The Department is interested in learning about recent locally initiated demonstration projects and program or policy initiatives in your district that you have found to be successful in improving client outcomes or reducing costs. We plan to compile a list of these programs and share it with all districts, in efforts to help them in designing programs that more effectively and efficiently serve clients in this time of fiscal austerity.

We also would like to know about any program evaluations being conducted in your district. This information will help the Department and other districts avoid duplication in our research efforts and to more efficiently allocate resources in this area. With regard to evaluation, the Department would also like to learn whether technical assistance from the state would be useful to you in evaluating your programs. The Department may be able to provide advice on sampling, questionnaire construction, selection of comparison groups, and other topics pertaining to evaluation design.

Please complete the enclosed survey form and return it to the following address by July 15, 1991.
New York State Department
of Social Services
Office of Program Planning, Analysis, and Development
40 North Pearl Street
Albany, New York 12243

The results of the survey will be sent to you when they are available. We believe you will find them useful in planning new programs and policies that will better meet the needs of your clients.

If you have any questions about the survey, or are interested in technical assistance, please feel free to call George Falco of the Office of Program Planning, Analysis and Development at 1-800-342-3715, extension 4-9487.

Thank you very much for your time in completing this questionnaire.

______________________________
Gregory M. Kaladjian
Executive Deputy Commissioner
SURVEY OF DEMONSTRATION PROJECTS, PROGRAM OR POLICY INITIATIVES,
AND PROGRAM EVALUATIONS

A. Demonstration Projects and Program or Policy Initiatives

Please describe below any demonstration projects and policy or program initiatives in your district that: (1) were implemented in the past 3 years; and (2) appear to be particularly effective in improving client outcomes or generating cost savings. Please be sure to include in your description information on the types of services provided, approaches used, and client groups served, as well as other information you consider to be important. Space is provided to describe up to 5 projects. If you would like to include information on more than 5 projects, please attach additional sheets.

Project Number 1

Program Name ____________________________________________________________

Objective _______________________________________________________________

________________________________________________________________________

Description _____________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Significant Accomplishments _____________________________________________

________________________________________________________________________

________________________________________________________________________

Project Number 2

Program Name ____________________________________________________________

Objective _______________________________________________________________

________________________________________________________________________

Description _____________________________________________________________

________________________________________________________________________

________________________________________________________________________
Significant Accomplishments _____________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Project Number 3

Program Name ____________________________________________________________

Objective _______________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Description _____________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Significant Accomplishments _____________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Project Number 4

Program Name ____________________________________________________________

Objective _______________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Description _____________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Significant Accomplishments _____________________________________________
________________________________________________________________________
________________________________________________________________________
Project Number 5

Program Name ____________________________________________________________

Objective _______________________________________________________________

_________________________________________________________________________

Description _____________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

Significant Accomplishments _____________________________________________

_________________________________________________________________________

_________________________________________________________________________

B. Program Evaluations

Please describe below all of the program evaluations that are currently being conducted in your district. In your description please include information on research design, sample size and composition, and especially whether any comparison groups or conditions are being used to judge impact. Space is provided to describe up to 5 evaluations. If you would like to include information on more than 5 evaluations please attach additional sheets.

Evaluation 1

Name of program being evaluated _________________________________________

Who is conducting evaluation? [ ] local staff [ ] state staff
[ ] outside contractor

Description of evaluation _______________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________
Evaluation 2
Name of program being evaluated ________________________________

Who is conducting evaluation? [ ] local staff [ ] state staff
[ ] outside contractor

Description of evaluation ________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Evaluation 3
Name of program being evaluated ________________________________

Who is conducting evaluation? [ ] local staff [ ] state staff
[ ] outside contractor

Description of evaluation ________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Evaluation 4
Name of program being evaluated ________________________________

Who is conducting evaluation? [ ] local staff [ ] state staff
[ ] outside contractor

Description of evaluation ________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Evaluation 5

Name of program being evaluated ____________________________________________

Who is conducting evaluation?          [ ] local staff [ ] state staff
                                            [ ] outside contractor

Description of evaluation _________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

C. Technical Assistance

Would technical assistance from the Department with regard to program evaluations be helpful to you?

[ ] Yes     [ ] No

Please list the programs that you would like us to help you evaluate.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please describe the types of technical assistance that would be most helpful to you.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________