style and operating philosophy concerning evaluation during this period can be described as "top-down, low cost, and short duration."

During this same time, budgets and staffing in general were being reduced in HHS. Evaluation staffs were also reduced, although HHS evaluation (ASPE) fared rather better than many other departments. HDS evaluation staffs and budget were reduced like most other areas in HHS.

Background

The Assistant Secretary for Planning and Evaluation during this period was a proponent of the idea that answers to policy questions could be obtained through the short term evaluation task order mechanism (**BOAs**). Arguments were addressed to the ASHDS supporting this position that short term studies were possible and potentially useful. The ASHDS was impressed with a few of the early studies, one a study of unit costs in Head Start that was finished within about six months, a shorter time period than most studies needed to get through the procurement process.

As a result, incentives were included within the evaluation planning guidances to shift resources into shorter term studies. Any study that was under \$135,008 did not require the prior approval of ASPE, a very large incentive. So, a substantial shift took place to short term studies. This approach dominated the evaluation process until 1986.

During this same period, the budget squeeze brought increased pressure on the "set-aside funding" or ASPE "tap" on HDS programs for evaluation. The original idea for the set-aside authority dates back to about 1968 and continued in most Public Health Service legislation and selected other operating divisions. There had been periodic challenges to the ASPE authority over the set-aside funds, but ASPE had always prevailed. In 1984, however, Congress intervened directly to take away the set-aside provision for some HDS programs, and also limited the amount that could be spent on evaluation for these programs. The shifts led to substantial conflict between ASPE and HDS over the use and control of evaluation funds. These conflicts also produced a general atmosphere of tension between the two evaluation staffs that continued for some time, until fairly recently.

Evaluation Events 1986-1 988

From 1986 to 1988, there were three different Assistant Secretaries for the Office of Human Development Services. While none held the office for a sufficient time period to develop long-term strategic planning objectives, the trend during this period, was towards longer term, and higher cost studies while maintaining the same basic level of total evaluation dollars.

Background

Meanwhile Congressional interests and advocacy efforts resulted in increased specific demands upon HDS for information and evaluation agendas for their programs, including:

- o Adding requirements for program information systems, and for evaluation studies to new and reauthorized human service legislation, e.g. Child Abuse and Neglect, Foster Care and Adoption;
- o Requiring the General Accounting Office to target HDS programs for evaluation studies, especially those relating to children issues;
- o Conducting evaluations directly through retention of consultants by the human service oversight committees.

As stated in the GAO report of November 1988, "Clearly, if the executive branch cannot provide timely, relevant, technically adequate, and credible information on the programs that it is responsible for administering, Congress will continue to write us (GAO) into legislation that mandates these important studies."

Approximately one-half of HDS evaluation projects can be attributed to legislative requirements, although the number of GAO studies in HDS related areas exceeds those conducted by HDS.

Current Evaluation Cycle - 1989

A new Administration with a new group of political appointees gradually assumed the responsibility for the conduct of HDS Programs during 1989. The general theme of the new ASHDS and Commissioners is one of emphatic support for the role of evaluation in determining how programs are working and how they might be improved. As a result, the FY 1990/1991 HDS Evaluation Plan shows an increase in the number of studies being conducted, a substantial increase in total evaluation dollars and the number of studies, and a good balance between short-term and long-term evaluations. The characteristics exhibited by the new policy managers, as reflected in our program staff interviews, were to increase the quality and quantity of evaluation for all HDS programs.

While the ASHDS has several areas of policy interest, responsibility for determining the specific studies that are needed in each program area has been delegated to the Commissioners.

4. METHODOLOGY

Two major sources of information were used for this study:

- o Documents and Memoranda, and
- o Interviews with HDS and other officials

A. Documents and Memoranda

The following material was reviewed and analyzed as it pertained to the objectives of the study:

- o Evaluation Plans produced from 1980 to the **FY 1990/1991 Plan**;
- o Guidance preceding the above plans issued by the Assistant Secretary for Planning and Evaluation (ASPE);
- o Guidance preceding the above plans issued by the ASHDS through the Office of Policy, Planning and Legislation (OPPL);
- o Guidance issued by other ASHDS staff offices on Operational Planning, Technical Planning, Procurement Planning, and Research/Demonstrations.
- o Memoranda between ASPE, ASHDS, Program Offices that related to the development of the plans, the subsequent approval of the proposed studies, and the level of funding for the studies;
- o Results of evaluation studies conducted since 1980, and related research/demonstration projects;
- o Routine state/grantee reporting systems in (or out of) operation since 1980;
- o Documents and reports relating to the dissemination of evaluation information
- o Documents relating to the use of evaluation in policy making
- o Legislation that requires specific reports to Congress from the program areas;
- o Secretarial and ASHDS initiatives since 1978;

A list of documents reviewed in this study are contained in Appendix A.

Methodology

B. Interviews with HDS and other Officials

In person and/or telephone interviews were conducted with officials in the office of the ASHDS, ASPE, Governmental Accounting Office (GAO), HHS Inspector General (IG), ASMB, HDS Contracts Office, and outside consulting organizations and national associations who have conducted evaluation studies or used the results of such studies. In total, 47 officials were interviewed.

A list of those **interviewed** is shown in Appendix B.

5. ANALYSIS AND FINDINGS

“Each agency head should have, as a top priority, an honest inventory of what information is coming on line, whether it will be available in time to affect key decisions over the next 4 years, what the technical quality and relevance of the evaluations are, and what gaps need to be plugged first.” This quote is taken from a 1988 General Accounting Office (**GAO**) report of November 1988 entitled “Program Evaluation Issues.”

This quote provides a good general guidelines of what we perceive to be the primary basis for structuring evaluation within the office of the ASHDS, HDS Program Commissioners, and those HDS staff offices who assist the ASHDS through policy analysis.

In this study, we have not attempted to engage in detailed technical questions of what is, and what is not evaluation. Previous studies have identified over 100 different “types” of evaluation. Our study looks at evaluation within OHDS as a vehicle for producing answers to two major questions:

- o Are HDS programs working, and how can they be improved?
- o Are HDS programs being managed efficiently and effectively - in HDS, and in the state and local agencies and organizations, both public and private who provide the services?

With this working definition of evaluation, the problems outlined in the Task Order request were examined via the staff interview/document review mechanism as described in Section 4 - Methodology. Our review also attempted to determine if other problems not noted in the Task Order were inhibiting the evaluation process, and what facets of the approach were working successfully.

A. Process for Developing the Annual Evaluation Plan

The most obvious result of our study was that many of the problems identified in the Task Order were overcome during a period of significant internal management improvements and activities prior to development of the **FY 1990/1991** Evaluation Plan. The primary reason for this is that evaluation is a priority item with the current ASHDS,

Analysis and Findings

and with those Commissioners and Program Managers who were in place at the time of our review.

The process for producing an HDS Evaluation Plan has not changed significantly over the past 8 years, although the focus of evaluation has shifted as a function of the management style and interests of the political appointees. Our examination of the process through a detailed review of the historical documentation and interviews with **officials** at various levels who produce the Evaluation Plan leads us to the conclusion that it is based upon a top-down goal-oriented approach consistent with the political/administrative environment in which it must operate.

The problems that were noted in the request for this Task Order that were apparent in previous plans were not with the procedure itself, but with the individuals and organizations who interacted to produce the Plan. Prior to the development of the FY 1990/1991 Plan, the process had been effected by an unstable environment and vigorous ASPE involvement. Questions over what studies should have priority, who should be involved in monitoring the studies, level of funding allocated to evaluations, and funding of staff-office (cross-cutting) studies were the subject of annual debate. The authority and role of ASPE, ASHDS, OPPL, and the Programs in these areas shifted somewhat over the period of our review, largely as a function of the management styles and personalities of new executives, and of major supporting technical staff. The authorities for approval were (and are), the subject of on-going negotiation. The final arbiter of disputes between ASPE and ASHDS is the Secretary of Health and Human Services. However, issues were resolved in past annual evaluation cycles before involving the Secretary.

The **cycle** for development of the FY 1990/1991 HDS Evaluation Plan has been characterized by a notable lack of the contention that accompanied the production of some of the earlier plans. A spirit of cooperation and conciliation has resulted in a plan that is enthusiastically supported by most of the officials who were interviewed. Many of the disputes over approval authority and funding were not apparent, largely, we believe due to the management styles and willingness to "**work-together**" exhibited by the new executives in ASPE and HDS.

The question is, can the current environment for producing the Evaluation Plan be institutionalized so that problems that have characterized earlier evaluation cycles are

Analysis and Findings

avoided? We have included recommendations later in this section for improving the process, but the bottom line is that management style and personalities will still be the controlling factor, and this situation is unlikely to change. The key person in this formula is the Assistant Secretary for Human Development Services. The person who holds this position largely controls this process by their policy interests, management style, and belief in the value of evaluation as a tool for program improvement.

Another key group is the Division of Policy Analysis and Evaluation within OPPL. This group must be able to react to shifts in policy accompanying new appointee staff, accommodate the needs of the program managers and policy analysts in ASPE and the bureaus, and provide the continuity between each year's Evaluation Plans. We believe that this job has been carried out quite well over the past few years and especially well during the current cycle.

B. HDS Evaluation Strategy

As explained by the staff in the Division of Policy Analysis and Evaluation, the annual Evaluation Plan reflects the "strategic objectives" of the **ASHDSas** developed during the overall planning activities within HDS. The specific evaluation studies to be conducted are in support of these overall objectives. The Evaluation Plan, therefore, is the collective expression of the Evaluation Strategy for that year.

Discussion of the HDS Evaluation Strategy during our interviews with staff outside of DPAAE, however, produced an almost total lack of understanding of the HDS strategy framework. Many of the program staff were unaware that there was a strategy. Others believed that a strategy was desirable but unobtainable. Still others felt that a strategy, if one was developed, should be focused at the program level, not at the HDS level.

Most of those interviewed believe that an HDS Evaluation Strategy should fall within the framework of an broader Health and Human Services Strategy. However, the reaction of ASPE officials concerning such a strategy produced the same reaction as those relating to the HDS Evaluation Strategy: There is no overall HHS Evaluation Strategy, nor insofar as we could determine, is a strategy apparent in the other major units within HHS - Social Security Administration, Public Health Service, etc.

Analysis and Findings

The reason given for not having an overall HHS strategy was that the Secretary of HHS changes, on the average of every 1 and 1/2 to 2 years, and that "strategy" as understood by those interviewed would cover a longer period and be much more specific than the broad goals and initiatives contained in the Evaluation Guidances issued by the ASPE. It would seem, however, that the same argument can be made that HDS and the other HHS Administrations cannot have a strategy because the history of Assistant Secretary turnover has been similar to that of the HHS Secretary.

A major factor in the mis-understanding, we believe, is one of terminology, i.e. the definition of "strategy". We have no quarrel with the equating of the results of the evaluation planning framework to an evaluation strategy, so long as all staff who operate within the context of the plan understand how the terms are being used. We have, however, some suggestions for alleviating some of the departmental confusion relating to the concept of a strategy which we discuss later in this section.

We have also developed a proposed I-IDS Evaluation Strategy using elements of past "strategies," evaluation plans, and current evaluation guidances. This proposed strategy, contained in Chapter 6, will provide the basis for development of a more formal strategy document suitable for broad distribution both within HDS and to outside organizations.

C. The Market, or Users of HDS Evaluation Studies

In order to shape the context for a HDS Evaluation Strategy, the "market" for the results of evaluation studies should be identified. As a background to our analysis, we examined four markets for evaluation studies (the categories are not mutually exclusive):

- o **Policy Makers** - mainly political managers such as the ASHDS, Commissioners, and OPPL Director;
- o **Program Managers** - bureau chiefs and staff directly responsible for running programs (the Associate Commissioner of the **Head Start** Bureau, for example);
- o **Policy Analysts** - evaluators or analysts such as those within the evaluation and research staffs of the agency, OPPL/DPAE, and ASPE,
- o **External** - reports to Congress, other Congressional inquiries, OMB, State and local human service organizations, national associations, and researchers.

Analysis and Findings

Most evaluation over the past many years has been sponsored by the **policy analysts** group, of which there are relatively few within HDS, and the majority of these in ACYF and OPPL. **Program managers** generally have been too frustrated by the time delays and other bureaucratic barriers to pay much attention to evaluation. The serious program managers generally find other ways to get performance information. Some sponsor their own studies but do not call them evaluation, while others have relied on program reporting systems and monitoring visits to get their data. OMB has made their life more difficult by squeezing the life out of reporting systems and travel budgets.

Market for Short Term Evaluations

Policy makers, for example, the ASHDS, have only rarely made use of long-term formal evaluations, mainly because of the time it takes to complete studies, and in some cases the cost of such studies. They have therefore been forced to rely on other means to obtain the programmatic information they need. Policy decisions need to “drive” the evaluation agenda. By the same token, evaluation results can be a major factor in policy decisions. If they are not, the resources spent have been for the most part wasted. There have been few occasions over the past few years where the ASHDS and/or Commissioners have been active participants in reviewing the results of major evaluation studies. While briefings are often held in the program areas, results are not often used, according to those interviewed.

To partially address this problem, evaluation reviews were initiated by OPPL in 1988 as part of the ASHDS management review process. Additionally, the Task Order contracts under the Basic Ordering Agreement through which this study was funded were devised with the primary focus on the policy maker, and the recent burgeoning of Inspector General evaluation activity (discussed below) is also aimed at the policy maker.

The Market for Long-Term Evaluations

The primary market for long-term evaluation, is the **program manager**. **Why** that group? Because they are the one group that consistently examines the programs from a long range viewpoint. Program managers tend to stay with their programs for longer time periods. But because they have been so frustrated with evaluation efforts, they have generally not shown much interest in developing long range strategies. Our interviews with many program managers during the most recent evaluation cycle has shown,

Analysis and Findings

however, that this situation is changing. Major studies of long range duration have been initiated in Head Start, and other HDS areas.

Another indication that the importance of evaluation information may be on the upsurge within HHS is provided by a new policy of the Assistant Secretary of Health. It is our understanding that under this policy, no program will receive approval for a budget increase unless the program managers (or other agency offices) can provide evaluation performance data to substantiate program successes.

Outside Users of HDS Evaluation Studies (Dissemination)

A major problem evident in this study was the difficulty in accessing the results of evaluation studies by both internal staff, state and local staff, and other outside researchers not directly involved with the study. The reports produced by HDS evaluation studies over the past few years are extremely difficult to locate. Project Share, the clearinghouse for disseminating reports in the early 1980s, has changed direction, and no longer serves as a repository for reports, and ASPE's Program Information Center (PIC) contains few of the 1985 and later reports.

Another problem is in obtaining copies of reports when they are located. Reproduction is costly, and holders fear losing the "last copy" of a particular report.

Finally, those studies that contain a substantial amount of data are unable to be accessed in a computer-based form that can be used by the evaluator for further study. This means that data must be re-entered manually, a time-consuming and expensive process.

We have several recommendations in the following section that we believe can facilitate the dissemination of information.

D. Multiple Organizations Evaluating HDS Programs

Our review disclosed that major efforts in evaluation are being conducted by several federal organizations outside HDS. They are: ASPE, GAO, and the HHS Inspector General (IG).

Analysis and Findings

As indicated above, GAO has launched a concerted effort to evaluate programs administered fully or in part by HDS. The IG has also made a major increase in its own evaluation staff in the last two years that has resulted in a significant increase in studies relating to HDS programs. A good example of this activity can be found by reviewing the variety of studies in Appendix D that are planned by these organizations in the area of foster care.

In addition to GAO and the IG, ASPE and OPPL conduct cross-cutting studies that focus on areas of direct interest to the HHS Secretary, and to the ASHDS.

It is apparent that a considerable amount of taxpayer dollars are being spent on evaluation of HDS programs outside the control of HDS. HDS has the option of treating these studies as a threat, or as an opportunity to obtain additional policy information at little or no cost to the HDS budget. We suggest that the latter course be adopted and have included recommendations in the following section that can improve the coordination of these efforts and facilitate the use of information produced by such studies. Problems that need to be addressed include:

- o There has been an inadequate use of other organization's evaluation study data by HDS. In many cases, those interviewed who would be primary users of the data produced by the studies were often unaware that such studies were being conducted. While program managers have recently become aware of these activities, the data produced has not been well integrated;
- o Until the latest evaluation cycle, there had been limited input by program areas into the selection of studies by ASPE and OPPL,
- o There are limited advisory roles by organizations in each others studies as they are being planned or conducted;
- o There is no cross-study analysis of policy implications of evaluations after the studies are **completed**.

E. Balancing the need for Evaluation, Research and Demonstration Data

Demonstrations in the past 8 years may have produced some valuable models for improving service delivery, but an increased level of evaluation is needed to assure that HDS programs are working and meeting the accountability goals of the ASHDS and the Program Managers.

Analysis and Findings

Because of demands on staff time and the delays in calendar time to participate in the approval and procurement process, several HDS program areas, AOA, ADD, and ANA attempt to keep evaluation activity at a minimum. Only two areas have designated evaluation staff: ACYF and OPPL. In the other areas, where cut-backs have been heavy since 1980, existing staff must take time out of their normal duties to process an evaluation study request, go through the contracting cycle, monitor the contractor, and assist in disseminating the results. Using the demonstration mechanism is simply easier because it requires fewer steps. This year, however, the number of evaluation studies has increased, particularly in ACYF, and staff believe they will be hard pressed to support the demands of the procurement procedures and the monitoring of contractor efforts.

F. Setting Priorities for Evaluation Studies

Although the I-IDS evaluation, research, and planning guidance memoranda outline the overall of goals and initiatives under which evaluation should take place, **specific** projects are not selected using any formalized method for determining the relative importance of the proposed projects. The interviews conducted under this study, produced descriptive terminology for the current process, such as “bubbling-up,” or “percolating” down - meaning that either program staff selected their favorite projects and sold their merits to top management, or management selected their favorites and imposed them on the programs. Without a formalized priority system, there is little assurance that projects that produce the most needed information about a program are selected.

A major issue in setting priorities is the role of program staff, evaluation staff, bureau chiefs, commissioners, ASHDS, OPPL, and ASPE.

The primary role of program staff should be, in the opinion of many of those interviewed, to develop the topical areas that need to be evaluated, and for the evaluation staff to determine the best method and projected cost for obtaining the desired information. Priorities would then be set using guidelines set down by the policy makers and interpreted by the program managers. Based on our review of documents and interviews with staff representing all groups, current roles are overlapping and poorly defined. This has resulted, in some cases, with the isolation of program staff from the evaluation process and the program manager not receiving the primary information they feel is needed to determine how the program is working.

Analysis and Findings

The OPPL/DPAE staff are held responsible by the ASHDS for coordinating the development of a program-oriented evaluation process in which they act as the system operators and the real decision makers are the policy makers and program managers. OPPL assures that the projects proposed by the Commissioners are consistent HDS goals and initiatives. Priority setting by OPPL is limited to cross-cutting issues, and special studies required by the ASHDS. Again, no formalized priority process guides the cross-cutting evaluation agenda.

G. Multiple "guidances" issued by ASHDS

In the process of our review of the evaluation process, we found that there are a number of "guidances" that fall under the umbrella of strategic objectives and initiatives. In addition to the Evaluation Guidance, the CDP Guidance, Operational Planning Guidance, Technical Planning Guidance, and the Procurement Plan are sent to the program administrations in a sequence starting around July of each year. Much of the background information in each guidance is similar, and similar responses are required by program staff. The multiple guidances are a source of some confusion to those in the program areas who are accountable for responding. Part of the problem during the 1989 cycle was that the planning guidance, which should provide the basic strategic framework for the other guidances was issued after the evaluation guidance. The planning guidance also modified somewhat the objectives and initiatives specified in the evaluation guidance.

We were unable to perform an extensive analysis of each of the guidance authorities, but recognize that a considerable amount of the authority is outside the control of the ASHDS. Notwithstanding this disclaimer, we have some suggestions in the next section for improving the process so that there will be a better understanding of the linkages of these instruments by the program areas.

H. Organizational location of the evaluation function

An issue that has arisen continually over the past several years is the most effective organizational structuring of the evaluation function. There was a wide variety of opinions voiced by those interviewed as to the appropriate location of evaluation staff. At the present, the only program area which has evaluation personnel is ACYF, and they

Analysis and Findings

are organized as a separate staff unit servicing all ACYF programs. OPPL also has a small number evaluation staff who focus on studies that potentially involve more than one HDS program, and studies of special interest to the ASHDS.

There are many who argue that all evaluation staff should be centralized, and located in OPPL - the organization held responsible by the ASHDS for managing the evaluation effort. The reasons are twofold:

1. Objectivity

Separating the staff from the direct control of the programs would help assure that they are not biased in their evaluation efforts. This argument stems from the traditional industrial axiom that "never locate the quality control unit in the manufacturing organization" where pressures to produce often overcome efforts to assure quality.

2. Maximization of Resources

A separate evaluation unit could provide assistance to all HDS Administrations. As it stands now, only ACYF has formal evaluation organization. Also, combining the few evaluation staff members would facilitate a "synergism" between the individual evaluators that would result in enhanced professionalism and a better sharing of responsibilities.

A recent internal HDS management study recommended the abolishment of the evaluation function in ACYF. This recommendation, however, was not implemented.

Arguments counter to centralization were based mainly on the premise that the further organizational distance of the evaluation unit from the program managers increases, responsiveness to the real needs of the programs decreases. Some were in favor of relocating the ACYF evaluation unit within the individual programs, believing that a more cohesive evaluation effort would result.

The central issue here is one of control - both of the dollars and the evaluation agenda. If the HDS organization were large enough, there would be room for several evaluation units. However, the present size can only support the two units that currently exist. With this constraint, it would seem to make sense to centralize the few staff who are trained

Analysis and Findings

evaluators, so as to take advantage of the limited expertise that does exist. The problem is how to give the program managers a greater say in evaluation planning with a central staff?

In the early **1980s**, the Department of Education centralized the evaluation staff using the same logic as that laid out above. The result was an almost total isolation of the program managers from the evaluation process and a reported lack of response to the information needs of policy makers. As a result, feedback from many who **were** involved with this re-organization has been generally unfavorable.

A recent move by ACYF to abolish their central evaluation organization and decentralize staff into the program areas may provide some insight into the issue of optimal location over the next year.

Recommendations dealing with the' issue of reorganization are contained in the next section.

6. HDS EVALUATION STRATEGY - FY 1990 to 1994

Evaluation is an important tool in the Office of Human Development Services (HDS) for obtaining information on how well programs are working, how they can be improved, and for use in assessing the effectiveness of approaches to the administration and management of the human service programs for which HDS is responsible. This chapter was developed from past HDS evaluation plans and strategy frameworks, and from information obtained in interviews and memoranda. It delineates in one place the ASHDS policies and initiatives relating to evaluation, evaluation project areas approved for the FY 1990/1991 time period, and summarizes the roles and responsibilities of HDS and outside organizations in the evaluation process. It is intended as a descriptive document that will aid in better understanding of the rationale behind the HDS evaluation projects, and will provide a basis for refinement of the strategy in future evaluation cycles.

Note:

Some of the roles ascribed to the various organizational functions assume that the recommendations that Section 7 of this report will be adopted.

EVALUATION STRATEGY DEVELOPMENT

Each year the Assistant Secretary for Human Development Services (ASHDS) initiates a broad-ranging analysis of human service program needs that involves organizations and individuals within the Department and outside authorities to develop and update major areas for possible study through evaluation, research and demonstrations. As this information is being gathered, guidances are issued by the Assistant Secretary for Planning and Evaluation (ASPE) containing the HHS Secretary's goals, objectives and initiatives for the coming year. Major "themes" are then developed or updated for a 2 year period from which evaluations within the department will be directed during the next year. The product is a document containing the Evaluation Guidance for HDS program areas that outlines instructions for the submittal of strategy statements on how evaluation information will be used to support their programs over the next 2 years. The Evaluation Guidance contains a list of studies and reports mandated by Congress, and the **HHS/ASHDS** Goals, Objectives, and strategy themes. The responses from the program areas, after review and approval by the ASHDS, are incorporated into the Office of Human Development Services Evaluation Plan.

SETTING PRIORITIES FOR EVALUATION

The human services programs administered by the Office of Human Development Services encompass a wide range of programs - children, elderly, homeless, runaway youths, native Americans, and the developmentally disabled. Often, the legislative requirements imposed by Congress for these programs may cover various aspects of the same client populations. Therefore, federal implementing regulations can raise difficult issues in the areas of reporting and record keeping, and ultimately obtaining the information necessary for evaluation. Constituent groups and associations, as well as governmental organizations outside of HDS, such as the General Accounting Office (GAO) and the HHS Inspector General (IG), also apply constant pressure to obtain information about various aspects of the programs.

These factors combine to create an environment that necessitates diversity in the "kinds" of evaluation that are undertaken. Evaluation must respond to both the short-term needs of the policy makers, and the longer-term demands of the program manager. Evaluation must provide information that can be used to develop new legislative initiatives for the HDS target groups, improve existing programs, improve the management of programs, and assist program managers and policy makers at the federal, state, and local levels in understanding how best to respond to the needs of the populations towards which HDS services are directed.

The FY 1990/1994 Evaluation Strategy is designed to optimize evaluation resources in this highly complex environment. Topical areas and priorities for evaluation are set under a hierarchical framework of policy directions ranging from legislative mandates to the needs of the individual program areas. The general order upon which studies are considered are derived as follows:

1. The conduct of studies mandated by legislation; including reports to Congress;
2. The support of objectives and initiatives of the Secretary of HHS;
3. The support of objectives and initiatives of the Assistant Secretary of Human Development Services;
4. The support of policy information needs of Program Commissioners;
5. The support of information needs of the Program Managers;

HDS Evaluation Strategy - FY 1990 to 1994

6. The support of information needs of the Policy Analysts;
7. The support of needs of States, local government, non-profit organizations, and foundations.

1990-1991 SECRETARIAL AND ASHDS GOALS AND INITIATIVES

The HDS strategy is driven by a set of general goals and objectives that have “matured” during the past several years. Each Assistant Secretary for Human Development Services modifies these directives to reflect changing social and political environments. The basic strategic framework of planning goals and objectives has remained relatively constant.

HDS Goals and Objectives are developed within the context of the overall goals and initiatives of the Secretary of HHS. These goals and objectives are reflected in the HDS Operational Plans, and guide the evaluation process as well as those for HDS research and demonstration projects. The FY 1990/1991 HDS Goals and Objectives are:

GOALS

- o Use social and economic strategies to increase family and individual self-sufficiency and independence;
- o Target federal assistance to those most in need;
- o Improve the accountability of HDS administered programs including the effectiveness and efficiency of internal management and of state and locally administered social services;
- o Improve the quality of HDS programs and services while encouraging innovation and choice through the marketplace.

OBJECTIVES

- o Strengthen families
- o Reduce dependency/increase self-sufficiency
- o Minority health promotion
- o Voluntarism
- o Health care cost containment
- o Literacy

HDS Evaluation Strategy - FY 1990 to 1994

6. The support of information needs of the Policy Analysts;
7. The support of needs of States, local government, non-profit organizations, and foundations.

1990-1991 SECRETARIAL AND ASHDS GOALS AND INITIATIVES

The HDS strategy is driven by a set of general goals and objectives that have "matured" during the past several years. Each Assistant Secretary for Human Development Services modifies these directives to reflect changing social and political environments. The basic strategic framework of planning goals and objectives has remained relatively constant.

HDS Goals and Objectives are developed within the context of the overall goals and initiatives of the Secretary of HHS. These goals and objectives are reflected in the HDS Operational Plans, and guide the evaluation process as well as those for HDS research and demonstration projects. The FY 1990/1991 HDS Goals and Objectives are:

GOALS

- o Use social and economic strategies to increase family and individual self-sufficiency and independence;
- o Target federal assistance to those most in need;
- o Improve the accountability of HDS administered programs including the effectiveness and efficiency of internal management and of state and locally administered social services;
- o Improve the quality of HDS programs and services while encouraging innovation and choice through the marketplace.

OBJECTIVES

- o Strengthen families
- o Reduce dependency/increase self-sufficiency
- o Minority health promotion
- o Voluntarism
- o Health care cost containment
- o Literacy

- o Permanency Planning
- o Coordinated Services
- o Innovative Services

In addition to the standard goals and objective, the ASHDS FY 1990/1991 Evaluation Guidelines provided more specific themes that were to be considered by the program areas for selecting topics and setting priorities:

- o Short-term, low-cost evaluations should be balanced with longer-term proposals. Where the longitudinal studies are seen as a priority, the project design should include a plan for intermediate results and decisions as needed;
- o Syntheses of evaluations of previous and current research and evaluation projects are valuable efforts to establish an institutional memory and identify information gaps;
- o Innovative service delivery activities are rapidly occurring in such areas as service coordination, pediatric AIDS, etc. Evaluation of such innovative approaches to service delivery systems based on current challenges and circumstances affecting families is encouraged;
- o Proposals should include specific plans for utilization and dissemination; close attention will be paid to management accountability for the utilization and dissemination of evaluation investments;
- o Congressionally required studies should be specifically focused and defined to achieve timeliness of results.

DEVELOPING STRATEGIES IN HDS PROGRAM OFFICES

Prior to the receipt of the Evaluation Guidance from the ASHDS, each program area initiates an extensive effort to identify topical areas where evaluation information is needed. These efforts involve internal dialogue between the Commissioner, policy analysts, and the program managers. The program offices, upon receipt of the Evaluation Guidance from the ASHDS, reviews the list within the framework of the priority requirements set down by statutory requirements, Secretarial and ASHDS strategies, including specific objectives and initiatives.

Programs respond to the ASHDS Strategic Guidelines by developing individual program strategies which operationalize the broader goals and objectives of the ASHDS into

HDS Evaluation Strategy - FY 1990 to 1994

specific initiatives and ultimately, specific evaluation projects. For each priority topical areas selected for inclusion in the 1990-91 plan, the following information is provided:

- o Purpose, as related to the goals and objectives contained in the Guidance;
- o A complete justification statement describing why the study is needed, when it is needed, and who will use the information that it produces;
- o Assignment of priority of each project, consistent with the goals and objectives of the ASHDS, and the criteria used within the program area;
- o Estimated cost for each study;
- o The projected timing of the study, and an indication of the **procurement** process to be used, i.e. short-term task order, or **normal** contracting process.

PROGRAM EVALUATION FOR 1990-91

This section summarizes the program evaluation activity planned in each program area and OPPL for N 1990/1991. The projects are discussed in greater detail in the HDS N 1990/1991 Evaluation Plan.

Administration for Native Americans

ANA's Evaluation Strategy is designed to generate information that will assist the Agency to further refine and focus its Social and Economic Development (SEDS) grants program. The development of self-sufficiency requires strengthening governmental responsibilities, improving social systems which protect and enhance the health and well-being of individuals, families and communities, and increasing opportunities for economic growth and independence.

A major component of ANA's self-sufficiency program is the provision of training and technical assistance. The evaluation strategy for N 1990/1991 will focus on evaluating the effectiveness of the Training and Technical Assistance (**T/TA**) program, and will assist ANA in providing guidance to contractors of the **T/TA** efforts, and assisting ANA in redirecting its overall **T/TA** activities if such action is needed.

Administration for the Developmentally Disabled

The ADD Evaluation Strategy for FY 1990/1991 addresses a number of issues that are consistent with HDS priorities for the next two years:

- o Understanding the quality of ADD funded programs and their impact on the supporting the Independence, productivity, and integration into the community of persons with developmental disabilities;
- o Accurately targeting services to those most in need;
- o Providing accountability for resources expended by the DD program.

Administration on Aging

The Administration on Aging's participation in the HDS Evaluation Planning process is voluntary. They have, however, elected to participate.

The AOA Evaluation strategy focuses on determining the degree of success State/Area Agencies have achieved in equal employment opportunity and affirmative action; and in identifying additional areas where staff training and educational development may be needed.

Administration for Children, Youth, and Families

ACYF's strategy for FY 1990/1991 gives a great deal of weight to the Administration's and Secretary's priorities, with a major emphasis on strengthening the family, as well as making significant progress on addressing the needs of the vulnerable at-risk population. The evaluations planned for the next 2 years strike a reasonable balance between short and long-term studies; between efforts to gather information about problems and emerging issues vs. efforts designed to improve current programs of service; and between studies designed to foster creativity and innovation and studies whose principal focus is on stewardship and accountability.

Strengthening the Family

This priority area is central to **ACYF's** mission as an agency, and is reflected in all of its programs. The evaluation strategy will focus on providing information on those efforts that are intended to prevent family dissolution; that assist families as a unit; that provide a healthy environment for the rearing of children; that assist

in avoiding dysfunctional behaviors; that help to reunite children with their parents; and that help to build families through foster care and adoption.

Understanding Current and Emerging Problems and the Needs of the Most Vulnerable Population

This priority covers ACYF's endeavors to identify and examine emerging problems and issues. The evaluation strategy will focus on developing information that will assist in identifying ways in which current programming can be made more responsive to target group needs, and on those segments of society that are most in need of help.

Improving Service Quality

This component of the ACYF evaluation strategy is aimed at providing information that will strengthen the quality of services provided by State and local agencies and to assess the impact that these services have on the lives of persons assisted.

Improving Accountability in the Use of Resources

The objective of the evaluation strategy is to ensure that resources allocated for the support of services for target populations are used effectively and responsibly. In addition to information gathered through evaluation studies, data will be obtained through such activities as monitoring, and periodic analysis of information gathered through program and fiscal reporting systems.

Identifying and Encouraging Innovation and Best Practice

This priority will use evaluation methods to identify, assess and stimulate the replication of service techniques that are both effective and innovative. These evaluations will not be restricted to those directly funded by ACYF, but the human service field in general and to the discovery of locally generated ideas, techniques and modes of service delivery.

Meeting Congressional Mandates

ACYF's evaluation strategy is responsive to the mandates of Congress for reports and studies. The FY 1990--91 agenda contains three new studies and one continuation study related to legislative requirements. Four additional studies are also still in process from previous years.

OPPL

Evaluation studies that have been identified through the annual priority setting process that support or benefit more than one HDS program area are the responsibility of the ASHDS' Office of Policy, Planning and Legislation. In addition to these cross-cutting studies, OPPL has the responsibility for evaluations relating to the Social Services Block Grant and the Family Violence program.

The evaluation strategy's major concentration in FY 1990/1991 will be on obtaining information relating to program accountability, and responding to the short-term policy needs of the ASHDS.

METHODS FOR FUNDING OR CARRYING OUT EVALUATIONS

Evaluation projects can be undertaken through numerous approaches. The primary vehicle for evaluation is through procurement contracts. Projects that are estimated to require large amounts of resources and/or time are contracted through the normal competitive procurement process. Short-term (6 months or less), and smaller dollar (under \$100,000) contracts are performed under the HDS Basic Ordering Agreement, a mechanism designed specifically for "quick turn-around" type of activity. Other methods of retrieving evaluation information are on-site visits by HDS Central and Regional Office staff, and in-house analysis of data submitted by states and grantees in formal reporting systems.

In addition, both research and demonstration grants often yield information that can be useful in the evaluation of various aspects of HDS programs, although the primary beneficiary of grant-funded projects is not the federal government.

RESPONSIBILITIES FOR CONDUCTING EVALUATIONS

Generally, the program itself is responsible for conducting an evaluation in support of a specific HDS program goal, objective or initiative. Exceptions are the cross-cutting studies conducted by the Office of Policy, Planning and Legislation and the Assistant Secretary for Planning and Evaluation; internal audit-type evaluations under the sponsorship of the Office of Management Services (OMS), or the external studies conducted by the HHS Inspector General and the General Accounting Office.

PARTICIPATION IN OUTSIDE EVALUATIONS

In HDS, OPPL maintains an advisory role on evaluation studies undertaken by ASPE of HDS programs, and along with the Program Administrations, perform in a similar

HDS Evaluation Strategy - FY 1990 to 1994

capacity on IG and GAO studies that relate to HDS programs. OPPL is also responsible for coordinating the outside studies with related HDS studies as they progress, and in assuring that the studies, once completed, are reviewed in the context of other HDS evaluations and the results disseminated to the appropriate program managers.

7. RECOMMENDATIONS

Although the production of the FY 1990/1991 Evaluation Plan alleviated many of the problems that plagued past efforts, we believe that if the recommendations offered in this section are implemented, the process can be improved, and the information produced by evaluation studies made better use of used in the decision making processes of HDS and related human service organizations.

Recommendation 1

Disseminating the results of evaluation projects can be improved by establishing a central information library and improving the way reports are submitted and controlled within HDS

A. A Central Information Library should be established within the office of ASHDS

A Central Information Library should be established in the Division of Program Analysis and Evaluation. The ASHDS should direct all program areas to send the results of evaluation studies to the library within one-week of receipt by the program office of the contractor's final report.

In support of this library, a microcomputer-based distribution system would need to be developed that would handle document distribution and enable user access by telecommunications and facsimile technology. We recommend that new computer hardware be obtained to support the library based on a IBM compatible 80386 system with minimum of 4mb of memory, and **150mb** of high-speed hard disk capability. These systems are relatively inexpensive, e.g. **\$4000-\$5000**, and can easily fulfill the foreseeable requirements of the library.

While the central library would be set-up initially for reports, the potential for expansion to a central repository for all HDS routine information system information should also be investigated in more depth in a future study. The recent response by states involved in the Adoption and Foster Care Reporting System, Child Abuse and Neglect Information System, and the Social Services Block Grant Reporting, indicates that central coordination of the retrieval, processing, and dissemination of such information would be highly desirable.

Recommendations

B. Contractors should be required to submit reports and data files on floppy disk in a format prescribed by HDS

Hard copy reports require a considerable amount of shelf space, are expensive for both contractor and federal staff to reproduce, and are awkward to distribute to users. Many federal agencies are now requiring contractors to submit reports in computer media - usually micro-computer based. We recommend that all future HDS evaluation contracts require that reports be submitted in a common micro-computer floppy-disk format as well as a limited quantity of hard copies. We suggest that the use of Word Perfect for text reports, and Lotus 1-2-3 for numerical reports be encouraged, as computer software to convert to and from these standard formats is inexpensive and readily available.

A floppy disk based system provides for easy reproduction and distribution of reports, and should result in a major increase in the use of information produced in HDS evaluation studies.

C. Abstracts of evaluation projects should be maintained and disseminated them through a central control library

The database system described in Volume II of this study will make an ideal starting point for setting-up the I-IDS Central Information Library. This micro-computer based system will enable ready cataloging and searching for evaluation reports by a number of indices. It is easy to use, has excellent independent multi-variable inquiry and reporting capability, and is compatible with ASPE's Policy Information Center system. It also utilizes off-the-shelf software that can be easily be maintained and updated by HDS staff.

Recommendation 2

Enhancements should be made to the HDS Evaluation Strategy to facilitate understanding of the role of evaluation in HDS decision making

An evaluation strategy, or major "themes" upon which evaluation will be based, should be developed every 4 years at the POLICY MAKER LEVEL, coinciding with the year following the presidential election year. This period is selected because of the "wait-time" for policy direction that occurs in the program after a presidential election. Political appointees responsible for policy making need to establish major themes and programmatic priorities early, in order to provide time for the programs to identify

Recommendations

topical areas and set priorities consistent with such directions.

These themes should be reviewed annually to reassess their applicability to current events, and updated as necessary. When themes are changed, the reasons should be substantiated in terms of the original objectives, along with the extent to which objectives have been achieved, and/or conditions changed by factors outside the control of HDS.

The general objectives and initiatives of the ASHDS should provide the overall structure for independent evaluation themes within each program area, and should also be part of the criteria for selecting between topical areas to be evaluated. A strategy that attempts to integrate studies across program areas is not recommended, given the diversity of the programs in both purpose and target groups. Evaluation should remain, as it has been, legislatively focused, with a general categories of cross-cutting and special studies to accommodate OPPL and ASPE needs in this area.

In the course of our interviews, several topical areas were suggested as priorities for evaluation studies. However, lacking a formal method for establishing the relative value of the project areas, there is little basis upon which to judge their merits. They are listed here for informational purposes by organizational area.

HDS - Secretarial Level

- o Evaluating changes to state. social service programs under the Social Services Block Grant
- o Evaluating the impact of voluntarism on HDS Programs
- o Evaluating major CDP grants and disseminating usable results

ACYF

- o Evaluation of human service programs role in prevention and treatment of Crack Babies
- o Evaluation of the human service program supporting role in the implementation of the Family Support Act (joint activity with Family Support Administration)
- o Evaluation of the effectiveness of the Head Start Program
- o Evaluation of the human service role in alleviating problems of the homeless

Recommendations

ADD

- o Evaluating the effect of the changing role of states under the new DD legislation
- o Evaluating the quality of programs and services that move clients from institution-based to community-based living arrangements
- o Evaluation of uninsured clients who are denied services

ANA Themes:

- o Evaluating the effectiveness of the Social and Economic Development program (on-going)

AOA Themes:

- o Evaluating innovative approaches of Area Agencies on Aging
- o Evaluating the need for older worker programs
- o Evaluating minority participation in Area Agencies on Aging and Senior Centers
- o Evaluating the coordination and delivery of long-term care services

OPPL, as the manager of the evaluation process should be the responsible organization for coordinating the development of these themes, and packaging of the Evaluation Strategy document.

Recommendation 3

The mix between evaluation, research, and demonstration projects should continue to reflect an increased emphasis on evaluation, as specified in the FY 1990/1991 planning process

The expansion of HDS evaluation activity in the HDS FY 1990/1991 Evaluation Plan provides a much better balance for producing the kinds of information needed for policy analysis, future planning, and program improvement. This expansion, however, brings with it an increased procurement and program monitoring workload for evaluation and program staff. We recommend that additional staff be acquired and/or reassigned to accommodate the additional work requirements.

One possible approach that could aid in carrying out this responsibility would be to contract out many of the support functions, e.g. working with OPPL staff to interview

Recommendations

program staff, arranging and facilitating meetings with outside experts, and monitoring literature and Congressional hearings that pertain to the need for evaluation information.

Recommendation 4

Third-party evaluations of demonstration projects should be conducted to determine the value of the efforts and facilitate the transfer of innovations to other organizations

Demonstrations whose main purpose is to learn something that we did not already know should be explicitly coupled with outside evaluations - either as part of the grant for smaller projects, or separately by HDS for larger projects or clusters of projects. Over the past 8 years, almost no evaluation of demonstration projects was undertaken. This has resulted in a large gap in information available about such projects that might be used by similar organizations in planning and operating their programs.

There are three possible options for conducting these evaluations:

A. Separate Evaluations using the BOA process

The original intent of the BOA process was to enable short-term, quick turn-around assessments that could be used by policy officials and program managers to assess how certain elements of their programs were performing. This vehicle was intended to be used for purposes such as examining demonstrations - particularly in a "cluster" arrangement where several grantees were exploring similar approaches to the same problem as specified in the CDP.

B. Require third-party evaluations as part of the demonstration grants

An obvious method for obtaining and disseminating results of demonstrations is for the grantee to do a self-evaluation, or contract for an outside evaluation. Unfortunately, such evaluations are often highly suspect. Grantees have tended to describe their accomplishments far more favorably than would an independent evaluator. Therefore, this approach is not recommended for the larger, more significant demonstrations that have national implications. These demonstrations should be evaluated by outside contractors under OPPL sponsorship.

Recommendations

C. *Increase internal HDS staff evaluation activity*

A major source of information about how well programs are working should be the program staffs direct knowledge obtained through the exercise of their monitoring function. However, this source of information has been virtually eliminated by the relative isolation of federal staff from the service delivery network they are to administer. The reduction of travel for program staff, both in the Central and Regional offices, coupled with major reductions in routine state program reports, has meant that knowledge of state and local operations in social services comes from telephone, newspapers, and professional publications, along with contact with national lobbyists - in short, second hand information usually accompanied by the bias inherent in such source material.

Using program and evaluation staff to perform on-site reviews of demonstrations would both provide first-hand knowledge of the programs, and produce valuable information that could be made available to other organizations through the I-IDS Central Information Library recommended above. While we recognize that the reasoning behind the curtailment of the travel by federal staff is to save dollars in the short run, the cost to the taxpayer of poorly conceived and operated programs, in our opinion, far exceeds such savings.

We recommend that a combination of expanded monitoring by HDS program/evaluation staff, and the use of the BOA be employed to evaluate the results of demonstration projects. We recognize the difficulties in increasing travel budgets for program staff, but believe that the ASHDS should make every effort to obtain the necessary resources.

Recommendation 5

Although the HDS Executive Secretariat has established a system for tracking evaluation projects, additional staff efforts are needed to improve coordination of HDS human service evaluation activities with ASPE, GAO, and the HHS Inspector General, and to assure that the results of all studies are utilized

I-IDS can benefit greatly from the evaluation studies conducted by outside organizations. A formal relationship should be established between these organizations under the direction of the Director of the Office of Policy, Planning and Legislation. While the

Recommendations

OPPL Executive Secretariat recently initiated the compilation of projects currently being conducted by outside organizations, actual coordination of such efforts at the program level have been extremely limited.

Coordination could be improved considerably by implementing these actions:

A. *Discussing proposed evaluations before the annual evaluation cycle is initiated*

These discussions should be aimed at eliminating unnecessary duplication and enabling HDS to capitalize on those studies where they can contribute to the focus on issues of interest to the agency. Stated another way, HDS should use these discussions to assist in maximizing the deployment of its limited resources to produce information of interest within HDS.

B. *Providing for annual policy analysis of the all studies conducted in particular program areas;*

Recent efforts by the HDS Executive Secretariat to inventory and describe these studies have been noteworthy. (Appendix D, prepared by the Executive Secretariat, shows the FY 1990/1991 planned studies of the 5 organizations in each program area). These efforts should be continued and provide the basis for **cataloguing** both the studies, and the results of the discussions between program areas.

Policy analysis of the study results should be considered cross-cutting and should be the **responsibility** of OPPL supported by contractor under the BOA (this may appear to be self-serving, but seems to be the most cost-effective way to do the analysis).

Where appropriate, provisions should be made for the inter-organizational staffing of project advisory committees. This would assure that information is available to all organizations as the study progresses, and provide additional expertise in monitoring of the project.

Recommendations

Recommendation 6

Formal procedures should be established within the Office of the ASHDS, and in each program administration for ensuring topical areas and projects match HHS/HDS priority needs

- A. *OPPL should monitor major ASHDS meetings to document policy discussions and produce candidate areas for consideration in the evaluation planning process.***

The ASHDS has regularly scheduled meetings with HDS Commissioners, Staff Office Directors, and the Regional Administrators. These meetings focus on reviewing programs, progress towards objectives, legislative activities, and executive goals and directives. Many areas of policy concerns and opportunities are discussed during these meetings, but better efforts are needed to communicate the policy decisions to staff who will ultimately carry out the intent of the policy decisions through the evaluation agenda.

Quarterly management meetings should include a specific period set-aside to discuss the status of evaluation studies, examine trends from the various reporting systems, and to identify candidate topical areas to be included in the evaluation decision making process.

- B. *A formalized system should be established in each program area to identify topical areas for evaluation, and to set priorities for specific studies***

While many of the specific studies are dictated by legislation and ASHDS needs, a system should be developed to assure that optimal use is made of the remaining evaluation resources. This system would involve, at a minimum the following:

Topical Area Identification

Program managers and program staff should have the primary responsibility for identifying candidate topics for evaluation. We would suggest that topic identification also include inputs from ASPE; state and local human service officials; federal staff from other departments (HUD, DOE, DOL) outside groups, such as universities, national associations, and consultants; and **GAO/IG** staff. Inputs from these groups could be obtained in a combination research/evaluation workshop using a group process format so that all participants would have a chance to present their ideas, their sense of priorities, and discuss them with HDS staff. While the proposed priorities in many program areas are published in the Federal Register for comment, this is an inadequate

Recommendations

vehicle for obtaining the quality of input necessary for setting priorities and selecting evaluation topics for study.

Selection Criteria

Developing the basis upon which topical areas are ranked and ordered is critical to an effective evaluation strategy. In this area, both the policy manager, and the policy analyst have a major input. Possible criteria include: cost, consistency with **HHS/ASHDS** goals and initiatives; availability of data; time required to do the study; contractor skills availability; and the relative need as perceived by the program managers in the operation of their program. These criteria would be played off against the political realities that exist during the development of the criteria.

Methodology Development

This is the area where policy analysts (evaluation staff) provides its expertise: the options for actual technical performance of a study to produce the needed information in a high priority topical area.

The result of this process would be short and long range studies that would be included in the annual evaluation plan and the broader evaluation strategy.

Recommendation 7

All OPPL guidances should be streamligned as part of a single process under common objectives that would result in a "Strategic Plan"

The HDS Strategic Plan should outline a 4 year set of themes that encompass the HHS Secretarial initiatives, and the **ASHDS** major areas of concern. The Strategic Plan would explain the rationale for the plan, the theme for the four year period, discuss evaluation activity related to the previous plan, and outline the major objectives for each HDS program.

Once the themes and objectives are identified by the ASHDS, each program area would make decisions on the best method for achieving the objectives: Research, Evaluation, or Demonstrations. The response to this consolidated guidance would be both the short-

Recommendations

term (1-year) strategy, and long-term (4-year) strategy using each of these information gathering vehicles.

We recognize that most of these guidances are driven by the budget process. If a more detailed analysis of the content and sequencing reveals that HDS has no control over streamlining such procedures, we recommend that a HHS interdepartmental task force be convened to examine the issue of internal plans and guidances, their necessity, and the perceived wisdom of combining them. We believe that the other HHS Departments would be highly supportive of such a review.

Recommendation 8

The location of evaluation units should remain as they are, for the present.

We are not persuaded by the arguments noted previously for centralization, primarily because of the past problems of communications and cooperation between organizations units, and in light of the proliferation of organizations that have an oversight role on HDS programs (ASPE, GAO, IG) internal evaluation can concentrate more on program enhancement.

On the other hand, we believe that if the formal priority process recommended in Finding 6 is implemented, it would remove many of the problems now associated with the nature and extent of program manager/staff role vis-a-vis evaluation staff in the evaluation process. The overall role of coordinating the development of HDS evaluation topics and priorities should be re-instituted in **OPPL/DPAE** where it resided in previous years.

With the decentralization of the ACYF evaluation staff, however, the problem of involving the program staff in topical areas and setting priorities should be eliminated, but the problems of interchange of ideas, approaches and methodologies between evaluation professionals amplified. In order to address the problem of separation of evaluation professionals, we recommend that quarterly evaluation “capacity building” retreat be held under OPPL sponsorship. Evaluation staff representing all HDS program areas would participate, along with ASPE, GAO, and IG evaluation professionals. Preliminary contact with these groups regarding this process has been highly favorable.

Recommendations

Recommendation 9

A more active role for the HDS Regional Offices is urged in all phases of the evaluation process.

The role of the regions in evaluation has varied widely over the past ten years. At one point in the 1970s, they were the key players in the services integration activities and "Partnership" programs with State and Local government. In the middle 1980s, however, their role was severely restricted due to both staff cutbacks and organizational philosophies.

Currently, the regional offices represent about one-half of the total HDS staff complement. Because of their proximity to the ultimate HDS client groups, we believe they are a valuable source of information on emerging problems, program enhancements, and contractor/grantee capabilities. While they were recently given an opportunity to identify topical areas, increased involvement could potentially assist in the development of critical issues that need study in support for HDS policy.

At least a half-day session should be devoted to evaluation at the quarterly Regional Office/ASHDS staff meetings, coordinated by OPPL. This would include reviewing the results of completed projects, obtaining inputs on evaluation needs from the R.O. perspective, and discussing the policy implications of proposed and completed evaluations.

Additionally, we suggest that Regional Office staff be included on the review panels for new studies, and on advisory committees for studies in process.

APPENDIX A

HDS EVALUATION DOCUMENTS AND MEMOS

| <i>Date</i> | <i>Author/ Originator</i> | <i>To</i> | <i>Title or Subject</i> | <i>Document Type</i> |
|-------------|--------------------------------------|------------------------------|---|--------------------------|
| 06/17/89 | Asst Sec. - HDS (Olson) | R. Helms - ASPE | Independent Living | Memo |
| 06/16/89 | Asst. Sec.-ASPE (Tompkins, Act) | Asst Sec. - HDS (Gall) | Research & Planning Guidance - FY 90/91 | Memo |
| 06/15/89 | Asst Sec. - HDS (Olson) | HDS Program Commissioners | HDS FY 89 Operational Planning Guidance | Memo |
| 06/07/89 | R. Helms - ASPE | Asst Sec. - HDS (Olson) | Independent Living | Memo |
| 06/04/89 | ACYF Staff | Internal HHS | Status of ACYF Evaluation Projects | Memo |
| 05/22/89 | Asst Sec. - I-IDS (Gall) | HDS Program Commissioners | Secretarial Initiatives and Priorities | Memo |
| 03/13/89 | Dir. OPPL (Nielsen) | Commissioner ACYF (Borup) | Approval ACYF Evaluation Plan Update | Memo |
| 03/13/89 | Dir. OPPL (Nielsen) | Commissioner ACY F (Borup) | Approval - ACYF Update FY 89 Evaluation Plan | Memo |
| 03/02/89 | Ecosometrics | HDS | Discussion Paper on Framework for X-Cut. Issues | Rpt |
| 02/13/89 | Asst Sec. - HDS (Olson) | R. Helms - ASPE | HDS 1989 Evaluation Plan | Memo |
| 01/25/89 | Commissioner ACYF (Borup) | Dir. OPPL (Nielsen) | FY 89/90 ACYF Evaluation Plan Update | Memo |
| 01/25/89 | Commissioner ACY F (Borup) | Dir. OPPL (Nielsen) | FY 89-90 ACYF Evaluation Plan Update | Memo |
| 11/01/88 | General Accounting Office (GAO) | Senate, House, & OMB | Program Evaluation Issues | Rpt |
| 09/01/88 | ASPE -Office of Program Systems | Internal/External HHS | Compendium of HHS Evaluations | Rpt |
| 07/22/88 | Dir. OPPL (Nielsen) | Asst Sec. - HDS (Olson) | ASPE Res. & Eval Planning for FY 89/90 | Memo |
| 07/12/88 | Asst Sec. - HDS (Olson) | HDS Program Commissioners | HDS FY 89 Information & Eval. Plan Guidance | Memo |
| 07/08/88 | R. Helms - ASPE | Asst Sec. - HDS (Olson) | Research 8c Eval. Planning for FY 89/90 | Memo |
| 05/02/88 | Asst Sec. - HDS (Olson) | R. Helms - ASPE | HDS FY 1988 Evaluation Funding | Memo |
| 04/18/88 | Asst Sec. - HDS (Olson) | R. Helms - ASPE | FY 1988 Evaluation Funding | Memo |
| 04/13/88 | R. Helms - ASPE | Asst Sec. - HDS (Olson) | FY 1988 Evaluation Funding | Memo |
| 02/15/88 | HDS Staff | Internal | HDS Master Information Needs Matrix | Chrts |
| 12/09/87 | Asst Sec. - HDS (Hawkes) | HDS Program Commissioners | Approval of HDS FY 1988 Evaluation Plan | Memo |
| 11/06/87 | R. Helms - ASPE | P.Hawkes Asst.Sec HDS | FY 1988 Evaluation Plan | Memo |
| 10/16/87 | Asst Sec. - HDS (Hawkes) | R.Helms ASPE | FY 1988 Evaluation Plan | Memo |
| 10/16/87 | Asst Sec. - HDS (Hawkes) | HDS Program Commissioners | Fiscal Year 1988 Planning Guidance | Memo |
| 10/08/87 | Asst Sec. - HDS (Hawkes) | HDS Pgm Comms, Staff Dirs. | OHDS Evaluation Guidance | Memo |
| 09/30/87 | unknown | unknown | Comments on ACYF 1988 Evaluation Projects | Memo |
| 09/17/87 | ACYF | N/A | ACYF Research, Eval, & Other Info | Memo |
| 09/08/87 | Asst Sec. - HDS (Hawkes) | HDS Program Commissioners | Fiscal Year 1988 Planning Guidance | Memo |
| 09/04/87 | A. Tompkins-Dep. A/Sec , ASPE | Dir. OPPL (Nielsen) | Proposed FY 1989 CDP Priorities | Memo |

HDS EVALUATION DOCUMENTS AND MEMOS

| <i>Date</i> | <i>Author/ Originator</i> | <i>To</i> | <i>Title or Subject</i> | <i>Document Type</i> |
|-------------|---|-----------------------------|--|--------------------------|
| 09/01/87 | Asst Sec. - HDS (Gray) | Under Secretary | Crucial Issues for Staff Retreat | Memo |
| 08/28/87 | HDS OPPL? | | HDS Eval. Policy and Strategy | Memo |
| 08/28/87 | HHS | OMB | Foster Care & Adoption OMB Response | Memo |
| 08/27/87 | Dir. OPPL (Nielsen) | | Evaluation Guidance | Memo |
| 08/20/87 | Dir. OPPL (Nielsen) | HDS Program Commissioners | ASPE Comments on 1988 Eval Topics | Memo |
| 08/13/87 | W. Prosser, ASPE | | FY 87/88 Policy Res & Eval Plan | Memo |
| 08/12/87 | unknown | unknown | HDS FY 1988 Evaluation & Res. Plng | Memo |
| 08/05/87 | R. Helms - ASPE | P.Hawkes Asst.Sec HDS | Eval. & Research Planning for FY 1988/89 | Memo |
| 07/28/87 | R. Helms - ASPE | Asst Sec. - HDS (Elder) | Evaluation Planning for FY 88/89 | Memo |
| 07/24/87 | (HDS Staff) | | HDS Budget Estimates - FY 88/89 | Memo |
| 07/23/87 | Dir. OPPL (Nielsen) | HDS Program Commissioners | Evaluation Plan for FY 1988 | Memo |
| 07/13/87 | Asst Sec. - HDS (Elder) | R. Helms - ASPE | Evaluation Planning for FY 88/89 | Memo |
| 07/13/87 | (HDS Staff) | (General Public) | FY 88 HDS CDP | Memo |
| 07/06/87 | (HDS Staff) | | Evaluation CDP Input Session | Memo |
| 07/01/87 | Dir. OPPL (Nielsen) | Asst. Sec. - (Elder) | HDS Res. & Eval. Plng FY 88/89 , Background Info | Memo |
| 06/22/87 | Dir. OPPL (Nielsen) | Asst Sec. - HDS (Elder) | HDS Res & Eval Plans for FY 88/89 (Backg) | Memo |
| 06/22/87 | Dir. OPPL (Nielsen) | Asst Sec. - HDS (Elder) | ASPE Guidance for Res.& Eval- FY 88/89 | Memo |
| 06/19/87 | Asst Sec. - HDS (Elder) | R. Helms - ASPE | Research & Evaluation Plan for FY 88/89 | Memo |
| 06/12/87 | Commissioner on Aging (Fisk) | Dir. OPPL (Nielsen) | Draft Guidance from ASPE on Res & Eval | Memo |
| 06/09/87 | Bob Neilson | Larry Guerrero | ACYF Projects Continued to FY 88 | Memo |
| 06/01/87 | HDS Staff (?) | Internal HHS | (Various Budget s and Fund Availability) | Chrts |
| 05/27/87 | Mottola, Turem, Biggs, Guer., Gnbg. | (Minutes of ACYF Mtg) | Research & Evaluation Questions | Memo |
| 05/19/87 | Stovenour, Sanchez, Biggs, etc, +G&G | (Minutes of HDS Meeting) | Research & Evaluation Questions | Memo |
| 05/18/87 | Engles, Kolb, Biggs, etc G&G | (Minutes of Comms. Meeting) | Research & Evaluation Questions | Memo |
| 05/05/87 | Dir. OPPL (Nielsen) | HDS Program Commissioners | Draft Guidance from ASPE on Res & Eval. | Memo |
| 05/05/87 | Asst Sec. - HDS (El&r) | R. Helms - ASPE | Research and Evaluation for FY 88/89 | Memo |
| 04/15/87 | Dir. OPPL (Nielsen) | Asst Sec. - HDS (Elder) | Decision Memo - ASPE Evaluation Tap | Memo |
| 04/02/87 | HDS Senior Staff | Internal HDS | Senior Staff Meeting Agenda and Bckg. Mt1 | Brf |
| 03/20/87 | Commissioner AOA (Fisk) | Dir. OPPL (Nielsen) | ASPE Tap of Funds for Evaluation | Memo |
| 03/19/87 | Asst Sec. - HDS (Elder) | R. Helms - ASPE | FY 87 HDS Res & Eval Activities | Memo |

HDS EVALUATION DOCUMENTS AND MEMOS

| <i>Date</i> | <i>Author/ Originator</i> | <i>TO</i> | <i>Title or Subject</i> | <i>Document Type</i> |
|-------------|---------------------------------|-------------------------------|---|--------------------------|
| 03/16/87 | Asst Sec. - HDS (Elder) | HDS Program Commissioners | ASPE Tap of HDS Funds for Evaluation | Memo |
| 03/11/87 | (HDS Staff) | Internal HHS | Status Report of FY 87 Contract Actions | Memo |
| 03/04/87 | (HDS Staff) | Internal HHS | Departmental Research Needs. | Memo |
| 02/24/87 | Asst Sec. - HDS (Elder) | R. Helms - ASPE | Process for Developing and Reviewing R&E Plans | Memo |
| 01/29/87 | (HDS Staff) | Internal HDS | HDS Information Policy Agenda | Memo |
| 01/22/87 | Asst Sec. - HDS (Elder) | R. Helms - ASPE | Research and Evaluation Planning for FY 88/89 | Memo |
| 01/15/87 | Armando Savet | Donna Milligan | ASPE/HDS Meeting to Discuss Res. & Eval | Memo |
| 01/15/87 | Commissioner on Aging (Fisk) | Dir. OPPL (Nielsen) | Response to ASPE Comments of R & E | Memo |
| 01/02/87 | DTL (?) | Dir. OPPL (Nielsen) | ACYF Comments on Helms Memo re 87 Eval Plan | Memo |
| 12/19/86 | R. Helms - ASPE | Asst Sec. - HDS (Elder) | ASPE/HDS Meeting to Discuss HDS R & E Plans | Memo |
| 12/15/86 | Dir. OPPL (Nielsen) | HDS Program Commissioners | ASPE Draft Comments on FY 87 Eval Plan | Memo |
| 11/20/86 | Silverman/Prosser (ASPE) | Fairweather (ACY F) | Foster Care Long-Term Outcome Evaluation | Memo |
| 10/13/86 | Commissioner ACYF (Livingston) | Asst Sec. - HDS (Elder) | Preliminary Information Agenda | Memo |
| 08/07/86 | Dir. OPD (Shute) | Asst Sec. - HDS (Elder) | HDS FY 1987 Evaluation Plan | Memo |
| 08/07/86 | OPD (Shute) | Asst. Sec. - (Elder) | HDS FY 1987 Evaluation Plan | Memo |
| 07/05/86 | (HDS Staff) | Internal HHS | HDS Evaluation Activities - Planned and Proj. | Brf |
| 04/22/86 | Asst Sec. - HDS (Hardy) | HDS Senior Staff, R/Os | FY 1987 Planning Guidance | Memo |
| 11/20/85 | HHS Secretary (Bowen?) | OPDIV Heads | Review & Coordination of Policy - Relavant Res. | Memo |
| 06/01/85 | CSR, Inc. | | INvestments in Evaluation: FY 1982-Fy1984 | Rpt |
| 03/01/84 | Program Systems and Evaluation | Internal HHS | HDS Evaluation Strategy and Process | Brf |
| 01/24/84 | Maximus | HDS | Typology of Evaluation Designs | Rpt |
| 01/06/84 | Maximus | HDS | Evaluation Conduct & Util. of Eval. Projects | Rpt |
| 01/06/84 | Maximus | HDS | HDS Inventory of Evaluation Projects | Rpt |
| 04/06/83 | Asst Sec. - HDS (Hardy) | HDS Senior Staff | Rpt. of President's Priv. Sec. Surv. -Cost Cont | Memo |
| 12/21/82 | OPD (Probably) | Internal HDS | HDS Evaluation Activities | Memo |
| 11/08/82 | USC Study Group | HDS OPD | Notes on Systems Development Strategy | Notes |
| 05/18/82 | OPD (Probably) | Internal HDS | HDS Evaluation Issues | Brf |
| 07/02/81 | OPD - (Shute) | Asst Sec. - HDS (Hardy) | Proposed HDS Mgmt. Info. Systems Strategy | Memo |
| | (HDS Staff) | | HDS Evaluation Program | Brf |

HDS EVALUATION DOCUMENTS AND MEMOS

| <i>Date</i> | <i>Author. Originator</i> | <i>To</i> | <i>Title or Subject</i> | <i>Document Type</i> |
|-------------|-------------------------------|-------------------------|---|--------------------------|
| | Dir. OPPL (Nielsen) ACYF | Asst Sec. - HDS (Elder) | HDS Info Agenda - Synthesis of Prog Responses Commentary for the FY 1987 Eval Plan | Memo Memo |

APPENDIX B

**EVALUATION OF HDS EVALUATION STRATEGY
PERSONS INTERVIEWED**

| NAME | TITLE |
|-------------|--------------|
|-------------|--------------|

Office of the Assistant Secretary for Human Development Services

| | |
|-------------------|--|
| Linda Eischeid | Director - Office of Policy Planning and Legislation |
| Larry Guerrero | Director - Division of Policy Analysis and Evaluation |
| Richard Greenberg | Deputy Director - Division of Policy Analysis and Evaluation |
| Robert Neilson | Branch Chief - Systems |
| Ann Queen | Director - Division of Research & Demonstrations |
| Janet Hartnett | Deputy Director - OPPL |
| Pam Coughlin | Director - Office of Regional Operations |
| Debbie Bass | Director - HDS Executive Secretariat |
| Bob Stovenour | Director - Office of Management Services |

Administration for Older Americans

| | |
|-----------------|---|
| Mike Suzuki | Acting Deputy Commissioner |
| Richard Schloss | Director - Research and Demonstration Division |
| Don Smith | Director - Office of Management and Policy |
| Fred Luhmann | Director - Program Management and Analysis Division |
| Carol Crecy | Director - Community Based Systems Division |

Administration for Children, Youth and Families

| | |
|-------------------|---|
| Wade Horn | Commissioner |
| Joe Mottola | Deputy Commissioner |
| Betty Stewart | Associate Commissioner - Children's Bureau |
| Susan Weber | Director - NCCAN |
| Penny Maza | Chief - Evaluation Branch |
| Clennie Murphy | Associate Commissioner - Head Start |
| Henlay Foster | Deputy Associate Commissioner |
| David Fairweather | Senior Evaluation Specialist |
| Bernie Brown | Senior Evaluation Specialist |
| Carol Behrer | Associate Commissioner - Family and Youth Services Bureau |
| Joan Gaffney | Chief - Assistance Branch - NCCAN |
| Patrice Moore | Director - Program Support Division (Children's Bureau) |
| Soledad Sambrano | Senior Evaluation Specialist |

Administration for the Developmentally Disabled

| | |
|------------------|---|
| Deborah McFadden | Commissioner |
| Will Wolstein | Deputy Commissioner |
| James Colarusso | Associate Commissioner |
| Ray Sanchez | Director - Program Development Division |
| Terry Smith | Director - Program Operations Division |
| John Doyle | Director - Management Services Staff |

Administration for Native Americans

| | |
|------------------|--|
| Dom Mastrapasqua | Acting Commissioner |
| Martin Koenig | Director - Planning and Support Division |
| Lucille Dawson | Director - East Division |

Assistant Secretary for Planning and Evaluation

| | |
|-----------------|--|
| Pat Fagan | Deputy Assistant Secretary for Social Services |
| Bill Prosser | Senior Program Analyst - Income Security Policy |
| Ann Segal | Director - Division of Children, Youth and Family Policy |
| Jerry Britton | Deputy Assistant Secretary for Program Systems |
| Bob Raymond | Director - Intergovernmental Affairs Division |
| Jerry Silverman | Program Analyst |

Assistant Secretary for Management and Budget

| | |
|--------------|---|
| Doug Guerdat | Deputy Director - PHSS Budget Analysis Division |
|--------------|---|

General Accounting Office

| | |
|------------------|--|
| Lois Ellen Datta | Director - Program Evaluation and Methodology Division |
| John Kamensky | Group Director - Intergovernmental Programs |
| Jim Musselwaite | Director - Older American Programs |

HHS Inspector General

| | |
|---------------|---|
| Emilie Baebel | Chief - Public Health and Human Services Branch |
|---------------|---|

APPENDIX C

EVALUATION OF HDS INFORMATION NEEDS AND EVALUATION STRATEGY

INTERVIEW GUIDE - HDS PROGRAM AREAS

Date of Interview:

| Name(s) | Title |
|---------|-------|
| | |

Organization:

1. What is your role in preparing the Annual Evaluation Plan?
2. How are topical areas for evaluation identified?
Which of these areas support the policy information needs of:
 HHS Secretary
 Asst/Sec - HDS
 Commissioner
3. How are priorities for selecting evaluation studies from topical areas established?
4. What are your major priority areas for evaluation this year?
5. How are policy needs within your organization converted into evaluation projects?
6. What do you anticipate to be the information needs of your (agency/program/project) over the next four years?
(Review 1986-89 Commissioner's Objectives)

Which of the legislatively required reports, studies and expiring legislation will require supporting evaluation projects?

(List of expiring legislation is in guidelines)

(List of reports is attached)

Who identifies **and** follows-up on required studies? Do you have a list of these studies?

8. Do the present evaluation processes provide you with the information needed to set policy/manage programs/satisfy mandated requirements?
9. What are the sources of the information that will be used to produce the reports and studies?

Describe the current HDS Evaluation Strategy as it pertains to your agency, and your agencies/bureau in the strategy.

11. What is the funding of your organization for retrieving evaluation information? Is it adequate? Are there barriers to using the funds effectively? What evaluation studies or statistical information needs were not conducted due to lack of available funds?
 - o Evaluation funded
 - o Research related to evaluation
 - o Data and Statistics
12. What problems do you have with the HDS Evaluation Strategy (process)?

13. What improvements can you suggest to the HDS Evaluation Strategy (process)?

14. How have the results of evaluations completed during the past year been used within your organization?

15. Are you able to access the results of evaluations conducted by other organizations that relate to your program area?
How? Why not?

16. What vehicles are used in your organization to disseminate the results of information gathering about your programs?
Evaluation reports?
Statistical Data?

EVALUATION OF HDS INFORMATION NEEDS AND EVALUATION STRATEGY

INTERVIEW GUIDE - HDS Staff Offices

Date of Interview:

Name(s)

Title

Organization:

1. What is your role in preparing the annual guidelines for HDS evaluation?
2. How are topical areas for preparing the HDS Evaluation Guidance identified?
3. What information sources are used to identify topical areas and priorities?
4. Which of the ten (10) priority areas specified in the HDS 1990/1991 Evaluation Guidance are used by OPPL to determine the priorities?

(include list)
5. What process is used to set the priorities?

8. How are cross-cutting evaluation needs of HDS identified?

9. Please describe your understanding of the HDS Evaluation Strategy. Include the following relationships:

- ASPE Evaluation Guidance
- ASPE Evaluation Strategy
- HDS Evaluation Guidance
- HDS Program Evaluation Strategies
- HHS Goals and Objectives
- HDS Goals and Objectives
- HHS/HHS** Initiatives
- HDS Planning Guidance
- HDS Research Guidance

(Obtain copy of most recent HDS Evaluation Strategy, and related descriptive material)

What is the OPPL role in the HDS Evaluation Strategy?

10. Does OPPL have a monitoring role in:

- A. Overseeing methodology used by HDS programs in evaluations?
- B. Determining the quality of HDS program evaluations during and after the project?

11. **OPPL's** role in HDS evaluation is as follows:
(agree/disagree):

- o Evaluation?
- o Research related to evaluation?
- o Data and Statistics?

What authority confirms these roles?

12. What problems do you see with the HDS Evaluation Strategy (or process)?

13. How do you use the results of the evaluation in your functional area?
14. What suggestions can you make to improve the evaluation process?
15. What funding limitations are there on carrying out needed evaluations?
16. What staff limitations are there in carrying out needed evaluations?

EVALUATION OF HDS INFORMATION NEEDS AND EVALUATION STRATEGY

INTERVIEW GUIDE - HHS/ASPE

Date of Interview:

Name(s)

Title

Organization:

1. Does ASPE have a formal "Evaluation Strategy" for HHS?
(Describe, and collect descriptive material, if any)
2. What is your role in preparing the annual guidelines for HDS evaluation? What is the authority for this role?
3. How are topical areas for preparing the HDS Evaluation Guidance identified?
4. What information sources are used to identify topical areas and priorities?
5. What are your priorities for a 1 to 2 year period? A four year period?

(include list)
6. What process is used to set the priorities?
7. How are cross-cutting evaluation needs of HHS identified?

8. Under what conditions would ASPE perform HDS specific evaluations? Why?

9. Please describe your understanding of the HDS Evaluation Strategy.

What is the HHS/ASPE role in this Strategy?

10. Does ASPE have a monitoring role in:

A. Overseeing methodology used by HDS in evaluations?

B. Determining the quality **of** HDS evaluations during and after the project?

11. **ASPE's** role in HDS evaluation is as follows:
(agree/disagree):

- Evaluation ----- Review and approval over **\$135k**
- Research (**CDP**) related to evaluation --- Review only
- Data and Statistics ----- ?????

What authority confirms these roles?

12. What relationship do you have with studies that originate outside ASPE/HDS?

13. Why doesn't HDS participate in ASPE planning and conduct of evaluations concerning HDS Programs?

14. What is your understanding of the rules regarding ASPE tap of HDS funds for evaluation?

5. What are the major problems with the HDS evaluation process?

- 
- 16. How can the HDS/ASPE relationship in evaluation be improved?
 - 17. Should specific program evaluation be delegated downward?
 - 18. Does ASPE have a role in HDS ICB?
 - 19. Why doesn't ASPE have its own funding authority?
- 
- 

APPENDIX D

OFFICE OF HUMAN DEVELOPMENT SERVICES
REVIEWS OF PROGRAM AREAS

| PROGRAM | SUBJECT/ AREA OF REVIEW | REVIEW BEING DONE BY | | | ID # | PROJECTED START | COMPLETION DATE |
|-------------|--|----------------------|-----|-------------------------------------|--------|--------------------|--------------------|
| | | GAO | OIG | CHDS EVALUA- TION ACTIVITY | | | |
| FOSTER CARE | SURVEY OF FOSTER CARE REVIEWS | XX | | | 105470 | 6/18/89 | |
| | SURVEY OF FOSTER CARE OUTCOMES | XX | | | 105463 | 1/29/89 | |
| | FOSTER CARE PARENTS | XX | | | 118253 | 10/01/88 | |
| | FOSTER CARE | | XX | | | FY 89 | |
| | FOSTER CARE PLACEMENT | | XX | | | FY 89 | |
| | FOSTER CARE PROFIT MAKERS - LEGISLATIVE CHANGE | | XX | | | FY 89 | |
| | FOSTER CARE ADMINISTRATIVE COSTS - DISTRICT OF COLUMBIA | | XX | | | FY 90 | |
| | FOSTER CARE GROUP HOMES | | XX | | | FY 90 | |
| | FOSTER CARE ADMINISTRATIVE COSTS | | XX | | | FY 90 | |
| | FOSTER CARE STATE MAINTENANCE PAYMENTS PER CHILD | | XX | | | FY 90 | |
| | FOSTER CARE PROGRAM - RETROACTIVE CLAIMS | | XX | | | FY 90 | |
| | FOSTER CARE FAMILIES | | XX | | | FY 90 | |

| PROGRAM | SUBJECT/ AREA OF REVIEW | REVIEW BEING DONE BY | | | ID # | PROJECTED START | COMPLETION DATE |
|-------------------------|---|----------------------|-----|-------------------------------------|------|--------------------|--------------------|
| | | GAO | OIG | OHDS EVALUA- TION ACTIVITY | | | |
| FOSTER CARE (CONT'D) | FOSTER CARE PROGRAM - FACILITIES | | XX | | | FY 90 | |
| | FOSTER CARE PROGRAM - CHILD-CARE INSTITUTION | | XX | | | FY 90 | |
| | TITLE IV-E TRAINING | | XX | | | FY 90 | |
| | FOSTER CARE PROTECTIONS | | XX | | | FY 91 | |
| | FOSTER CARE PROGRAM | | XX | | | FY 91 | |
| | FOSTER PARENT TRAINING | | XX | | | FY 91 | |
| | PARENTAL RIGHTS OF FOSTER CARE CHILDREN | | XX | | | FY 91 | |
| | VOLUNTARY FOSTER CARE PROGRAM | | XX | | | FY 91 | |
| | TITLE IV-B SECTION 427 REVIEW PROCESS | | XX | | | | |
| | FOSTER CARE INDEPENDENT LIVING PROGRAM FOR YOUTH SIXTEEN YEARS OF AGE OR OLDER | | | | XX | ACYF- 88-06 | FY 89 |
| | SHORT TERM FOSTER CARE | | | | XX | ACYF- 89-05 | FY 89 |
| | RECRUITMENT AND RETENTION OF FAMILY FOSTER PARENTS | | | | XX | ACYF- 89-07 | FY 89 |

| PROGRAM | SUBJECT/ AREA OF REVIEW | REVIEW | | NG DONE BY | ID # | PROJECTED START | COMPLETION DATE |
|------------------------|--|--------|----------|-------------------------------------|---------------------|--------------------|--------------------|
| | | GAO | OIG | OHDS EVALUA- TION ACTIVITY | | | |
| ADOPTION ASSISTANCE | ADOPTION ASSISTANCE | XX | | | 118250 | 4/09/89 | |
| | ACYF INCENTIVE PAYMENTS RECOUP. | XX | | | 97366J | 1/15/89 | |
| | ADOPTION ASSISTANCE - DISTRICT OF COLUMBIA | | XX | | | FY 89 | |
| | BARRIERS TO ADOPTION ASSISTANCE | | XX | | | FY 90 | |
| | ADOPTION ASSISTANCE PROGRAM | | XX | | | FY 90 | |
| | SPECIAL NEEDS ADOPTION OUTCOMES | | XX | | | FY 90 | |
| HEAD START | HEAD START PROJECTS | XX | | | 104621 | 3/12/89 | |
| | CASH ADVANCES TO HEAD START GRANTEEES | | XX | | | FY 89 | |
| | EVALUATION OF NONFEDERAL MATCHING COSTS (HEAD START) | | XX | | | FY 89 | |
| | IMPACT OF DYSFUNCTIONAL FAMILIES ON PROJECT HEAD START | | | | OAI-08- 89-01000 | FY 89 | |
| | HEAD START SELF-ASSESSMENT | | XX XX | | | FY 90 | |

| PROGRAM | SUBJECT/ AREA OF REVIEW | REVIEW BEING DONE BY | | | ID # | PROJECTED START | COMPLETION DATE |
|------------------------|--|----------------------|-----|-------------------------------------|------|--------------------|--------------------|
| | | GAO | OIG | OHLS EVALUA- TION ACTIVITY | | | |
| HEAD START (CONT'D) | MONITORING OF HEAD START PROGRAM | | XX | | | FY 90 | |
| | COST-EFFECTIVENESS STUDY OF HEAD START PROGRAM | | XX | | | FY 90 | |
| | HEAD START - CHANGE IN ACCOUNTING TREATMENT FOR CARRYOVER BALANCES | | | XX | | FY 90 | |
| | HEAD START COST MANAGEMENT SYSTEM | | | | | | |
| | HEAD START - HEALTH AND SAFETY STANDARDS | | | XX | | FY 90 | |
| | HEAD START HOME BASED SERVICE PROGRAM | | | XX | | FY 90 | |
| | HEAD START PROGRAM - MULTIPLE FUNDING/BUDGETING FOOD SERVICE COSTS | | | XX | | FY 91 | |
| | CLOSE-OUT ACTIVITIES - HEAD START GRANTS | | | XX | | FY 91 | |
| | NON-FEDERAL MATCHING CONTRIBUTIONS - HEAD START | | | XX | | FY 91 | |

| PROGRAM | SUBJECT/ AREA OF REVIEW | REV | | BEING DONE BY | | ID # | PROJECTED START | COMPLET DATE |
|---------------------------------|---|-----|-----|-------------------------------------|----------------|--------|--------------------|-----------------|
| | | GAO | OIG | OIDS EVALUA- TION ACTIVITY | | | | |
| HEAD START (CONT'D) | HEAD START TRAINING AND TECHNICAL ASSISTANCE | | XX | | | | FY 91 | |
| | DIRECT-FUNDED HEAD START T&TA FUNDS: HOW ARE THEY BEING USED? | | XX | | | | | |
| | DESIGN FOR NATIONAL EVALUATION OF HEAD START | | | XX | ACYF- 89-02 | | FY 89 | |
| | HEAD START T&TA SYSTEM | | | XX | ACYF- 89-17 | | FY 89 | |
| CHILDREN AND YOUTH (GENERAL) | CHILD WELFARE SERVICES | XX | | | | 973643 | 8/14/88 | |
| | HOMELESS YOUTH | XX | | | | 105524 | 11/08/87 | |
| | HOMELESS CHILDREN AND YOUTH | XX | | | | 973627 | 2/28/88 | |
| | IDENTIFICATION OF ABUSED CHILDREN | | | XX | | | FY 90 | |
| | CHILD PROTECTIVE SERVICES STANDARDS | | | XX | | | FY 90 | |

| PROGRAM | SUBJECT/ AREA OF REVIEW | REVIEW | | BEING DONE BY | | ID # | PROJECTED START | COMPLETION DATE |
|---|--|--------|-----|-------------------------------------|----|---------------|--------------------|--------------------|
| | | GAO | OIG | CHDS EVALUA- TION ACTIVITY | | | | |
| CHILDREN AND YOUTH (GENERAL) (CONT'D) | CHILD WELFARE - PROGRAM ADMINISTRATION | | XX | | | | FY 90 | |
| | REPORTING AND HANDLING OF CHILD ABUSE AND NEGLECT ALLEGATIONS | | XX | | | | FY 90 | |
| | CHILD ABUSE PROGRAMS | | XX | | | | FY 91 | |
| | GRANTS TO STATES FOR CHILD ABUSE PROGRAMS | | XX | | | | | |
| | ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) EDUCATION - RUNAWAY YOUTH SHELTER PROGRAM | | XX | | | | | |
| | TITLE XX DAY CARE PROJECT | | XX | | | | ONGOING | |
| | FEDERAL DAY CARE | | XX | | | | FY 89 | |
| | DAY CARE GRANT | | XX | | | | FY 89 | |
| | FOLLOW-UP OF YOUTH USING RUNAWAY AND HOMELESS YOUTH CENTERS | | | | XX | | FY 88 | |
| | 1990 NATIONAL STUDY OF SOCIAL SERVICES TO CHILDREN AND THEIR FAMILIES | | | | XX | ACYF 89-06 | FY 90 | |

| PROGRAM | SUBJECT/ AREA OF REVIEW | GAO | BEING DONE BY | | ID # | PROJECTED START | COMPLETION DATE |
|---|---|-----|---------------|-------------------------------------|----------------|--------------------|--------------------|
| | | | OIG | OHDS EVALUA- TION ACTIVITY | | | |
| CHILDREN AND YOUTH (GENERAL) (CONT'D) | A STUDY OF HIGH RISK CHILD ABUSE AND NEGLECT GROUPS | | | XX | ACYF- 89-13 | FY 89 | |
| | EVALUATION OF COMPREHENSIVE CHILD DEVELOPMENT PROGRAM | | | XX | ACYF- 89-03 | FY 90 | |
| | UNDERLYING CAUSES OF YOUTH HOMELESSNESS | | | XX | ACYF- 89-15 | FY 89 | |
| | UNDERLYING CAUSES OF YOUTH HOMELESSNESS | | | XX | ACYF- 89-15 | FY 89 | |
| | NATIONAL STUDY OF CHILD MALTREATMENT OF HANDICAPPED CHILDREN AND CHILD MAL- TREATMENT IN SUBSTANCE ABUSING FAMILIES | | | XX | ACYF- 89-12 | FY 89 | |
| | VALIDATION AND EFFECTIVENESS STUDY OF LEGAL REPRESENTA- TION OR GUARDIAN AD LITEM | | | XX | ACYF- 89-12 | FY 89 | |
| | PREVENTION PROGRAM PROJECTS RELATING TO YOUTH GANGS | | | XX | ACYF 80-XX | FY 90 | I |
| | EARLY CHILDHOOD PROGRAMS IN LOW-INCOME FAMILIES: TARGETING AND POLICY ASSESSMENT | | | XX | OPPL- 89-05 | FY 90 | I |

| PROGRAM | SUBJECT/ AREA OF REVIEW | REVIEW BEING DONE BY | | | ID # | PROJECTED START | COMPLETION DATE |
|---------|---|----------------------|-----|-------------------------------------|-----------------------|--------------------|--------------------|
| | | GAO | OIG | OHDS EVALUA- TION ACTIVITY | | | |
| OTHER | BOARD AND CARE | XX | | | | | |
| | INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED | | XX | | | ONGOING | |
| | GRANTEE SELF-SUFFICIENCY IN THE COORDINATED DISCRETIONARY FUNDS PROGRAM | | XX | | OAI-04- 89-00800 | FY 89 | |
| | OHDS YEAR-END SPENDING FOR FISCAL YEAR 1988 | | XX | | CIN:A-11- 88-00111 | | |
| | AWARDING AND MONITORING OF DISCRETIONARY GRANTS IN HDS REGIONAL OFFICES | | XX | | | FY 89 | |
| | BOARD AND CARE | | XX | | | FY 90 | |
| | HIGH RISK GRANTEE | | XX | | | FY 90 | |
| | COST BENEFITS OF CONTRACTS FOR PROGRAM STUDIES | | XX | | | FY 90 | |
| | SOCIAL SERVICES BLOCK GRANT | | XX | | | FY 91 | |
| | HOMELESSNESS PREVENTION | | XX | | | FY 91 | |

| PROGRAM | SUBJECT/ AREA OF REVIEW | RE | BEING DONE BY | | ID # | PROJECTED START | COMPLETION DATE | |
|----------------|---|-----|---------------|---------------------------------------|------|--------------------|--------------------|--|
| | | GAO | OIG | OHDS EVALUA- TION ACTIVITY I | | | | |
| OTHER (CONT'D) | SOCIAL SERVICES BLOCK GRANT | | XX | | | FY 91 | | |
| | HDS POLICIES AND PROCEDURES IN GRANT AWARD PROCESS/MGMT. OF GRANTEE FUND BALANCES | | XX | | | FY 91 | | |
| | SOCIAL, SERVICES FOR THE HOMELESS | | XX | | | FY 91 | | |
| | ADMINISTRATION FOR NATIVE AMERICANS | | XX | | | FY 91 | | |
| | ACTIONS TAKEN AGAINST GRANTEES THAT SUBMIT FALSE OR INACCURATE COST REPORTS | | XX | | | FY 91 | | |
| | NATIONAL RECURRING DATA SET PROJECT/RESIDENTIAL SERVICES FOR PERSONS WITH DEVELOPMENTAL DISABILITIES | | | | XX | | FY 89 | |
| | 1990 ADD REPORT TO CONGRESS | | | | XX | ADD- 90-XX | FY 90 | |
| | HDS INFORMATION NEEDS AND EVALUATION STRATEGY | | | | XX | OPPL- 89-01 | FY 89 | |