Clarksdale HOPE VI: Community Supportive Services Program Evaluation Final Report:
**A Critical Analysis with Recommendations for the Program Evaluation of
Sheppard Square HOPE VI Community and Supportive Services**

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**Abstract**

This paper analyzes the 2011 _Clarksdale HOPE VI: Community Supportive Services Program Evaluation Final Report_ (_Clarksdale Report_) by Dr. Ramona Stone and provides recommendations to Louisville Metro Housing Authority (LMHA) for criteria it should use to evaluate proposals to conduct independent program evaluation of the Sheppard Square HOPE VI Revitalization project. Using Michael Quinn Patton's "utilization-focused evaluation" model as a lens, the critical analysis determines that the _Clarksdale Report_ represents a lost opportunity for LMHA to gain _useful_ information about the implementation and effects of its Clarksdale HOPE VI Revitalization CSS program that would enable it to tailor those services to better meet the needs of Sheppard Square residents who will shortly begin relocation from the site.

This paper faults the _Clarksdale Report_ for a number of design and analysis errors, but most importantly for the failure to include- a process (or implementation) evaluation and for omitting data and analysis on several important questions. The report provides no insight into the community supportive services (CSS) actually delivered to residents, how they were provided, or their efficacy.   Therefore, the reader cannot determine to what extent CSS was a causal factor in the resident outcomes reported by the evaluation. Numerous questions regarding social service provision and use that are essential to an effective program evaluation remain unaddressed and unanswered by the _Clarksdale Report._

Additionally the evaluation, as can be determined from the _Clarksdale Report_, failed to: sufficiently collect qualitative data; use qualitative data it did collect; use data from the LMHA resident services tracking software, and other data collected by LMHA employees. This analysis also identifies several problems with the analyses and conclusions made by Dr. Stone on the data reported, including those about resident health outcomes, the efficacy of job training services, and her overall assessment of the project, which is supported more by an academic literature review than the data collected. Many important questions are raised that are not included in the evaluation report or are under-analyzed in the study, on topics such as: residents' relocation experiences and outcomes; residents' social networks; residents' new neighborhoods; and the impacts of 19.8% study attrition from baseline to follow-up had on evaluation results.

The paper concludes with recommendations for criteria/topics LMHA should include when selecting an evaluation proposal for Sheppard Square to help ensure that it obtains an effective, thorough, academically-sound program evaluation that provides the authority with usable data. They are:

1) Process/implementation evaluation must be a central part of the evaluation design and begun from the onset of the evaluation study period.
2) Employ a mixed methods approach that emphasizes both qualitative and quantitative analysis, but collect and analyze a much broader array of qualitative data than used the Clarksdale evaluation.
3) To the extent feasible, employ a multi-disciplinary evaluation team for the evaluation.
4) Engage key stakeholders- - CSS staff, partner service agencies, and, most importantly, residents- in implementing the evaluation and explicitly inform them about the evaluation's goals.
5) Develop a schedule for interim reports with specific short-term research questions to be addressed in each report. These reports should not only include reporting on progress towards benchmarks and goals established in the application logic model, but should involve regular updates on the implementation evaluation

6) Ensure that two unique resident groups affected by in the Sheppard Square redevelopment, the 42 households now living in Sheppard Square who were relocated from Clarksdale and Sheppard Square's population of 330 Somali and Somali Bantu residents, are specifically considered in evaluation design.

7) Employ a more thorough, geographic analysis of resident relocation than include comparative quality of life and socioeconomic data on new neighborhoods.

8) Seek viable examples from other Public Housing Authorities that could provide effective models for program evaluation design.   Evaluations from the Seattle, WA area are cited as examples.

I. Introduction

> Rigorous, independent program evaluations can be a key resource in determining whether government programs are achieving their intended outcomes as well as possible... Evaluations can help policymakers and agency managers strengthen the design and operation of programs.
> > -Peter Orzag, Director, Office of Management and Budget, in a
> > Memorandum to Heads of Executive Departments and Agencies,
> > October 7, 2009.

Effective, independent program evaluation is a priority of federal, state, and local governments. The Louisville Metro Housing Authority (LMHA) has long recognized the important role independent program evaluation plays in designing and managing its programs. It has made tracking resident outcomes and evaluation of community and supportive services (CSS) provided to residents of public housing redeveloped under the HOPE VI program a major component of its HOPE VI programs.   The 2004 Clarksdale Phase II HOPE VI application clearly established the LMHA's goals for the proposed Clarksdale CSS evaluation, which would "ensure that the services offered are of the highest quality and have the greatest efficiency." (LMHA 2004, 58). Specifically,

> The evaluators will help us determine the success of our [supportive services] efforts, the modifications that need to be made, and the adequacy of our tracking efforts. This will give us a built-in review panel so that our Case Managers are doing the job that we expect with allowance for mid-course corrections if necessary. The expertise of the people and organizations involved, give us every reason to believe this approach will be very successful. (LMHA 2004, 62)

LMHA spent nearly $200,000 from the Clarksdale HOPE VI redevelopment budget for program evaluation (Marshall 2011). From both the Clarksdale Phase I and Phase II applications, it appears clear that LMHA intended the Clarksdale program evaluation to be a useful tool to assess CSS provision and make programmatic changes as necessary. However, the *Clarksdale HOPE VI Community Supportive Services Program Evaluation Final Report* (*Clarksdale Report*)*,* released in January 2011 by principal investigator Dr. Ramona Stone, does not demonstrate that the program evaluation conducted provided the necessary data, services, and analyses to meet the LMHA's basic goals for the utility of the research. Dr. Stone even "emphasized this report was not meant to monitor progress, but rather check on it." (Marshall 2011, 6)   Given the time and expense of the Clarksdale evaluation, it is disappointing that the final report did not provide an assessment of CSS program implementation, services provided, and recommendations for programmatic changes that would help LMHA design the most effective CSS program for its third HOPE VI redevelopment project, Sheppard Square.

This paper will provide a critical analysis of the *Clarksdale HOPE VI Community Supportive Services Program Evaluation Final Report* and provide recommendations to LMHA for criteria it should use to evaluate proposals to conduct independent program evaluation of the Sheppard Square HOPE VI redevelopment.   It is imperative that this upcoming evaluation be utilization-focused and provide LMHA with process evaluation in addition to outcome evaluation.   This will ensure that LMHA can make programmatic modifications when issues are identified, not in retrospect, and facilitate better outcomes for current Sheppard Square residents.

II. Utilization-Focused Evaluation: A Framework for Program Research

> We believe that one of the most important characteristics of an effective evaluation is that it does provide usable information – information that project staff and other stakeholders can utilize directly to make decisions about the program. An evaluation report that sits on someone's shelf will not lead us to improved program design and management. Effective program evaluation supports action. Useful evaluation processes and results inform decisions, clarify options, identify strengths and weaknesses, and provide information on program improvements, policies, and key contextual factors affecting the program.
> -W.K. Kellogg Foundation *Evaluation Handbook* (W.K. Kellogg Foundation 2004, 99)

The Kellogg Foundation's widely-cited evaluation guide makes a vital observation about how evaluation designs must be evaluated: they must be designed to maximize their efficacy and utility.   Too often, program evaluations conducted by independent academic researchers sit unused by the entities that commissioned them. As observed by the National Science Foundation, "evaluations should be conducted for action-related reasons, and the information provided should facilitate deciding a course of action." (Frechtling, et. al. 2002, 3) Because of the significant resources devoted to program evaluation in the Sheppard Square HOPE VI revitalization ($300,000 or 37.5% of the case management budget), LMHA has the ability to request evaluation proposals that are designed provide useful process evaluation throughout the grant period in addition to outcome evaluation.

Michael Quinn Patton's[1] model for "utilization-focused evaluation" provides important standards for designing *useful* evaluations. First published in 1978, this model has been used in thousands of evaluations throughout the US and worldwide.   Patton states that

> [*u*]*tilization-focused evaluation begins* with the premise that evaluations should be judged by their utility and actual use; therefore, evaluators should facilitate the evaluation process and design any evaluation with careful consideration of how everything that is done, *from beginning to end*, will affect use. Nor is use an abstraction. Use concerns how real people in the real world apply evaluation findings and experience the evaluation process. Therefore, the *focus* in utilization-focused evaluation is on *intended use by intended users* [author's emphases]. (Patton 1997, 20)

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[1] Michael Quinn Patton is a renowned evaluation consultant with over 40 years' experience practicing in and writing about the field. Former President of the American Evaluation Association, he has received both the Alva and Gunnar Myrdal Award for "outstanding contributions to evaluation use and practice" and the Paul F. Lazarsfeld Award for "lifetime contributions to evaluation theory" both from the American Evaluation Association and the Lester F. Ward Award for Outstanding Contributions to Applied Sociology from Society for Applied Sociology. (SAGE Publications, 2011)

He also observes that this model enables evaluations to be used for "learning and capacity building, rather than just to generate findings." (Coffman 2002)

A. *The Importance of Process Evaluation*

Patton emphasizes the importance of integrating process evaluation (also known as implementation evaluation) into outcome evaluations. "It is important to know the extent to which a program attains intended outcomes and meets participant needs, but to answer those questions *it is essential to know what occurred in the program that can reasonably be connected to outcomes* (my emphasis)." (Patton 1997, 197) Patton accurately observes that conclusions drawn from outcome evaluations without describing what activities happened to achieve those outcomes lack validity and usefulness. "Not knowing enough about implementation limits the usefulness of findings about effective programs…the problem with pure outcomes evaluation is that the results give decision makers little information to guide action. Simply learning that outcomes are high or low doesn't tell decision makers much about what to do." (Patton 1997, 198-99)

Patton's position is mirrored by the W.K. Kellogg Foundation's *Evaluation Handbook.*

> Evaluating project implementation is a vital source of information for interpreting results and increasing the power and relevance of an outcome evaluation. Knowing *why* a project achieves its goals is more important than just knowing that it does. An outcome evaluation can tell you what impact your program/service had on participants, organizations, or the community. An implementation evaluation allows you to put this outcome data in the context of what was actually done when carrying out the project. In fact, without knowing exactly what was implemented and why, it is virtually impossible to select valid effectiveness measures or show causal linkages between project activities and outcomes. (W.K. Kellogg Foundation 2004, 27)

A thorough process evaluation allows evaluators to understand how a program actually operates, assess its strengths and weaknesses, and analyze how implementation of the program affected its outcomes. Incorporating process evaluation into a program evaluation also increases an evaluation's utility by giving program administrators feedback during program implementation that can allow programs to be improved. As the US Department of Health and Human Services observes "if this information is provided on an on-going basis, it will provide opportunities for the program to improve its implementation and better meet the needs of program participants" (U.S. Department of Health and Human Services 2010, 81). The use of an independent evaluator who seeks a range of perspectives about how people experience a program (e.g. gathering data from clients, staff, and administrators) can provide unique observations about a program, including barriers to effective implementation, that administrators may not otherwise be able to access. (Patton 1997)

B. *Engage Evaluation Stakeholders*

This raises another element of Patton's model, recognition that there is a range of stakeholders involved in an evaluation: clients (or program participants), staff, administrators, program funders, etc., who all have potentially different perspectives on an evaluation and its use. I argue that in the evaluations of social service programs, such as LMHA's HOPE VI CSS program, care must be taken by evaluators and program administrators to develop ways to engage program participants in the evaluation process,

address their concerns, and give them, to the extent possible, ownership of the evaluation and its results. This is essential because in evaluations of such programs the clients and their experiences *are* the data. The quality and utility of both the quantitative and qualitative data collected in an evaluation will be enhanced if clients believe that they are participants in an evaluation, not just the subjects of it. By incorporating process evaluation into the evaluation design involving client input that that can influence program improvements, clients will see that their perspectives are valued and program evaluation serves a purpose beyond judging their outcomes.

C. *Use a Multi-Disciplinary Approach*

Finally, it is vital that a utilization-focused design incorporate a multi-disciplinary approach that uses a mixed-method design incorporating both qualitative and quantitative measures in its process and outcomes analyses. (Patton 1997; W.K. Kellogg Foundation 2004; Friechtling, et.al. 2002)   As Patton observes

> Today's evaluator must be sophisticated about matching research methods to the nuances of particular evaluation questions and the idiosyncrasies of specific decision maker needs… the utilization-focused evaluator works with intended users to include any and all data that will help shed light on evaluation questions, given the constraints of resources and time…The paradigm of choices recognizes that different methods are appropriate for different situations and purposes. (Patton 1997, 297)

This model provides a valuable framework for evaluating the utility of evaluation proposals for the LMHA Sheppard Square HOPE VI project. It is essential that the selected proposal incorporated a mixed-methods approach and both process and summative evaluation measures that provide feedback on program implementation (allowing for program modification) and an assessment of client outcomes as a result of those programs.

III. *Clarksdale HOPE VI: Community Supportive Services Program Evaluation Final Report- An Analysis*

The release of the *Clarksdale HOPE VI Community Supportive Services Program Evaluation Final Report* (*Clarksdale Final Report*) in January 2011, marked the conclusion of a program evaluation begun in July 2005. This program evaluation was based on two waves of quantitative survey data- a baseline interview conducted with Clarksdale residents during the 2005-6 academic year and a follow-up interview conducted in the 2008-9 academic year. These data were matched and merged with administrative data collected by LMHA's tracking system. Quantitative data was augmented by eight interviews with former Clarksdale residents in 2008-9 and one focus group of CSS case managers. The total cost of the evaluation was nearly $200,000 (Marshall 2011).

A. Initial Clarksdale HOPE VI Program Evaluation Goals

The goal of the program evaluation, according to the *Clarksdale Final Report*,

> is to evaluate the changes that occurred in the residents' social and economic characteristics due to the urban revitalization program and to their utilization of community support and family self-sufficiency services, made available through this program. In addition, we collected information about the health, housing satisfaction, neighborhood safety, along with feedback on the helpfulness of the services and of the case managers. (Stone 2011, 9)

LMHA also clearly established goals for this program evaluation in both its Clarksdale Phase I and Clarksdale Phase II HOPE VI applications.

> …we have assembled a quality evaluation team, led by the University of Louisville, a HUD Community Outreach Partner Center (COPC). The evaluators will help us determine the success of our efforts, the modifications that need to be made, and the adequacy of our tracking efforts. This will give us a backup system to ensure that our case managers are doing the job we expect. (Housing Authority of Louisville, 2002, F3)

> To ensure that the services offered are of the highest quality and have the greatest efficiency….[LMHA is] contracting with U of L's Kent School of Social Work to evaluate the components and track the outcomes of the CSS program. (LMHA 2004, 58)

> The evaluators will help us determine the success of our efforts, the modifications that need to be made, and the adequacy of our tracking efforts. This will give us a built-in review panel so that our Case Managers are doing the job that we expect with allowance for mid-course corrections if necessary. (LMHA 2004, 62)

> The evaluation process will monitor myriad variables including:
> • Quality of life improvements for residents due to better housing conditions, safer streets, newly created neighborhood amenities, and participation in CSS activities such as educational enhancements, youth development, elderly and family services, and community building programming;
> • Additional public and private funding for community and economic development projects in the neighborhood such as affordable housing, retail/commercial amenities, open space, infrastructure and transportation networks undertaken by local government and nonprofits;
> • The integration of the physical and social aspects of the program, as indicated by success in maintaining a stable, mixed-income community, assimilating the development into the larger community, and creating vital community organizations with high levels of community involvement and stable social support networks. (LMHA 2004, 91-92)

This analysis will explore the degree to which the *Clarksdale Final Report* demonstrates that these evaluation goals were met and explore deficiencies in: the evaluation report, the evaluation design and methodology, and the report's analysis and conclusions. This analysis will inform recommendations for LMHA when selecting an evaluation proposal for the Sheppard Square HOPE VI redevelopment project.

The *Clarksdale Final Report* concluded that "the CSS/FSS network developed by the LMHA is an excellent example of a functional and productive community partnership that works towards advancing the quality of life and well-being." (Stone 2011, 53) As noted earlier, however, evaluation expert Michael Quinn Patton clearly states "it is important to know the extent to which a program attains intended outcomes and meets participant needs, but to answer those questions it is essential to know what occurred in the program that can reasonably be connected to outcomes." (Patton 1997, 197)   The *Clarksdale Final Report* does not provide that vital information about services delivered to allow readers to see how the CSS/FSS network services led to resident improvements in quality of life.

Nowhere in the report are the supportive services and case management *actually* received by residents described. The content of the "Clarksdale HOPE VI Community and Supportive Services" section of the report (Stone 2011, 10-13), rather than accurately detailing what services were provided from 2005-2009 to former Clarksdale residents, copies the content program descriptions from the 2002 Clarksdale-Phase I application virtually verbatim.

For example, compare the following passages from the 2002 Clarksdale-Phase I application and the final report.

> Success will be measured by the number of youth who enroll, participate and complete these programs. Their future behavior will be the real proof of our success. HAL anticipates serving up to 196 youth in all programs. Goals include, reducing the drop out rate by 1% each year (from the current 14.1% to 10% in four years), 95% of children will attend school at least 90% of the time, and 75% of students will achieve grades equal to or better than the previous year. (Housing Authority of Louisville 2002, E8)

> LMHA anticipated serving up to 196 youth in all of these programs. Goals include a reduction in the school dropout rate by 1% each year, improved school attendance (95% children attend school 90% of the time), and improved school achievement (75% of students will achieve grades equal to or better than the previous year). Success is measured by the number of youth who enroll, actively participate, and complete these programs; however, achieving the ultimate outcomes – behavioral changes - will be the real proof of success. (Stone 2011, 11)

Additionally, the description of the social services in the *Clarksdale Final Report* did not even include the additional service goals described in the Clarksdale-Phase II HOPE VI application[2].

It is very alarming that a program evaluation report does not assess the implementation of the CSS programs of which it is claiming to measure the outcomes much less even accurately describe the services actually received by former Clarksdale residents. This is despite the fact the researchers initially surveyed 342 households, interviewed eight residents, theoretically had regular contact with CSS social workers (including one focus group), attended "some of the meetings of external agency social service

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[2] For example, the Clarksdale Phase I HOPE VI application (p. E10) and the *Clarksdale Final Report* (p. 12) described the Carpenter's Apprentice Program as serving five residents each year, where the Clarksdale Phase II HOPE VI application states that the program "will train an additional five Clarksdale-Phase II residents for a total of 10 Clarksdale residents per year." (p. 53)

providers" (Stone 2011, 47), and had access to Tracking At A Glance (TAAG) case management database data for all study participants [which Stone said provided "a wealth of information about the participation in the CSS programs." (2007, 14)].   Given this access to extensive data, it is shocking that the *Clarksdale Final Report* uses language to describe the social services provided that pre-dates the onset of the program evaluation by three years (and predates the start of the Clarksdale HOPE VI redevelopment and the provision of services to residents).

The only information provided in the *Clarksdale Final Report* about social service provision is as follows:
- resident participation in education and job readiness training at baseline and follow-up,
- the number of households using CSS between January 2005 and December 2007,
- the number of households in 2009 using CSS, Family Supportive Services (FSS), and general case management,
- an observation that not all former Clarksdale residents participated in case management, but all received services,
- the number of referrals made to each agency providing services to 157 residents (no time frame provided for reported referrals),
- the status of referrals made (completed, graduated, no-show, etc.),
- and types of referrals made (to program or category of assistance)

These data provides *no insight* into the services delivered, how they were provided, or their efficacy. Therefore, the reader cannot determine to what extent CSS was a causal factor in the resident outcomes reported. Given the level of analysis and information provided in the *Clarksdale Final Report*, the reader must assume that the LMHA's stated program evaluation goals, "to evaluate the components…of the CSS program" and to "determine the success of our efforts, the modifications that need to be made, and the adequacy of our tracking efforts….[to] give us a built-in review panel so that our Case Managers are doing the job that we expect with allowance for mid-course corrections if necessary" (LMHA 2004, 58 & 62), were not met by the research team. Dr. Ramona Stone event acknowledged this in an interview, "emphasizing that this report was not meant to monitor progress." (Marshall 2011, 6)

Numerous questions regarding social service provision and use that are essential to an effective program evaluation remain unaddressed and unanswered by the *Clarksdale Final Report,* including three of the report's stated research questions.

- What was residents' experience with the available community and social services? (from "Research Evaluation Questions" in *Clarksdale Final Report*)
- What did residents glean from their participation in various programs and services offered as part of the HOPE VI project? (from "Research Evaluation Questions" in *Clarksdale Final Report)*
- Did LMHA achieve its usage goals as specified Program Outputs and Outcomes Chart on page 13 of the *Clarksdale Final Report*?
- Did those that took advantage of the services have better outcomes than those that did not? (from "Research Evaluation Questions" in *Clarksdale Final Report)[3]*

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[3] Stone observes that:

> The caseload tracking system showed that between January 2005 and December 2007, about half (344 of 695) of the families were not active participants in case management. Of these, 207 did not accept the services and 137 moved out of the area andwere not responsive to offers of service. Two years later there were 325 households of the 695original Clarksdale families who took advantage of these services; specifically, 235 received community supportive services, 111 received family support services, and 89 were enrolled in general case management. Although not all residents were actively participating in a case management program at baseline, over time all former Clarksdale residents were assisted with services. Examples of such services are transportation related to medical or employment needs, child care subsidies, completing applications for cash assistance, food stamps, and Medicaid, or

- What specific social services were offered to residents, who provided them and how were they provided?
- What barriers did residents encounter that prevented or discouraged them from using supportive services more intensely?
- Why did residents choose or not choose to use supportive services? Why did they select specific services?
- What steps did CSS staff take to encourage resident use of supportive services?
- What modifications were made to social service provision over the course of the grant period? What inputs spurred those modifications?
- What factors contributed to the very high rate (41.9%) of no-shows, dismissals, terminations, and withdrawals from services residents were referred to?
- What unmet service needs did residents identify?

C. *Flaws in Design and Implementation of the Clarksdale HOPE VI Program Evaluation*

The fact that these questions about just one aspect of the program remain unanswered highlights serious flaws in the design and implementation of the evaluation (and/or its reporting), particularly in its use of qualitative data and of the social service data maintained by LMHA.   In regards to quantitative data collection, the questions asked in the follow-up survey do not sufficiently explore residents' experiences with the HOPE VI redevelopment and associated services. The survey's two questions about case management only asked about general satisfaction with relocation services and about the helpfulness of case managers. The follow-up survey provided researchers with the opportunity to learn about respondents' use of social services, and, more importantly, their experience with specific services, barriers to use of services, and their suggestions for improvement. This opportunity was not seized, even though the "Data Items" section in the *Clarksdale Final Report* states "at follow-up, additional questions were added to learn about the social services utilized by the former Clarksdale residents after relocation, about their satisfaction with each service utilized, and about the outcomes of these service utilizations." (Stone 2011, 18)

 Additionally, findings from the more extensive, qualitative data that was collected (8 interviews with residents, a focus group with case managers, researcher participation in quarterly service provider meetings) were only mentioned twice in the in the *Clarksdale Final Report* and not described or analyzed in detail. This is despite the report's claims that "qualitative data collected during in-depth interviews and focus groups were analyzed using content analysis techniques." This leads to more unanswered questions:

- Was this qualitative data used extensively?
- If so, what insights were gained from it?

completing requests for disability, social security or supplemental income and the list could go on. Therefore, the only valid comparison for the assessment of the case management impact is between the baseline (pretest) and follow-up (posttest) scores. (2011, 46)

Though Stone claims such analysis is invalid due to the fact that "all residents" were assisted with services of some sort, not all residents actively participated in case management, as she notes. Therefore, analysis could have been completed comparing residents who "actively participated in case management" and those that did not. It also seems likely that the LMHA administrative tracking system enabled researchers to count the number of social services used by each resident household. Theoretically, analysis could have been completed by separating residents into "high service users" and "low service users" based on the number of services used during the study period. Additionally, these groups could have been compared using qualitative data had the follow-up survey incorporated questions about the extent of supportive service use in addition to the two questions about satisfaction.

- Did resident interviewers limit themselves to the "Resident Interview Questions" protocol contained in the report's appendix?
- Was there a protocol for the case manager focus group? If so, why was it not included in the report?

The Clarksdale- Phase II HOPE VI application states that "If [residents] leave the program, exit interviews will be conducted [by LMHA case workers]." (LMHA 2004, 62) If these exit interviews were conducted, they could contain valuable data about program implementation, client satisfaction, and recommendations for program improvement. However, the *Clarksdale Final Report* makes no mention of these interviews as a possible source of data. Were these exit interviews conducted? If so, why were they not used by program evaluators to help assess program implementation?

Resident services tracking software, called Tracking at a Glance (TAAG), was cited by LMHA in both its Clarksdale Phase II (2004) and Sheppard Square (2010) applications as a means to measure resident base-line data, progress and outcomes. Stone also observed that this "administrative data includes information about the residents' enrollment in the CSS program, in the family support services (FSS) program, other social services, education and employment training programs" (2011, 18). Given this description of the data's utility, one must wonder why it was not analyzed in more detail to provide a thorough description of CSS program implementation and use over time (and if that use significantly changed as relocatees became settled in their new homes.) Stone states that administrative data was downloaded for four years of the grant period (2006-2009), but only 2006 and 2009 were reported on in the *Clarksdale Final Report*. This leads one to ask if the "unreported" data was analyzed or just omitted, despite its value to understanding the CSS program's evolution. The inclusion in the report of a more thorough description of the data collected by the TAAG system (rather than the broad characterizations of the system and the listing of the data column headers without explanations that were included), would enable the reader to better assess the system's efficacy as an evaluation tool.

D. *Issues with Analyses and Conclusions Drawn in the Clarksdale Final Report*

In addition to the issues with the *Clarksdale Final Report's* methodology and design described above, there are several issues with the reports analyses and the conclusions drawn from the data. There are also important questions raised by the data presented that were not addressed in the report. First, the author's unabashedly positive review of the project is not supported by all the data presented in the report. Unemployment increased from 72.5% at baseline to 73.4% at follow-up. Though it is attributed to the economy, this change may allude to a weakness in the job preparation and training services received by Clarksdale CSS participants. Of greater concern is the fact that the percentage of residents reporting two or more barriers to employment increased from 24.3% at baseline to 53.1% at follow-up. Stone observes that "residents are still under-prepared for jobs on the market" (2011, 25). Given this marked increase, it must be asked if HOPE VI relocation may have contributed to creating barriers to employment. The causes of this startling change should have been explored more fully- especially given the startling rise in respondents reporting "other" as a main reason for not working or as a barrier to finding a job. Stone observes that "low education" is a frequent reason cited in this category, which may also suggest weaknesses with LMHA CSS job training and education programs.

Stone's assessment of health outcomes is also problematic. There is no baseline and follow-up comparison of health outcomes in the report, which makes it impossible to assess if relocation had a negative effect on residents health. Research has consistently shown that HOPE VI relocatees' experience string declines in physical and mental health after relocation, even though their housing and

neighborhood environments have improved (Popkin & Price 2010).   It can be inferred that Clarksdale residents may also have seen a dramatic rise in health problems after relocation based on Stone's finding that 52.2% of former Clarksdale residents who were not working identified health problems as the reason, compared to 36.7% at baseline.

Unfortunately, Stone's "Discussion" of the research findings is quite limited in its analysis. The vast majority of the policy conclusions and implications she makes are based on a review of existing literature, not a thorough analysis of the Clarksdale data. It is also surprising that the program evaluator finds that it is "hard for me to recommend any improvements as they [LMHA] already have better ideas of what to change to get a higher benefit from every dollar spent." (Stone 2011, 53) While the *Final Report* did demonstrate some quality of life improvements for Clarksdale residents, there were resident outcomes that worsened. An effective program evaluation should be able to make useable, feasible recommendations for program improvement based on evaluation data collected and analyzed- even if the program demonstrates generally positive outcomes. As discussed earlier, Stone's lack of analysis of program implementation makes it difficult to support the conclusions she makes about the success of the CSS program because the evaluation does not present enough information about program activities and services.

E.   Important Research Questions Not Addressed in Clarksdale HOPE VI Program Evaluation

There are several other important questions and topics that should have been addressed in the evaluation but were not.   First, Stone should have addressed the low-rate of return to Liberty Green by former Clarksdale residents (6.2%).   There is no description or analysis of the re-entry criteria that may have limited the ability of Clarksdale residents to move back to Liberty Green. How did re-entry criteria affect residents' ability to return or their decision to return or not?

Data presented in the *Clarksdale Final Report* indicates that at follow-up, a majority (52.9%) of relocatees were in housing that was worse (26.6%) or as good (26.3%) as their Clarksdale housing unit. Given that the very poor quality of the Clarksdale units was thoroughly described in the Clarksdale-Phase I and Clarksdale-Phase II HOPE VI applications and the *Clarksdale Final Report*, one can safely assume that if a resident is in a home that is of the same quality as their Clarksdale unit, that they reside in housing that is in poor condition.   In conjunction with the finding that 42.3% of respondents viewed their move from Clarksdale negatively, this data indicates that a significant portion of residents experienced negative housing outcomes after leaving Clarksdale. The *Clarksdale Final Report* does not explore in any depth residents' experiences with relocation, issues encountered during their search for housing, or steps taken by case managers to help them locate housing. This is an essential part of the program model that should have been examined in more detail.   The resident follow-up survey only asked two questions about relocation: if the resident received their first or second choice of housing and a rating of their satisfaction with relocation services. More detailed, specific questions about relocation services should have been included in the resident surveys, and researchers could have selected a sample of residents to interview about their relocation experiences for used as descriptive case studies.

The *Clarksdale Final Report* does provide very limited comparative analysis on relocatees' available social supports at baseline and follow-up but no data on how those social networks were developed and maintained at Clarksdale or how social networks were preserved, lost, or created after relocation. The report found that much smaller percentage of relocatees had friends or relatives in new neighborhoods as compared to Clarksdale   This indicates that residents   social networks may have significantly weakened upon relocation , but the report does not analyze or address this issue- the only discussion of

this is contained in a quote from a community advocate who observes that multi-generational Clarksdale families were "split up in different relocation sites" causing "childcare challenges" and "family stress." (Stone 2011, 51)   Academic research has clearly shown that the resident relocation required by the *Gatreaux* and HOPE VI programs disrupts the strong, place-based social networks public housing residents frequently rely on for support. (Boyd 2008; Boyd, et. al. 2010; Clampet Lundquist 2004 & 2010; Curley 2009 & 2010; Keller 2011).   Researchers have also found that it is "difficult to transfer neighborhood-based social capital after a forced relocation" (Clampet Lundquist 2010) and residents had difficulty establishing new, supportive social networks even two years after relocation (Curley 2009). Why were resident social networks and the impacts relocation had on them not better assessed in the evaluation? What services, if any, helped residents preserve or establish new social networks?

The *Clarksdale Final Report* provides very limited analysis of residents' new neighborhoods as compared with Clarksdale,   based on resident perceptions of "neighborhood quality of life" problems at baseline and follow up and a chart showing differences in economic indicators between Clarksdale's census tract and new neighborhood tracts.   (The chart is not analyzed in the report nor is its measure of "neighborhood economic indicators" explained).   However, the *Clarksdale Final Report* does not provide any data or analysis on where relocatees moved nor the actual quality of life (e.g. crime rates, public health) and socioeconomic   (median area income, demographic data on gender and race) indicators for their new neighborhoods.   The *Clarksdale Final Report* does not demonstrate if LMHA met two of its stated goals of the HOPE VI redevelopment: to deconcentrate poverty and increase fair housing choice. (LMHA 2004) The evaluation does not provide data that support LMHA's claim in the 2010 Sheppard Square HOPE VI Revitalization Application that "[t]hrough previous HOPE VI Revitalizations at Park DuValle and Liberty Green, LMHA has…expanded assisted housing opportunities in non-minority neighborhoods, opening up choices throughout the metropolitan area for all assisted households." (LMHA 2010, 84)   Why is there no geographic analysis of the Clarksdale HOPE VI relocation? Why aren't valid comparative statistics provided for old and new neighborhoods?[4]

There was also significant study attrition from baseline to follow up, with a decline of 68 households (19.8% of the baseline study size). The *Clarksdale Final Report* fails to address how this may have affected the study data.   It seems likely that the study dropouts may have had the most difficulty upon relocation, making them more difficult to track, and possibly leading to artificially positive outcome measures for the remaining study sample.   Why was this study attrition not addressed in the report?

Unfortunately, the *Clarksdale Final Report* represents a lost opportunity for LMHA to gain *useful* information about the implementation and effects of its HOPE VI CSS program that would enable it to tailor those services to better meet the needs of Sheppard Square residents who will shortly begin relocation from the site.   The evaluation did not provide the Authority with the implementation evaluation that would help explain the causes of outcomes measured in Clarksdale residents and provide strategies for program improvement. Given the length of the evaluation and the resources it received, the analysis provided by the report is disappointing. LMHA should take steps when selecting its program evaluator for the Sheppard Square HOPE VI redevelopment to ensure that a mixed-method, utilization-focused evaluation occurs that will continually monitor resident experiences with the CSS and

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[4] Stone does provide a comparison of crime data to Jefferson County as a whole, rather than to residents' new neighborhoods. This is an inaccurate way to represent crime in Clarksdale, as most urban neighborhoods have higher crime rates due, in part, to higher population density. There are quantitative guidelines for neighborhood comparison- none of which were used in the report.

relocation programs so as to better explain program outcomes. This would also provide LMHA with regular feedback about the program that will allow for program improvement as services are being delivered.

IV. Recommendations for the Evaluation of the Sheppard Square HOPE VI Redevelopment Project

The Sheppard Square HOPE VI Revitalization will be the final LMHA HOPE VI project.   However, the new HUD Choice Neighborhoods program is designed to "build upon the success of HOPE upon the successes of public housing transformation under HOPE VI to provide support for the preservation and rehabilitation of public and HUD-assisted housing, within the context of a broader approach to concentrated poverty" (US Dept. of Housing and Urban Development 2011). Therefore, LMHA will almost certainly have future opportunities for projects that involve rehabilitation/redevelopment of public housing and resident relocation in conjunction with supportive services for residents.   LMHA should ensure that its program evaluation of the Sheppard Square redevelopment and its associated social services provides important analysis about which aspects of the CSS and relocation programs work well and which do not, so that future services can be designed to maximize resident benefits. Additionally, an effective, thorough, academically-sound program evaluation will add to the academic literature on the HOPE VI program, will be of use to other public housing authorities and social service providers as they design, implement, and modify their supportive services programs, and can help establish LMHA as a national model for service provision. What follows are recommendations for LMHA in criteria it should consider when selecting an external evaluation proposal for the Sheppard Square HOPE VI.

The Sheppard Square HOPE VI Revitalization Application describes the proposed program evaluation.

> A pre/post research design will be used for the evaluation. Two waves of data will be collected over the five-year grant period, from the same set of people, via face-to-face surveys. University students will be recruited and trained to conduct these confidential surveys. Survey data will be matched with administrative data available through LMHA's Tracking-At-A-Glance system, both at the individual and family levels. Two focus groups and 25 structured qualitative interviews will be conducted. The questionnaire for baseline and follow-up surveys will include many of the same items, although follow-up items that measure satisfaction with the CSS program will be added. Research questions will focus on seven issue areas: Housing and Relocation, Neighborhood, Social Integration, Health, Children, Socioeconomic and Service Outcomes. Evaluators will also periodically compare baseline and follow-up data to actual performance on established benchmarks and goals including those outlined with the Logic Model in Attachment 38. This interim reporting process will help LMHA gauge its progress on CSS goals and assist the CSS team and its partners in refining their services and/or identifying any unmet resident needs. (LMHA 2010, 118-9)

LMHA is to be lauded for specifying that interim reporting to help the CSS team refine their services and identify unmet resident needs be part of the evaluation process. However, LMHA should more explicitly request an evaluation design that not only includes the pre/post-test outcome evaluation, but also includes a thorough process/implementation evaluation supported by more extensive use of qualitative data.   To the extent allowable by financing and evaluator capacity, LMHA should ensure that the following recommendations are addressed in its evaluation design.

1) Process/implementation evaluation must be a central part of the evaluation design and begun from the onset of the evaluation study period. For an effective evaluation of social service delivery, it is imperative that data is maintained and analyzed on: what services were delivered, how they were provided, who provided them, how clients experienced them, barriers encountered to service provision, and changes made to the service delivery model. A thorough implementation evaluation integral for not only making necessary program improvements as they are identified, but for explaining how outcomes identified in the evaluation are achieved, so that models can be developed for effective service delivery.   A thorough process evaluation that engages, values, and uses residents' perspectives and experiences to make program improvement can also help give residents, the primary subjects of the evaluation- a stronger level of ownership of and participation in the evaluation.

2) Employ a mixed methods approach that emphasizes both qualitative and quantitative analysis, but collect and analyze a much broader array of qualitative data than used the Clarksdale evaluation. Methods/subjects could include:
   a. In-depth interview questions about resident experiences with relocation, case management, and supportive service use.
   b. Interview and survey questions about barriers encountered by residents to housing choice and provision of social services.
   c. Interview and survey questions to residents about unmet social service needs.
   d. Analysis of exit interviews for those leaving the program.
   e. Case studies of residents' experiences with relocation and how they integrated into their new neighborhoods.
   f. Deeper analysis of residents' social networks and social supports (using both quantitative and qualitative analysis), both before and after relocation, that includes assessment of supportive services that facilitate resident engagement in their new neighborhoods.

3) To the extent feasible, employ a multi-disciplinary evaluation team for the evaluation.   A diversity of social scientists in a research team would provide a greater array of possible research methods, instruments, and tools available for use in the evaluation of a complex program. Social workers, statisticians, geographers, anthropologists, sociologists and historians each bring different, valuable perspectives and methods to the evaluation.

4) Engage key stakeholders- CSS staff, partner service agencies and, most importantly, residents- in implementing the evaluation and explicitly inform them about eh evaluations goals.   This is especially important for a successful implementation evaluation, as these stakeholders not only are the subjects of the study and the sources of evaluation data, but can potentially provide of valuable ideas for program improvement.   Strategies should be developed and employed to educate and empower residents, so that they feel that they have ownership of evaluation; they need to know that the study is designed to help LMHA better serve them and future residents and that their input can inform program changes and they are not just data sources.   Provide opportunities for evaluators to regularly engage with CSS staff and partner agency staff to get staff perspectives on implementation and discuss strategies for program improvement.

5) As identified in the Sheppard Square HOPE VI application, interim reports should be regularly provided by the evaluators. LMHA should develop a schedule for interim reports with specific short-term research questions to be addressed in each report. These reports should not only include reporting on progress towards benchmarks and goals established in the application logic model, but should involve regular updates on the implementation evaluation.

6) There are two unique resident groups affected by in the Sheppard Square redevelopment that should be specifically considered in evaluation design.

   a. The 42 households now living in Sheppard Square who were relocated from Clarksdale. These families are a valuable resource for both program evaluators and LMHA, as they have experienced HOPE VI relocation once and will do so again, and could have theoretically used the CSS program for 11 years by the time the Sheppard Square grant period ends (They have receive LMHA HOPE VI CSS services at Sheppard Square since 2005.)   Evaluating these families as a separate subset of the study could prove valuable, as they will have experience the trauma of forced relocation twice, but also the benefits of extended social service exposure.

   b. The evaluation plan must have specific strategies and methods for working with Sheppard Square's population of 330 Somali and Somali Bantu residents. As observed by the US Department of Health and Human Services,

   > Participant diversity can present a significant challenge to an evaluation effort. Instruments and methods that may be appropriate for some participants may not be for others. For example, written questionnaires may be easily completed by some participants, but others may not have adequate literacy levels. Similarly, face-to-face interviews may be appropriate for some of the cultural groups the program serves, but not to others. (US Department of Health and Human Services 2010, 40)

   It is imperative that evaluators employ appropriate translators and recognize the language differences amongst Sheppard Square Somali residents (Maay-Maay, Kigua, & Somali).   Because most Somali residents of Sheppard Square are refugees, it is important to recognize how mobility and housing instability affected them during their emigration to the US, and recognize that the forced relocation required by the HOPE VI redevelopment of Sheppard Square might become traumatic to refugees based on their personal histories.   It is also important to recognize that scholars contend that Somali refugee populations mitigate challenges they face through participation in large, loosely-familial community networks (Abu-Laban 2005; Danso 2002; Guerin, et. al. 2003; Hadjiyanni 2007) and that such networks have been developed at Sheppard Square. The evaluators should try to assess the impact relocation will have on Sheppard Square Somali residents' culturally-important social networks, if they are sustained after relocation, and the aids and barriers encountered by residents in the maintenance of those networks.

7) Employ a more thorough, geographic analysis of resident relocation. Map where residents moved.[5] Provide a quantitative analysis comparing Sheppard Square to new neighborhoods in terms of quality of life (e.g crime rates, public health data) and socioeconomic (median family income, poverty rate, demographic data) indicators. This analysis should enable LMHA to determine if the Sheppard Square HOPE VI relocation met its goals of "1) creating off-site housing in areas of low-poverty and low-minority concentration and 2) reinvesting within the site's surrounding neighborhood" (LMHA 2010, 79).

8) Seek viable examples from other Public Housing Authorities that could provide effective models for program evaluation design. Researchers from the University of Washington, Daniel J. Evans School of Public Affairs have over 10 years' experience conducting evaluations of HOPE VI programs for the King County Housing Authority, the Seattle Housing Authority, and the Bremerton Housing Authority in the state of Washington. Their research, while mixed-method, is particularly effective at evaluating resident perspectives of and experiences with HOPE VI redevelopments.

These evaluations (that vary in their specific research objectives), ask research questions similar to the Clarksdale HOPE VI evaluation, but are much more thorough in their collection and analysis of qualitative data, particularly that which is focused on resident experiences. The developments where they conducted research also had large immigrant/refugee populations, and these researchers' experience with immigrant groups could possibly assist LMHA in and its evaluators in developing strategies for progam evaluation involving the Sheppard Square Somali community. (Kleit & Allison 2002; Kleit,& Brandt, A. 2009, Kleit, R.G., Carlson D., & Kutzmark, T. 2003; Kleit, et. al. 2010; Kleit et. al. 2011; Kleit, Reder, & Abramo 2004; Manzo, Kleit & Couch 2005) Of particular interest may be their evaluation of the Bremerton Housing Authority Westpark HOPE VI redevelopment. It is currently in its third year of a four-year evaluation, and evaluators have issued two interim evaluation reports thus far, each with different research questions. This project could possibly supply valuable models for research design and timelines, budgets, and evaluation implementation. It may be beneficial to contact the Washington PHAs that commissioned these studies to discuss models for evaluation, data collected, and how they employed evaluation results.

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[5] If concerned about resident anonymity, maps could be created indicating the number of relocated Sheppard Square residents living in each census block group or tract.

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