APPENDICES

A.1 LINKAGE TO HHS AND OPDIV STRATEGIC PLANS

HHS STRATEGIC GOALS*	CORRESPONDING ACF STRATEGIC GOALS, OBJECTIVES AND STRATEGIES
GOAL 1: REDUCE THE MAJOR THREATS TO THE HEALTH AND WELL-BEING OF ALL AMERICANS *1.2 Reduce the incidence of sexually transmitted diseases and unintended pregnancies* *1.6 Reduce the incidence and consequences of injuries and violence*	**GOAL 2: IMPROVE HEALTHY DEVELOPMENT, SAFETY AND WELL-BEING OF CHILDREN AND YOUTH** *6. Increase safety, permanency, and well-being of children and youth* *6.5a Enhance child well-being by promoting healthy marriages and family formation and reducing out-of-wedlock pregnancies* **GOAL 3: INCREASE THE HEALTH AND PROSPERITY OF COMMUNITIES AND TRIBES** *7.2 Support programs to provide immediate shelter and related assistance for victims of family violence and their dependents*
GOAL 3: INCREASE THE PERCENTAGE OF THE NATION'S CHILDREN AND ADULTS WHO HAVE ACCESS TO HEALTH CARE SERVICES AND EXPAND CONSUMER CHOICES *3.2 Strengthen and expand the health care safety net* *3.4 Eliminate racial and ethnic health disparities* *3.5 Expand access to health care services for targeted populations with special health care needs* *3.6 Increase access to health services for American Indians and Alaska Natives*	**GOAL 2: IMPROVE HEALTHY DEVELOPMENT, SAFETY AND WELL-BEING OF CHILDREN AND YOUTH** *5. Promote early childhood development* *5.2 Children demonstrate improved physical health* *6. Increase safety, permanency, and well-being of children and youth* *6.3 Increase the number of health care providers trained to meet the health needs of people with developmental disabilities*
GOAL 5: IMPROVE THE QUALITY OF HEALTH CARE SERVICES *5.2 Increase the appropriate use of effective health care services by medical providers*	**GOAL 2: IMPROVE HEALTHY DEVELOPMENT, SAFETY AND WELL-BEING OF CHILDREN AND YOUTH** *5. Promote early childhood development* *6. Increase safety, permanency, and well-being of children and youth* *6.3 Increase the number of health care providers trained to meet the health needs of people with developmental disabilities*

HHS STRATEGIC GOALS*	CORRESPONDING ACF STRATEGIC GOALS, OBJECTIVES AND STRATEGIES
GOAL 6: IMPROVE THE ECONOMIC AND SOCIAL WELL-BEING OF INDIVIDUALS, FAMILIES, AND COMMUNITIES, ESPECIALLY THOSE IN NEED *6.1 Increase the proportion of low-income families and persons receiving welfare who improve their economic status*	**GOAL 1: INCREASE ECONOMIC INDEPENDENCE AND PRODUCTIVITY FOR FAMILIES** *1. Increase employment* *2. Increase independent living* *3. Increase parental responsibility* *4. Increase affordable child care* *6. Increase safety, permanency, and well-being of children and youth*
6.3 Increase independence and quality of life of persons with disabilities, including those with long-term care needs	**GOAL 1: INCREASE ECONOMIC INDEPENDENCE AND PRODUCTIVITY FOR FAMILIES** *1. Increase independent living* **GOAL 2: IMPROVE HEALTHY DEVELOPMENT, SAFETY AND WELL-BEING OF CHILDREN AND YOUTH** *6.3 Increase the number of health care providers trained to meet the health needs of people with developmental disabilities*
6.4 Improve the economic and social development of distressed communities	**GOAL 3: INCREASE THE HEALTH AND PROSPERITY OF COMMUNITIES AND TRIBES** *7. Build healthy, safe and supportive communities and Tribes*
6.5 Expand community- and faith-based partnerships	*The number of unduplicated faith- and community-based organizations that receive technical assistance to increase the capacity to provide needed social services***
GOAL 7: IMPROVE THE STABILITY AND HEALTHY DEVELOPMENT OF OUR NATION'S CHILDREN AND YOUTH *7.1 Promote family formation and healthy marriages*	**GOAL 2: IMPROVE HEALTHY DEVELOPMENT, SAFETY AND WELL-BEING OF CHILDREN AND YOUTH** *6. Increase safety, permanency, and well-being of children and youth* *6.5a Enhance child well-being by promoting healthy marriages and family formation and reducing out-of-wedlock pregnancies*
7.2 Improve the development and learning readiness, as appropriate, of infants, toddlers, and preschool children	*4. Increase affordable child care* *5. Promote early childhood development*
7.3 Increase the involvement and financial support of non-custodial parents in the lives of their children	*3. Increase parental responsibility*
7.4 Increase the percentage of children and youth living in a permanent, safe environment	*6. Increase safety, permanency, and well-being of children and youth*

HHS STRATEGIC GOALS*	CORRESPONDING ACF STRATEGIC GOALS, OBJECTIVES AND STRATEGIES
GOAL 8: ACHIEVE EXCELLENCE IN MANAGEMENT PRACTICES *8.1 Improve the strategic management of human capital.*	**GOAL 4: MANAGE RESOURCES TO IMPROVE PERFORMANCE** *8. Develop and retain a highly skilled, strongly motivated staff* *9. Streamline ACF organizational layers*
8.3 Improve financial management	*11.Ensure financial management accountability*
8.4 Enhance the use of electronic commerce in service delivery and record keeping	*10. Improve automated data and management systems*
8.5 Achieve integration of budget and performance information	*Budget crosswalk and budget linkage tables*

*The HHS strategic goals reflect those in the draft HHS Strategic Plan dated November 2002.

**This measure is still under development and has not been assigned a strategic objective number.

A.2   CHANGES AND IMPROVEMENTS OVER PREVIOUS YEAR

ACF has made a number of improvements in this FY 2004 Annual Performance Plan. The FY 2004 plan includes additional information on detailed changes between the Final FY 2003 Plan and the Revised Final FY 2003 Plan, including which targets have been revised, which have been discontinued and which are still developmental. Each of the ACF programs was asked to re-examine its measures and targets to align them with Administration priorities. As a result, many programs created a more focused set of measures, e.g., dropping some measures, providing improved measures and targets based on the most recent available data and narrowing or refining existing measures.

Part I provides additional information that includes a roadmap explaining how the plan is organized and a description of ACF's key priorities and performance budget linkages.

In Part II, under each of the strategic goals and objectives, performance goals and measures are discussed in greater detail with a fuller discussion of program activities and strategic approaches directed at improving performance. Program performance analysis and resource and data issues are summarized and a budget table linking investments to activities, outputs and outcomes is included.

ACF has endeavored to project targets based on trend data wherever possible. There are a few measures that still lack baselines because programs are implementing new initiatives and data collection activities. Baselines for those measures will be established upon completion of start-up and developmental activities. In a few cases, the targets or measures are stated in ways that cause baselines to change annually (e.g., continuous improvement targets or legislatively defined targets). For those, a context has been provided in the narrative.

More descriptive information has been provided in a number of areas: (1) addition and/or deletion of measures to reflect new program priorities; (2) revision of targets to reflect program experience retaining the same baseline data wherever possible; (3) explanation for targets not achieved and steps that will be initiated to correct shortfalls; (4) additional narrative explaining the FY 2003 and 2004 measures; and (5) a status update on FY 2002 data and detailed changes between the FY 2003 Plan and the Revised Final FY 2003 Plan.

Both the FY 2003 and FY 2004 targets are repeated in the narrative section. Because the measures in the summary tables tend to be generic and programs are still refining the wording of many of the measures, it is critical that the specific wording be included in the narrative section for future tracking purposes.

STATUS OF FY 2002 DATA AND DETAILED CHANGES BETWEEN THE FINAL FY 2003 PLAN AND THE REVISED FINAL FY 2003 PLAN

Includes changes, status of developmental measures and availability of data for FY 2002 Performance Report. Measures are not listed if they remain as they were presented in the Final FY 2003 Annual Performance Plans (APP).

1. Increase employment.

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (EMPLOYMENT)

Status of measures: FY 2002 results will be available September 2003: States are given up to 3 months to provide data for each quarter. Time is needed to validate and verify the data. A developmental measure, 1.1f, has been added to assess the rate of case closure due to employment.

DEVELOPMENTAL DISABILITIES (EMPLOYMENT)

Status of measures: FY 2002 results will be available for measures 1.3a-b March 2003. Measure 1.3b has been dropped for FY 2003.

REFUGEE RESETTLEMENT

Status of measures: Annual, unduplicated FY 2002 data are due 45 days after end of year, circa November 15. Because individual State reports may be missing and time is needed to validate and verify the data, final State data will be available April 2003; final MG data July 2003. For measures 1.4a, b and d, the percentages have been revised downward based on caseload fluctuations. Measure 1.4c has been dropped.

SOCIAL SERVICES BLOCK GRANT

Status of Measures: FY 2002 results will be available June 2003. Measure 1.5d has been re-phrased to be more reflective of program dynamics and funding levels. The remaining four measures (1.5a-c and 1.5e) have been dropped.

2. Increase independent living.

DEVELOPMENTAL DISABILITIES (HOUSING)

Status of measures: FY 2002 data will be available March 2003.

INDIVIDUAL DEVELOPMENT ACCOUNTS

Status of Measures: FY 2002 results will be available June 2003. Measure 2.2a has been replaced by a developmental measure, 2.2c, with baseline being developed in FY 2003. Measure 2.2b has been dropped.

3. Increase parental responsibility.

CHILD SUPPORT ENFORCEMENT

Status of measures: FY 2002 results will be available September 2003.

4. Increase affordable child care.

CHILD CARE: AFFORDABILITY

Status of measures: FY 2002 results will be available December 2003. Most of the data for these measures are from State reports, due the end of CY 2002. Five measures, 4.1a-c, 4.1e and 4.1g, have been replaced by three developmental measures, 4.1d, 4.1f, and 4.1h with baselines being developed in FY 2003.

5. Increase quality of child care to promote childhood development.

CHILD CARE: QUALITY

Status of measures: See CHILD CARE: AFFORDABILITY above. FY 2002 results will be available for measure 5.1b in February 2003 and measures 5.1a and 5.1d in December 2003. Measures 5.1b and 5.1d have been dropped in FY 2003 and a baseline for one developmental measure (5.1c) has been added in FY 2003 to be more reflective of new program priorities.

HEAD START

Head Start has set more aggressive targets for measures 5.2a, 5.2b and 5.2e. Measures 6.1a-c have been moved under strategic objective 5 (now 5.2l-n) to reflect the integrated nature of the program's child development strategies.

6. Increase safety, permanency, well-being of children and youth.

CHILD WELFARE

Status of measures: FY 2002 final results for most measures will be available in June 2003. Measure 6.1g was dropped in FY 2003. Measure 6.1b and 6.1f will be available September 2003.

DEVELOPMENTAL DISABILITIES (EDUCATION)

Status of measures: FY 2002 data will be available March 2003. Measure 6.2a has been dropped for FY 2003.

DEVELOPMENTAL DISABILITIES (HEALTH)

Status of measures: FY 2002 data will be available January 2003.

YOUTH PROGRAMS

Status of measures: Measures 6.4b and 6.4g have been dropped, baseline for one developmental measure, 6.4h, has been added in FY 2003 to reflect program priorities and targets for FY 2002 and 2003 have been added for 6.4c.

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (CHILD WELL-BEING)
Status of measures: FY 2003 baseline for a new developmental measure, 6.5a, has been added to reflect program priorities.

7. Build healthy, safe & supportive communities and Tribes.

COMMUNITY SERVICES
Status of measures: FY 2002 final results will be available July 2004. The target for measure 8.1b has been increased from one percent to two percent.

FAMILY VIOLENCE PREVENTION
Status of Measures: No change in status.

LOW INCOME HOME ENERGY ASSISTANCE (LIHEAP)
Status of measures:. Measure 7.3c, a developmental measure, has been dropped due to data issues. FY 2003 targets were developed for measures 7.3a-b.

NATIVE AMERICANS PROGRAMS
Status of measures: 7.4b has been dropped and a baseline will be developed in FY 2003 for a developmental measure (7.4c) to reflect the program's emphasis on economic development.

A RESULTS-ORIENTED ORGANIZATION

8. Develop and retain a highly skilled, strongly motivated staff
Status of measures: FY 2002 final results will be available July 2003.

9. Streamline ACF organizational layers
Status of measures: No change in status.

10. Improve automated data and management systems
Status of measures: FY 2002 final results will be available June 2003.

11. Ensure financial management accountability
Status of measures: FY 2002 final results will be available June 2003.

A.3   PARTNERSHIPS AND COORDINATION

ACF and its partners began "focusing on results" before GPRA was in effect. Efforts to reach consensus on outcomes prompted extensive discussion of strategic objectives, legislative requirements, data sources and availability; led to a fuller understanding of outcomes and the relationships to process and output measures; and fostered closer partnership collaborations. Continuous program improvement has required ongoing consultation, technical assistance, and coordination across partnerships resulting in some performance measures being modified, dropped or replaced.

Partnerships with States: Results-oriented partnership agreements and targets have been negotiated with individual States. Each program has developed an individualized process for engaging partners in goal setting and definition of measures and targets that are meaningful and useful at the State and local community level. For example, ACF undertook a legislatively-mandated, partner-oriented process to develop the measures and funding formulas used to award TANF high performance bonuses to States. Also, the child support program developed with States a national strategic plan with indicators and targets. The refugee program involved both State refugee programs and community-based service organizations in the development of measures and targets. In some programs, such as child care, which were new but had no mandated requirement for consultation like TANF, a preliminary set of proxy measures was developed for the first GPRA planning years, while the program undertook a consensus-building process with the partnership constituencies.

Partnerships within ACF: ACF has created an array of initiatives that cut across program boundaries and service areas. For example, ACF is integrating its performance systems relating to child care to include resources from the Child Care Bureau, TANF and SSBG, as well as activities under Head Start. ACF's Administration on Developmental Disabilities has developed results-based management systems relating to housing, health services, employment and education. And, the Assets for Independence program, which manages the Individual Development Accounts, collaborates with LIHEAP to ensure energy efficiency and a sound return on investment for low-income homeowners.

Partnerships within HHS: Across HHS, a large number of programs share related objectives. Interagency consultation has taken place across programs within ACF, (e.g., child care and Head Start, child support and TANF) and within HHS (e.g., between TANF and Medicaid) through seminars and forums convened by the Office of the Assistant Secretary for Budget, Technology and Finance (ASBTF) and the Office of the Assistant Secretary for Planning and Evaluation (ASPE).

Special efforts have been directed to assure that children have access to health and child development services. Head Start and the Child Care Bureau work with HHS health agencies e.g. the Maternal and Child Health Bureau, Community Health Centers, the Substance Abuse and Mental Health Services Administration (SAMSHA) and the Centers for Medicare and Medicaid Services (CMS) to achieve health targets. For example, Child Care and Head Start coordinate with the Health Resources and Services Administration's (HRSA) Maternal and Child Health

program to improve health and safety in child care by creating strong links with health communities. Increasing the number of women who receive early and comprehensive prenatal care is among the salient goals of the Early Head Start program, which serves low-income families with infants and toddlers. ACF programs provide outreach for the State Child Health Insurance Program (SCHIP), which is administered by the Centers for Medicare and Medicaid Services. Head Start and Child Care jointly sponsor the QUILT (Quality in Linking Together) project that helps Head Start and child care grantees form program partnerships to provide high quality full-day, full-year early childhood services. Such coordination at the implementation and delivery level is producing significant results.

Partnerships with other Federal Agencies: Given that ACF measures have been developed in collaboration with partners, the consultation process outside of ACF has been extensive, though more so with ACF's program partners, such as States and grantees, than with other Federal agencies. ACF works closely with Federal Departments such as Labor, Treasury, Housing and Urban Development, Education and Transportation in implementing, operating and improving welfare reform, early child development, child care, child support, and other programs. Consultation with Federal agencies outside of HHS on specific GPRA performance plan issues has not been a formal process. Program-specific data and measurement issues, as well as differing statutes and populations served, make the development of common measures more challenging. However, ACF has found that intensive consultation and coordination on program design and objectives provide a climate for close alignment among programs with similar goals. Performance measurement issues are central to cross-agency discussions, e.g., identifying State unemployment records as a data source for TANF performance measures. There has been extensive programmatic collaboration, including TANF and welfare-to-work grants with the Department of Labor; child care and Head Start with the Department of Education; and child support enforcement with the Departments of Justice, Treasury and Defense. These collaborations have helped develop results-oriented strategies that contribute to the success of performance goals.

ACF has been an active participant in cross-program efforts to develop broader indicators of child well-being, e.g*., Trends in the Well-being of America's Children and Youth; America's Children: Key National Indicators of Well-being*; *Healthy People 2010* and the Children's Indicators Consortium study. ACF is committed to working collaboratively with its partners in the refinement of these broader performance measures and the identification of annual performance targets.

A.4   DATA VERIFICATION AND VALIDATION

Grantees and partners, such as States, collect most data for ACF programs with collection schedules written into statutes and regulations. ACF uses considerable resources to verify and validate program data through automatic edit checks, manual reviews or audits, and other forms of quality control and assurance.

Specific data issues are discussed in the individual performance goal sections. ACF has developed a number of different strategies to deal with these issues. There are a number of broad data-related challenges affecting ACF's performance plan. Resolving these challenges (listed below) and other data issues is necessary, time-consuming, difficult, and costly.

- Quantitative and qualitative measurement of outcomes in social programs are experimental and still being validated;
- States, Tribes and non-profit grantees vary in their ability to collect, produce and report reliable data;
- Data validation and verification are highly complex and costly;
- Particularly for our numerous new or changed programs, baseline data are frequently unavailable and must be developed before progress can be measured;
- Data collection systems fully geared to State flexibility are still being implemented; and
- Investments in the design, development and implementation of data collection systems are costly and must be balanced against other priorities at all levels – Federal, State and local.

Many ACF grantees receive programmatic funds that the legislation either designates or permits to be used for data collection. Discretionary, formula, and entitlement grant awards generally carry reporting requirements directed at facilitating oversight and measuring performance. However, block grants and devolution of program authority to States have resulted in limitations on ACF's collection of data. ACF has worked with its partners to collect a reasonable amount of data from which to determine performance and assure program integrity.

For a number of major programs, ACF is largely dependent upon State administrative systems for collecting performance data, e.g., Temporary Assistance to Needy Families, Developmental Disabilities, Refugee Resettlement, Child Welfare, Child Support Enforcement, Child Care, and Low Income Home Energy Assistance Program. For these programs, performance results can be measured and validated through the administrative data.

Currently, ACF has the following major data system infrastructures in place: the National Directory of New Hires (Child Support and TANF), the Unemployment Insurance Wage data (UI), the TANF Data Reporting System, the TANF SSP-MOE Data Reporting System; and the Tribal TANF Data Reporting System; the Child Support Survey; the Residential Energy Consumption Survey; March Current Population Survey (CPS) Supplement (Census Bureau); the Refugee Resettlement Survey; Head Start Family and Child Experiences (FACES) Survey; and the National Child Welfare Longitudinal Study.

Other ACF programs, e.g., Head Start, Youth programs, CSBG, and Family Violence, rely on local community data systems. Native Americans programs use two internal data tracking systems (Project Information and Evaluation System and the Grant Award Tracking and Evaluation System). The Head Start information is collected at local grantee sites through Program Information Reports and the Family and Child Experiences Survey (FACES) which has rigorously defined collection procedures. Several programs use survey information to supplement the data.

As a result of many of the challenges listed above, there is some delay in the availability of administrative data. These delays limit knowledge of current program activity and hinder policy-making and program planning. Some delays are inherent in the goals and measures of the program, e.g., job retention and earnings gain in TANF. ACF reviewed the data reporting time frames for the performance measures in this plan. A chart summarizing the timetables for ACF programs using State and grantee administrative data is included in Appendix A-8.

A.5 PERFORMANCE MEASUREMENT LINKAGES

Information Technology Planning

During the past fiscal year, ACF actively utilized the ACF Information Technology Review Board (ITRB) in accordance with the intent of the Clinger-Cohen Act (also known as the Information Technology Management Reform Act [ITMRA]). The overall purpose of the ACF ITRB is to monitor (1) the performance of selected ongoing major ACF information technology investments or to consider proposed new major investments and (2) matters that concern ACF IT policies and issues. The ACF ITRB completed, or is implementing, 10 priority Investment Technology policies:

- IT procurements: ACF will implement annual, centralized replacement planning and purchasing for PC's and related equipment. Replacement budget plans will be presented annually to the ACF ITRB for approval.
- Standard desktop PC hardware: ACF implements a standard desktop PC hardware configuration.
- Standard PC software: ACF implements and maintains a standard desktop PC software configuration.
- IT training: ACF has centralized its plans and budgets for all technical training. Training for all ACF standard PC software is available in a classroom setting and through our Distance Learning initiative. Training in each software is provided through centralized budgets.
- Internet/Intranet technologies: ACF will provide enhanced support for Internet and Intranet publishing by operating state-of-the-art web servers and related technologies. Central Office/Regional Office Internet web page content is subject to Office of Public Affairs review to ensure compliance with applicable policies and procedures.
- ACF network remote access: ACF will expand and enhance its remote access services agency-wide to meet the 21st Century work environment. The results of feasibility studies and analyses of alternatives will be presented for review by the ITRB, when available.
- Desktop video conferencing: ACF will continue to improve capabilities for point-to-point video conferencing within ACF, and/or Internet-based video conferencing within ACF and/or with outside parties (within available budgets including, possibly, program funds). Future recommendations will be presented to the ITRB under the leadership of the videoconferencing team and Region VI.
- HHS-wide administrative systems: ACF working with the Department to create uniform administrative systems, which will begin with a new Web-based HR/Payroll system that will provide the Department with higher quality HR service and integrated functionality.
- On-line Data Collection (OLDC): ACF will implement a next generation of electronic grant-making through the OLDC capability to enable grantees and potential grantees to enter all grants information on-line over the Internet. Plans and designs presented to the ITRB are consistent with the new Government Paperwork Elimination Act.
- Electronic file storage: ACF is planning for efficient archiving of documents from paper and/or electronic originals through electronic document management technology. ACF will collaborate with the Department to accomplish this initiative.

In addition, ACF continues to monitor the following IT investments:

- IT support activities associated with the Expanded Federal Parent Locator Service mandated by Welfare Reform Legislation: the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA);
- Completion of Business Process Reengineering of the Grants Administration Process through the use of the Grants Administration Tracking and Evaluation Systems (GATES);
- Continued implementation of IT support activities associated with Temporary Assistance for Needy Families (TANF);
- ACF is working with the Department on several major IT initiatives to implement the Secretary's Five Year Strategic Plan for IT Consolidation and "One Department". ACF is leading the departmental initiative to consolidate the infrastructure of the small OPDIVs creating a uniform standardized configuration. Completion is planned for October 2003; and.
- In support of the "One Department" initiative, ACF is consolidating all IT activities and developing an Enterprise Architecture to guide and improve Capital Planning and Investment Control of IT and business processes across the OPDIV.

Cost Accounting

Beginning in FY 1998, all government reporting entities were required to implement, and be audited on, full cost accounting (also known as managerial cost accounting) as part of the annual financial statements audit process. Beginning with the FY 1998 audit process, ACF was required to present all costs directly associated with a program, as well as all costs indirectly supporting that program. Based on Federal law and OMB guidance, the programs against which these costs had to be reported were ACF's major program areas identified in the GPRA Annual Performance Plan.

To implement a credible and auditable method to fulfill the full cost accounting requirements for the FY 2001 audit, ACF allocated its Federal Administration budget indirect costs proportionately among the major program areas on the basis of direct FTE. (Indirect costs include salaries and benefits for staff not working *directly* on one of the 14 program activities; costs of training, personnel, budget, travel, systems, facilities, supplies, and rent.)

To accomplish this, ACF senior staff in headquarters and the regions completed a Staff Resource Survey providing the total number of staff working directly on program activities in one or more of the major program areas; and the total number of staff not working directly on program activities. Staff in this category included planning, administrative, and front office staff. Fractions of staff were indicated for those working in more than one major program area. Contractors and detailees *out* of an organization were excluded from a manager's count while detailees *into* an organization from another office were included.

Where an organization encompassed one entire major program area, e.g., Developmental Disabilities, Child Support and Native Americans Program, only the total number of on-board staff for that organization were indicated. Staff offices that provided cross-cutting activities

reported on-board staff as "other staff not working directly on program activities." Offices where program distinctions could be made (e.g., ACYF, OCS) reported on both items.

Completed survey data were collated and analyzed in an automated spreadsheet and provided to the HHS Program Service Center (PSC) to allocate the indirect costs in proportion to the resulting direct staff ratio. These data support PSC's development of ACF's Statement of Net Cost. ACF managers were advised to retain documentation that explains how they arrived at their numbers in the event that auditors requested to review this process. ACF's cost accounting strategy was accepted by the auditing firm (Clifton Gunderson), PSC, ASBTF and the OIG. Other OPDIVs also requested copies of our methodology and survey instrument. ACF continues to use the same strategy for each audit cycle, adding new program areas as appropriate.

Work Force Analysis Plan

ACF is committed to being a customer-focused, citizen-centered organization. It is an organization that focuses on results, provides high quality, cost-effective and efficient services, meets customers' needs and expectations, and uses state-of-the-art information technology to improve management and data systems. ACF will continue to rely on its work force analysis plan to support the ACF work force restructuring plan. The ACF work force analysis provides a demographic summary of ACF's permanent work force, an evaluation of the skills of the work force, and an assessment of the organization's structure. In addition, ACF plans to engage in a progressive succession planning effort to address mission-critical activities and gaps in the ACF work force.

ACF analyzed information gathered for work force planning purposes in order to accurately gauge and project current agency workload, current employees' competencies, estimated future workloads and future competency needs for the next three to five years. ACF continues to make progress in implementing administrative consolidations and organizational realignments of some ACF offices.

Program Evaluation

While States have been given increasing latitude in administering programs, they depend on national leadership and partnership in developing reliable information, technical assistance, and the development and dissemination of proven or promising methods for achieving and measuring success. Extant research and early results of major studies under way have helped shape significant changes in Federal and State policy and legislation affecting low-income families and children.

Effective State decision-making requires timely and reliable information on the consequences of alternative policy and program choices and the experiences of other States. As policy and program design has devolved to States and localities, it is vital that these levels of government have reliable information for decision-making and that the effects of different policy and program choices on quality and accessibility are understood. Documenting, understanding, interpreting and facilitating the exchange of information and experiences among States is essential to providing high quality services to promote the well-being of families and children.

As ACF continues to focus on results-oriented management, evaluations play an increasingly important role in program improvement. Program evaluations are directed at evaluating effectiveness, assessing the achievement of performance results, assessing the impacts of human services, and improving program management. Program evaluations are largely directed at assessing the effectiveness of individual projects within a program. The ACF performance measurement system is the primary mechanism used to monitor annual progress in achieving ACF's strategic and performance goals.

Specific Examples of Ongoing Evaluations that Support Goals and Objectives in ACF Performance Plan

In December 2001, five-year results from the National Evaluation of Welfare-to-Work Strategies (NEWWS) were released. This study evaluated 11 programs in seven sites, comparing education-focused with employment-focused approaches. Studies are currently ongoing to examine the effectiveness of strategies to help welfare recipients retain and advance in employment; strategies to help those who are hard-to-employ enter and succeed in employment; and strategies to help rural residents move from welfare to work. Research and evaluation studies of child care services assist in promoting effective practices and provide a better understanding of child care supply, demand, unmet need, quality and cost for those transitioning from welfare to work. ACF has also initiated research to develop and evaluate strategies to promote child well-being through healthy marriage.

There is evaluative evidence that demonstrates the success of working through programs such as Head Start to prepare children for school. Results from the Family and Child Experiences Survey, a longitudinal study of a nationally representative sample of Head Start children, are beginning to show positive trends for Head Start children in cognitive and social skills, indicting learning readiness for kindergarten. The Early Head Start evaluation, completed in May 2002, demonstrated that Early Head Start improves some of the early building blocks for the development of literacy and school readiness.

The national survey of child and adolescent well-being (NSCAW) will provide valuable descriptive information including risk factors, service needs and services received on children and families who come into contact with the welfare system. Additionally, State and program administrative data are particularly useful in assessing trends and establishing targets for child welfare, abuse and neglect, early learning (Head Start) and child care.

In June, 2002, ACF released three-year results of the Early Head Start Impact Study, a random-assignment evaluation comparing outcomes for children and families in 17 Early Head Start programs with outcomes for children not participating in Early Head Start. Evaluations currently under way include the Head Start Impact Study, a nationwide random-assignment evaluation of Head Start; several partnerships between academic researchers and local Head Start programs to test program improvements; and an evaluation of child care subsidy strategies.

ONGOING EVALUATIONS THAT WILL INFORM PERFORMANCE MEASURES

Objective	Subject	Methodology
1.1 Increase Employment	Evaluation of Employment Retention and Advancement strategies; impact of welfare reform on child outcome measures; impact of rural welfare to work strategies; and the effectiveness of employment services for special populations	Impact Analyses (experimental design)
	Evaluation and demonstration of enhanced services for hard-to-employ parents	Experimental
2.1 Increase Independent Living	Evaluation of impact of Individual Development Accounts	Non-experimental
3.1 Increase Parental Responsibility	Evaluation of the role of both parents in providing financial and emotional support to their children; evaluation of strategies to improve child well-being by strengthening parental relationships and healthy marriage	Impact analyses and non-experimental methods
	Partners for Fragile Families evaluation	Process and impact evaluation
4.1 Increase affordable child care	Evaluation of Child Care Subsidy Strategies Multi-year, multi-site study evaluating effects of alternative State and community subsidy policies	Experimental
5.1 Healthy Development and Learning Readiness of Children	Continuation of National Study of Child Care for Low-Income Families; evaluation of child care subsidy strategies; grants to develop and test comprehensive school readiness strategies (joint with NICHD and Department of Education)	Surveys, site visits, impact analyses
5.2 Head Start	Continuing surveillance of the progress of Head Start children in social, cognitive and other domains (The Family and Child Experiences Survey)	Interviews, observations, assessments & surveys; impact analyses
	Head Start impact study examining the development and school-readiness of low-income children including language and literacy development.	Experimental
	Early Head Start follow-up study examining Early Head Start and control group children's progress through pre-kindergarten.	Experimental
	Early Childhood Longitudinal Studies with the Department of Education studying a cohort of Head Start children at kindergarten	Observations, interviews and data analysis

Objective	Subject	Methodology
	entry and continuing through the fifth grade.	data analysis
6.1 Safety, Permanency and Well-Being of Children and Youth	Continuation of national longitudinal study of child welfare that looks at the outcomes for families and children in areas of safety, permanency and child and family well-being.	Surveys, interviews, impact analyses
	Consortium for longitudinal studies of child maltreatment from time children are 4 years old until they reach adulthood.	Interviews and assessments Monitoring, State RO-CO partnership monitoring visits, pre-visit statewide assessments, analysis and use of existing data from NCANDS and AFCARS
	Systematic review of child welfare outcomes in areas of safety, permanency and child and family well-being.	Surveys, site visits, impact analyses
	Evaluation of technical assistance to grantees to improve local evaluations and encourage cross-site cooperation and consensus on data elements.	Contracts
	National evaluation of the impact of family preservation and support services	Meta-analysis of last 25 years of research and evaluation studies
6.5 Enhance child well-being by promoting healthy marriages and family formation and reducing out-of-wedlock pregnancies.	Develop evaluation design options for community marriage demonstrations.	Impact Study
	Evaluation of interventions for low-income unmarried parents	Experimental
	Multi-site evaluation and synthesis of Responsible Fatherhood Projects	Descriptive analysis using program and administration data and client interviews

A.6   FY 2001 PERFORMANCE DATA NOT REPORTED (PREVIOUSLY UNAVAILABLE)

Performance Goals	FY 01 Target	FY 01 Actual Performance	Reference
Developmental Disabilities-Employment			
1.3a. Achieve the targeted number of adults with developmental disabilities who obtain integrated jobs as a result of DD program intervention.	3,800	5,854	Pages 22-23
1.3b. Achieve the targeted number of businesses/employers that employ and support people with developmental disabilities as a result of DD program intervention.	1,350	1,813	
Refugee Resettlement			
1.4a. Increase the number of refugees entering employment through ACF-funded refugee employment services by at least five percent annually from FY 1997 actual performance.	56,885	45,893	Pages 28-30
1.4b. Increase the number of entered employments with health benefits available as a subset of full-time job placements by five percent annually from the FY 1997 actual performance.	30,613	27,270	
1.4c. Increase the number of refugee cash assistance cases closed due to employment by at least five percent annually as a subset of all entered employments from the FY 1997 actual performance.	18,163	14,223	
1.4d. Increase the number of 90-day job retentions as a subset of all entered employments by at least five percent annually from the FY 1997 actual performance.	41,824	31,137	
	9,504	13,882	

1.4e. Increase the number of refugees who enter employment through the Matching Grant program as a subset of all MG employable adults by at least five percent annually from the calendar year 1997 actual performance. 1.4f. Increase the number of refugee families (cases) that are self-sufficient (not dependent on any cash assistance) within the first four months after arrival by at least four percent annually from the calendar year 1997 actual performance.	6,176	10,442	
Social Services Block Grant 1.5a. Increase by one percent the number of child recipients of day care services funded wholly or in part by SSBG funds over the previous year's performance.	2,399,827	3,150,776	Pages 39-40
1.5b. Increase by one percent the number of adult recipients of home based services funded wholly or in part by SSBG funds over the previous year's performance.	339,253	260,937	
1.5c. Increase by one percent the number of adult recipients of special services for the disabled funded wholly or in part by SSBG funds over the previous year's performance.	313,075	912,661	
1.5d. Maintain the number of recipients of child protective services funded wholly or in part by SSBG funds.	1,302,895	1,411,427	
1.5e. Increase by one percent the number of recipients of information and referral services funded wholly or in part by SSBG funds over the previous year's performance.	1,321,736	1,439,530	
Developmental Disabilities-Housing 2.1a. Achieve the targeted number of people with developmental disabilities owning or renting their own homes as a result of DD program intervention.	7,500	4,013	Page 45

Child Support			
3.1a. Increase the paternity establishment percentage (PEP	96.5%	102%	Pages 53-54
3.1b. Increase the percentage of IV-D cases having support orders.	62%	66%	
3.1c. Increase the IV-D collection rate for current support.	54%	57%	
3.1d. Increase the percentage of paying cases among IV-D arrearage cases.	54.5%	59%	
3.1e. Increase the cost-effectiveness ratio (total dollars collected per $1 of expenditures.)	$4.00	$4.18	
Child Care			
5.1a. Increase by one percent (95) the number of regulated child care centers and homes nationwide accredited by a nationally recognized early childhood development professional organization from the CY 2000 baseline.	9,630	9,237	Pages 76-77
5.1d. Maintain the number of States and Territories conducting unannounced inspections of regulated providers from the FY 2000 baseline.	43	47	
Head Start			
5.2a. Achieve at least an average 34 percent gain (12 scale points) in word knowledge for children completing the Head Start program.	10 (32%)	10 (32%)	Pages 82-85
5.2b. Achieve at least an average 52 percent gain (4 scale points) in mathematical skills for children completing the Head Start program.	3 (43%)	3 (43%)	
5.2c. Achieve at least an average 70	3.4 (70%)	2 (38%)	

percent gain (3.4 scale points) in letter identification for children completing the Head Start program.			
5.2d. Achieve at least an average 43 percent gain (1.24 scale points) in fine motor skills for children completing the Head Start program.	1.24 (43%)	1.05 (34%)	
5.2e. Achieve at least an average 14 percent gain (2 scale points) in social skills for children completing the Head Start program.	1.4 (10%)	1.9 (13%)	
5.2f. Achieve goal of at least 80 percent of children completing the Head Start program rated by parent as being in excellent or very good health.	80%	79%	
5.2g. Achieve goal of at least 70 percent the percentage of parents who report reading to child three times per week or more.	70%	69%	
5.2k. Maintain the average lead teacher score on an observational measure of teacher-child interaction.	73	72	
Child Welfare			
6.1b Decrease the percentage of children with substantiated reports of maltreatment that have a repeated substantiated report of maltreatment within six months.	7%	9%	Pages 96-98
6.1c. Maintain the percentage of children who exit the foster care system through reunification within one year of placement.	67%	68%	
6.1d Increase the percentage of children who exit care through adoption within two years of placement.	28%	23%	
6.1e. Maintain the percentage of children who exit foster care through guardianships within two years of placement.	67;%	57%	

6.1f. Increase the number of adoptions.	51,000	50,000	
6.1h. For those children who had been in care less than 12 months, increase the percentage that had no more than two placement settings.	72%	60%	
Developmental Disabilities-Education			
6.2a. Increase the number of students with developmental disabilities who are served in more integrated/inclusive educational settings as a result of DD program intervention.	11,000	10,288	Page 106
Management 8.1a2. Each ACF staff member participates in at least one Distance Learning or other training opportunity directly related to increasing his/her job skills.	100%	96%	Page 160
10.1a Develop and implement GATES II, which will capture and validate grant information submitted by grantees using the web.	FY 01: Gates II	Completed	Page 163

A.7   PERFORMANCE REPORT SUMMARY BY PROGRAM

Program	Total Measures	Measures Reported	Measures Met*	Unreported
TANF	FY 02: 5 FY 01: 5 FY 00: 5 FY 99: 2	FY 02: 0 FY 01: 2 FY 00: 5 FY 99: 2	FY 02: FY 01: 1 FY 00: 4 FY 99: 1	FY 02: 5 FY 01: 3 FY 00: 0 FY 99: 0
DD	FY 02: 6 FY 01: 6 FY 00: 6 FY 99: 6	FY 02: 1 FY 01: 6 FY 00: 6 FY 99: 6	FY 02: FY 01: 2 FY 00: 3 FY 99: 3	FY 02: 5 FY 01: 0 FY 00: 0 FY 99: 0
ORR	FY 02: 6 FY 01: 6 FY 00: 6 FY 99: 6	FY 02: 0 FY 01: 6 FY 00: 6 FY 99: 6	FY 02: FY 01: 2 FY 00: 0 FY 99: 5	FY 02: 6 FY 01: 0 FY 00: 0 FY 99: 0
SSBG	FY 02: 5 FY 01: 5	FY 02: 0 FY 01: 5	FY 02: FY 01: 4	FY 02: 5 FY 01: 0
OCSE	FY 02: 5 FY 01: 5 FY 00: 5 FY 99: 5	FY 02: 0 FY 01: 5 FY 00: 5 FY 99: 5	FY 02: FY 01: 5 FY 00: 2 FY 99: 2	FY 02: 5 FY 01: 0 FY 00: 0 FY 99: 0
CHILD CARE	FY 02: 8 FY 01: 8 FY 00: 2	FY 02: 0 FY 01: 2 FY 00: 2	FY 02: FY 01: 1 FY 00: 1	FY 02: 8 FY 01: 6 FY 00: 0
HEADSTART	FY 02: 14 FY 01: 13 FY 00: 5 FY 99: 6	FY 02: 14 FY 01: 13 FY 00: 5 FY 99: 6	FY 02: 4 FY 01: 3 FY 00: 3 FY 99: 3	FY 02: 0 FY 01: 0 FY 00: 0 FY 99: 0
CHILD WELFARE	FY 02: 6 FY 01: 6 FY 00: 10 FY 99: 9	FY 02: 0 FY 01: 6 FY 00: 10 FY 99: 9	FY 02: FY 01: 1 FY 00: 4 FY 99: 2	FY 02: 6 FY 01: 0 FY 00: 0 FY 99: 0
YOUTH	FY 02: 3 [3] FY 01: 1 [3]** FY 00: 4 FY 99: 4	FY 02: 3 [3] FY 01: 1 FY 00: 4 FY 99: 4	FY 02: 3 FY 01: 1 FY 00: 1 FY 99: 1	FY 02: 0 FY 01: 0 FY 00: 0 FY 99: 0
CSBG	FY 02: 2 FY 01: 2 FY 00: 2 FY 99: 2	FY 02: 2 FY 01: 2 FY 00: 2 FY 99: 2	FY 02: FY 01: 2 FY 00: 2 FY 99: 2	FY 02: 2 FY 01: 0 FY 00: 0 FY 99: 0
FVP	FY 02: 2 FY 01: 2 FY 00: 1 FY 99: 1	FY 02: 2 FY 01: 2 FY 00: 1 FY 99: 1	FY 02: 2 FY 01: 2 FY 00: 1 FY 99: 1	FY 02: 0 FY 01: 0 FY 00: 0 FY 99: 0
LIHEAP	FY 02: 2 FY 01: 2 FY 00: 2 FY 99: 2	FY 02: 0 FY 01: 2 FY 00: 2 FY 99: 2	FY 02: FY 01: 2 FY 00: 2 FY 99: 0	FY 02: 2 FY 01: 0 FY 00: 0 FY 99: 0
ANA	FY 02: 2 FY 01: 2 FY 00: 2 FY 99: 2	FY 02: 2 FY 01: 2 FY 00: 2 FY 99: 2	FY 02: 2 FY 01: 2 FY 00: 2 FY 99: 2	FY 02: 0 FY 01: 0 FY 00: 0 FY 99: 0

Program	Total Measures	Measures Reported	Measures Met*	Unreported
ADMIN	FY 02: 4	FY 02: 1	FY 02: 1	FY 02: 3
	FY 01: 2	FY 01: 2	FY 01: 2	FY 01: 0
	FY 00: 2	FY 00: 2	FY 00: 1	FY 00: 0
	FY 99: 2	FY 99: 2	FY 99: 1	FY 99: 0