

PREPARED STATEMENT OF OLIVIA A. GOLDEN

Mr. Chairman, Senator Dodd, and members of the subcommittee, my name is Olivia Golden, and I am currently Senior Fellow and Director of the Assessing the New Federalism project (a multi-year, nationwide study of low-income children and families) at the Urban Institute, a nonprofit, nonpartisan research institute in Washington, D.C.¹ I am honored by the opportunity to appear before you today to discuss the Head Start program, effective strategies for Federal monitoring, and the content and recommendations of the GAO's recent report regarding a Comprehensive Approach to Identifying and Addressing Risks.

My perspective on Head Start, on programs that serve low-income children and families, and on tough and effective management to support accountability has been shaped by my experiences as a researcher and a practitioner at the Federal, State and local levels. Immediately before coming to the Urban Institute, I directed the District of Columbia's Child and Family Services Agency. Before that, I spent 8 years at the U.S. Department of Health and Human Services, as Commissioner for the Administration on Children, Youth, and Families and then as Assistant Secretary for Children and Families. During those 8 years, I was a member or chair of three expert committees charting the future of Head Start. In 1993, I was a member of the bipartisan Advisory Committee on Head Start Quality and Expansion, which included both majority and minority staff to this committee as well as staff from both parties to three other House and Senate committees. The Advisory Committee's unanimous Final Report provided extensive recommendations, including a rigorous blueprint for monitoring program and fiscal quality and strengthening Federal oversight capacity. In 1994, I chaired the Advisory Committee on Services for Families with Infants and Toddlers, which created the overall design for Early Head Start. And in 1999, I chaired the Advisory Committee on Head Start Research and Evaluation, which provided an overall framework for the design of the Head Start impact study. We are all eagerly awaiting the first report from that study.

In my testimony today, I will focus primarily on effective strategies for building the strongest possible Federal oversight role to support high-quality, fiscally accountable, programmatically successful, and well-managed Head Start programs across the country. As a result of reforms put in place by HHS and the Congress—beginning with the bipartisan 1993 Head Start Advisory Committee, the 1994 Head Start reauthorization, and the 1996 publication of tough, research-based performance standards and continuing across two administrations—**Head Start has the most rigorous standards and the most intensive monitoring of any human services program that I am aware of.** This emphasis on accountability by HHS and the Congress paid off in clear quality control results during the late 1990's: for example, as the GAO report indicates, 144 grantees were terminated or relinquished their grants between 1993 and 2001, a historically unprecedented number.

GAO's report provides useful next steps for the Federal oversight role that build on these earlier reforms. The report does not, however, provide a clear picture of the number or proportion of Head Start programs with serious fiscal problems, because it shows the percentage of programs with even one monitoring finding, rather than grouping programs by frequency or severity of findings. Based on the Head Start Bureau's annual monitoring reports, about 15 percent of grantees have serious problems, including both programmatic and fiscal problems. Whatever the current numbers, any serious failures in fiscal accountability need to be forcefully addressed.

The GAO report contributes to this effort by identifying gaps in Federal oversight—in particular, how the Federal implementation of monitoring doesn't live up to the rigorous design—and by providing practical recommendations for improvement. The implementation challenges highlighted in the report—such as effective use of early warning information, consistent decisionmaking across central office and the regions, and closing ineffective programs on a prompt timetable yet with appropriate due process—are not limited to any one Administration or even to one program. In my own experiences both with Head Start monitoring and with designing and implementing monitoring systems for other programs and at other levels of government, these same challenges have arisen. For that reason, I believe that the GAO's practical recommendations for next steps are particularly useful and that thoughtful implementation of these recommendations, with some additional suggestions and modifications that I suggest below, should help Head Start programs live up to the very highest levels of accountability.

¹The views expressed in this testimony are those of the author and should not be attributed to the Urban Institute, its trustees, its employees, or its funders.

Why Accountability Matters: The Research Context and the Role of Head Start

Before turning to these specific suggestions about monitoring, I would like to highlight briefly two broader themes from the research. To me, these themes—(1) that Head Start serves extraordinarily vulnerable children and families and (2) that it makes a positive difference for them—underline the whole reason accountability is so important. In a program with such a critical mission, and such a history of success for the most vulnerable children in good times and bad, we must ensure that Federal oversight lives up to the importance of the mission, both demanding and supporting strong programs.

First, Head Start serves extremely vulnerable children and families, who experience considerable disadvantage and often multiple and complex problems. Children enrolled in Head Start may suffer from various health conditions and disabilities, live in families that have difficulty finding and keeping stable housing, and experience violence in their families and neighborhoods. For these children, improved learning and cognitive development require extremely high-quality services that follow the comprehensive model laid out in the Head Start performance standards.

For example, a survey of a nationally representative sample of Head Start families in 2000 found that 25 percent of parents were moderately or severely depressed, more than 20 percent of parents had witnessed violent crime, and parents reported that almost 10 percent of their children had witnessed domestic violence in the last year. According to the researchers, “preliminary findings suggest that Head Start may play a role in protecting children from the negative outcomes associated with family risk factors, including maternal depression, exposure to violence, alcohol use, and involvement in the criminal justice system.”²

Second, Head Start programs overall make a positive difference for these very disadvantaged young children and their families. Both past and recent research, such as the rigorous, random assignment evaluation of Early Head Start, demonstrate Head Start’s positive results for children and the generally high quality of its programs when observed and compared with other early childhood programs. For example,

- A rigorous, randomized assignment evaluation of Early Head Start found that compared to a control group, 3-year-olds who had attended Early Head Start had higher average scores and a smaller percentage at-risk in language development, higher average scores and a smaller percentage at-risk on tests of cognitive development, and better home environments and parenting practices (for example, more reading to young children).³

- Studies of Head Start using a variety of methods (for example, comparing siblings who have been in Head Start with those who have not) also show positive results for children. Soon, the results of the random assignment study of Head Start—designed by the committee I chaired in 1999—will be released. This study should provide more up-to-date information about the effects of Head Start for today’s children, compared with being in other programs or at home.

- When researchers score Head Start classrooms across the country using standard indicators, they generally find them good and quite consistent in quality. A recent study that observed classrooms in six State pre-k programs found that the overall quality of these classrooms was lower than in similar observational studies of Head Start.⁴

- Low-income children are less likely than higher-income children to get the benefits of high quality pre-school or child care settings. This disparity would be far greater without Head Start, especially for the poorest children. Research conducted through the *Assessing the New Federalism* project at the Urban Institute has found that low-income 3- and 4-year-olds are less likely to be in center-based care (including preschool) than higher-income children. Because of the research evidence suggesting that quality center-based care can help children prepare for school, the re-

²Administration for Children and Families, Office of Planning, Research, and Evaluation. April 2003. *Executive Summary for Head Start FACES 2000: A Whole-Child Perspective on Program Performance*, p. 8.

³Administration for Children and Families. June 2002. *Making a Difference in the Lives of Infants and Toddlers and Their Families: The Impacts of Early Head Start. Executive Summary*, pp. 3–4.

⁴Donna Bryant, Dick Clifford, Diane Early, and Loyd Little. 2005. “Who Are the Pre-K Teachers? What Are Pre-K Classrooms Like” *Early Developments* 9(1): 15-19. Published by the FPG Child Development Institute at the University of North Carolina at Chapel Hill.

searchers conclude that this “disparity . . . may represent a missed opportunity to assist low-income children in becoming school-ready.”⁵

The Accountability Agenda: Lessons from Experience

The reforms in Head Start quality and accountability that were driven by the bipartisan Advisory Committee of 1993 and the Head Start reauthorizations of 1994 and 1998 provide a very rich source of lessons about strong Federal oversight—both what works and what issues are perennially difficult and need to be revisited often. The central theme is that holding Head Start programs to high standards, including closing those that can’t meet the standards, can be done. It takes strong, focused, and hands-on Federal oversight that includes both monitoring and technical assistance.

The reforms grew out of the widespread concern that after several years of expanding the number of children served in Head Start *without* corresponding investment in program quality or in the training and development of Federal staff, the quality of local Head Start programs, while generally good, had become uneven. The charge of the 1993 Advisory Committee—whose members in addition to Congressional staff from both parties and both houses included experts with experience in academia, the Federal Government, State and local early childhood programs, and the broader health and education worlds—was to provide recommendations for both improvement and expansion that would reaffirm Head Start’s vision of excellence for every child. The extensive and specific recommendations in the unanimous report covered every area of quality improvement, from local programs to Federal staff. Many of the recommendations were incorporated into the 1994 Congressional reauthorization of Head Start, and others were implemented by HHS without requiring legislative authority.

Five specific lessons from this experience seem to me particularly important as Congress and the Administration consider implementing the GAO’s recommendations:

1. The foundation for strong Federal oversight—and of results for children—is the tough, rigorous, and research-based requirements of the Head Start performance standards.

The Advisory Committee recommended and the 1994 Head Start Reauthorization required a major overhaul of the Head Start regulations that define what is expected of local programs (regulations that are known as the Head Start Performance Standards) to raise the bar for the quality of both service delivery and management. The final regulations, published in 1996, thoroughly revamped and strengthened the performance standards across many dimensions. For example, they:

- raised standards for program management, including fiscal accountability and governance;
- brought standards for service delivery into line with the latest research;
- created new standards which had not existed before for the quality of services to infants and toddlers.

Thus, many of the rigorous fiscal, board governance, and reporting standards discussed in the GAO report are in place now because of this important revision of the performance standards. For example, as part of their fiscal and governance standards Head Start programs are expected to ensure that their governing board *and* the parent policy council approve funding applications and review the annual audit.

Rigorous standards are important not only because they hold programs accountable and form the basis of a coherent monitoring strategy but also because emerging research suggests a link between strong implementation of the standards and positive results for children. As part of the Early Head Start evaluation mentioned above, researchers assessed program implementation of key elements of the performance standards during indepth site visits. They found evidence that “full implementation [of the performance standards] contributes to a stronger pattern of impacts.”⁶

2. Terminating grantees and aggressively negotiating relinquishments are appropriate, important, and realistic steps for HHS to take when a grantee cannot successfully resolve its problems and meet fiscal and program standards. Hands-on leadership is key to using this authority effectively.

Stronger authority for HHS to terminate grantees who cannot meet standards was recommended by the 1993 Advisory Board and included in the 1994 Head Start

⁵Jeff Capizzano and Gina Adams, 2003. “Children in Low-Income Families Are Less Likely to Be in Center-Based Child Care.” *Snapshots of America’s Families III*, No. 16. Washington, DC: The Urban Institute, p. 2.

⁶Administration for Children and Families (June 2002), p.6.

Reauthorization. As a result, the 1996 revision of the performance standards provided a framework and a tight time limit—no more than 1 year—for grantees with serious problems (called “deficiencies”) to solve those problems or face termination. As GAO indicated in its 1998 report assessing HHS oversight soon after the regulations, the agency moved quickly and aggressively to use this new authority, with 90 grantees terminated or voluntarily relinquishing their grants by the time of the 1998 report. The GAO report also noted the experience of HHS officials that the termination authority helps them negotiate voluntary relinquishments, which can be the quickest and smoothest path to a transition.

While I was at HHS, I found that hands-on involvement from agency leadership was very helpful in reinforcing the new expectations. In one example, I flew to Denver to speak with parents and Board members about the gravity of our monitoring findings, so they could make a more informed choice about whether the grantee should relinquish the grant in order to achieve better services for children. In that example, the grantee relinquished the grant, and a transitional grantee ensured that services to children continued uninterrupted while the grant was recompeted.

GAO recommends in its report an additional approach, besides termination and relinquishment, to ensure the replacement of grantees who cannot successfully serve children. The comments provided by the Administration on Children and Families express serious legal concerns about this approach, which involves changes in the recompetition of Head Start grants. I am not qualified to comment on the legal issues, but I would note that the existing approaches, termination and voluntary relinquishment, exercised with strong leadership and under a tight timetable, have in my view proved effective at raising the bar on program quality and compliance.

3. The goal of the Federal oversight strategy is good results for children. To achieve this goal, continuity for successful grantees is just as important as turnover for unsuccessful grantees. This means that strong technical assistance—high-quality, well-tailored to grantee needs, and available promptly on request—is a critical partner to strong monitoring in the Federal oversight strategy. It also means that recompetition of Head Start grants should be limited to unsuccessful programs.

A very important lesson from the deliberations of the Advisory Committee, reinforced for me by my own research and practice experience, is the value to children and families of continuity over time in a quality Head Start program. The Advisory Committee found that an effective Head Start program needs to be a central community institution for poor families: it has to link services that vulnerable children need in order to learn, such as health care, mental health services (for example, when young children have experienced family or neighborhood violence), and help for parents who may be young, overwhelmed, and struggling to support their children. For a Head Start program to do a truly excellent job at linking children to needed services takes time, patience, and a consistent set of players in a community, sometimes over many years. As a result, just as constant staff turnover can jeopardize quality services for children, turnover in a program can set back quality for many years, as new players get to know each other and readjust their priorities. In my own research, not specifically focused on Head Start but on communities around the country that created successful partnerships to serve both parent and child in poor families, I found that longstanding relationships among people involved in the work over many years were an important ingredient of success.

Continuity also matters because the lives of poor children, families, and communities are unstable in so many ways that the Head Start program may be the one critical source of stability. From my experience in child welfare, where I directed an agency that serves abused and neglected children, I became convinced that a high quality Head Start or Early Head Start program can be a source of consistent stable relationships for babies, toddlers, and preschoolers who are moving around from home to foster care and back as a result of abuse or neglect. Given what the research tells us about the importance of consistent relationships to cognitive development in early childhood, this role is crucial.

Therefore, it is just as important to a successful Federal oversight strategy to make sure strong programs continue to succeed as it is to make sure failing programs are replaced. As the Advisory Committee made clear in its very first recommendation regarding Federal oversight, this means placing a priority on responsive, up-to-the-minute, technical assistance capacity easily available to local programs and closely linked to program and management priorities. When programs have strong capacity and a strong track record in serving children, the Federal oversight responsibility must include making sure that a small problem doesn’t grow until it threatens a program’s continued success. And as new issues emerge across the country, the technical assistance system must be able to respond flexibly and effectively.

At HHS, when we revamped and invested in technical assistance in response to the Advisory Committee report, we learned to consider technical assistance early in every one of our initiatives. For example, in implementing the current GAO report, HHS might consider whether the early risk assessment strategy would have its greatest impact paired with rapid-response technical assistance, so a program could get help as soon as the risk assessment set off alarms. While I was at HHS, we used a variation on this strategy in the field of child welfare, seeking to make sure that when we implemented more rigorous child welfare reviews, technical assistance to address newly identified problems would be rapidly available.

4. The Federal oversight strategy needs to integrate fiscal accountability with program accountability at every level and stage—in staff training, in the design of monitoring, and in additional elements of the strategy such as the comprehensive risk assessment or the analysis of improper payments proposed by GAO. Focusing on fiscal accountability without also emphasizing program accountability and results for children can lead, in the words of GAO’s 1998 report on Head Start monitoring to “hold [ing] local Head Start programs accountable only for complying with regulations—not for demonstrating progress in achieving program purposes.”⁷ Looking at the two kinds of accountability together, on the other hand, can lead to successful solutions that help programs serve children better and more efficiently.

Local programs providing Head Start services, like all publicly funded human services programs serving children with complex needs, often face questions about how to meet child and family needs and yet stay within fiscal reporting and accounting requirements. For example, when Head Start programs collaborate with other local programs—such as a mental health clinic that can help children who have experienced violence in the home—they often face questions about what services they should pay for from the Head Start grant and what services should come out of the other agency’s funding stream.

For these and many other questions that come up regarding fiscal accountability, it is important to find solutions that support program creativity and innovation *as well as* fiscal accountability. The worst outcome is to have different program and fiscal experts or monitoring reviewers provide conflicting advice. Conflicting responses create the kind of unfairness that GAO cites, where different programs get different treatment, and they also chill innovation, because many programs won’t want to risk innovation without knowing how reviewers will judge it. The best outcome is for fiscal and program experts to work together to develop solutions to the real problems programs face.

Integrated training for fiscal and program reviewers is also likely to reduce the inconsistencies reported by GAO in assessing program findings and deficiencies. Among the many reasons that people interpret regulations differently, one is the different focus of “compliance-oriented” fiscal reviewers and “results-oriented” program reviewers. For this reason, it is especially helpful to address potential conflicts explicitly in advance.

5. Finally, a key step in implementing the GAO recommendations will be a focus on Federal staff in both central office and the regions: their training and professional development, staffing levels, and administrative support (such as travel resources), as well as strategies to make Federal decisionmaking more consistent. These are difficult issues that have not been solved yet, either in Head Start or in most other monitoring programs, but there are promising examples to draw on.

While I was at HHS, we tried a number of approaches to these dilemmas—investing in Federal staff despite very tight administrative budgets and promoting consistent decisionmaking—but there is much left to be done. One promising approach that we implemented might offer lessons for today’s strategies, because it aimed both to use Federal dollars more efficiently *and* to achieve program goals, including Head Start accountability. Specifically, we chose to divide the ten regions into five pairs, each with one larger “hub” region and one smaller region, and to design some of the Head Start monitoring strategies across the two paired regions. We used this approach to allocate resources more efficiently and to ensure that if we thought it appropriate, the monitoring team leader for a particular review could be from the region that did not directly oversee the grantee. This allowed the selection of a team leader who was familiar with the geographic area but not involved with the individual grantee.

In summary, a well-designed system of Federal oversight for Head Start must

⁷ U.S. General Accounting Office. 1998. *Head Start: Challenges in Monitoring Program Quality and Demonstrating Results*, p. 3.

- set the bar high, through rigorous and research-based standards;
- ensure through aggressive and hands-on management that unsuccessful programs are promptly replaced;
- ensure prompt and high-quality technical assistance, to promote continuity and steady improvement for successful programs;
- integrate an emphasis on management with an emphasis on results for children, in order to support creativity, innovation, and fiscal responsibility;
- use multiple approaches to strengthen Federal staff capacity.

For more than 40 years, the Head Start program has played a critical role for the Nation's most impoverished and vulnerable children, continuing to evolve and innovate to respond to increasingly complex family needs. For Head Start to continue this success into the future requires an equally strong, innovative, and vigorous Federal oversight role. I appreciate the subcommittee's commitment to ensuring the continued strength of this Federal role, so that Head Start can build on its record of making a difference to America's poorest young children and their families. Thank you for the opportunity to offer suggestions for further improvements, and I look forward to any questions you may have.

RESPONSE TO QUESTIONS OF SENATOR ENZI BY OLIVIA GOLDEN

Thank you for the opportunity to testify before the subcommittee and for the opportunity to answer these additional questions.¹

Question 1. You made reference to the GAO recommendations and the effects you believe they will have on ensuring program accountability. You have also made specific additional recommendations that would focus on the local level, either the grantee or local governments. How do you see Congress supporting the efforts of communities and organizations like yours to implement the recommendations made by the GAO?

Answer 1. Both GAO's report and my testimony focused on Federal accountability: how the Federal Government can best ensure that local Head Start programs live up to the high standards that are key to the success of Head Start. In my testimony, I provided five broad themes that I recommended Congress and HHS keep in mind as they implement GAO's recommendations. I appreciate the opportunity to address the implications of these themes for local as well as Federal quality and accountability.

First, I emphasized the critical role that Head Start's tough, research-based performance standards have played in the program's success. I stressed that Congress should ensure a continued commitment to those standards. In addition, to support local grantees in meeting these standards, Congress could examine whether they consistently have the tools to do so, including both the knowledge and resources. Key provisions in the statute for achieving these aims are the quality set-aside and the technical assistance set-aside, discussed more fully below. Clearly, the effectiveness of these set-asides, particularly the quality set-aside, which is a percentage of expansion dollars, depends not only on the authorizing statute but also on the level of appropriations. Congress may want to review the evidence from the last several years to determine whether the absence of resources dedicated to quality has made it more difficult for programs to meet the performance standards.

Second, I emphasized in my testimony that when local Head Start programs do not succeed in meeting the standards, a hands-on Federal role is key to terminating them. At the hearing, local witnesses argued, in at least two of the three examples, that Federal involvement was "too little, too late." Whether this is an issue of Federal resources, training and skills of Federal staff, or priorities is hard for an outside observer to know. But the Congress may want to focus on enhancing training, skills, and possibly staffing levels for the Federal functions that directly support Head Start grantees, including but not limited to monitoring.

Third, I emphasized the critical role of Federal technical assistance in ensuring continuity for good Head Start programs. In addition to the broad availability of technical assistance to all programs, I suggested targeting high-quality and immediately available technical assistance to programs identified as at risk through GAO's proposed early-warning system. At the hearing, the testimony of the local witnesses seemed to me to support this idea of immediate, high-quality technical assistance as soon as problems are identified. (For example, in the case of Shelby County, Tennessee, the Mayor was the grantee yet apparently perceived that he was not able to get timely and helpful Federal assistance in enforcing accountability on his delegate agencies.) These observations about the role of high-quality, responsive,

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and timely technical assistance in accountability and performance suggest the continuing importance of the technical assistance set-aside in the Head Start statute.

Question 2. A common theme in this hearing is that the Head Start program is a direct Federal to local program. That's been the model for the program since its inception, roughly 40 years ago. Have we come to a point where a State or local role would be appropriate, such as allowing States to compete for Head Start grant funds?

Answer 2. The goal of Head Start is to help children get ready for school, through a strong classroom program, active parental involvement, and comprehensive services that help children learn. To achieve that goal, as noted in the question, the community-level focus of Head Start has been a central feature of the program's design since its inception. A Head Start program that is strongly grounded in the local community will be able to recruit extremely disadvantaged families who may be suspicious of other institutions, engage parents in their children's education and well-being, and develop linkages with other local programs and institutions that ensure Head Start children and families get the services they need, such as family support, health, and mental health services. For all these reasons, I believe that Head Start's community-based, Federal to local, design is a key programmatic strength.

Given this community-based design, strongly underlined in the performance standards, I do not think that State Agencies would be appropriate applicants for Head Start grants. In addition, as I suggested earlier in these responses and in my testimony, other key elements of quality supported by the research are the strong and consistent Federal performance standards and the strong Federal monitoring and technical assistance infrastructure. Thus, the current Federal to local design builds in the elements that research suggests are most important for quality: close connection to the family and community on the one hand, along with high, research-based standards implemented through technical assistance and monitoring on the other.

However, I think that many kinds of partnerships between State Agencies and local Head Start programs are key to enhancing child and family well-being. Many of these partnerships already exist and others can be encouraged through the mechanism of the State collaboration grants, as described below. For example, in those States that fund early childhood activities for infants, toddlers or preschoolers, including pre-kindergarten programs, a range of partnerships are possible: Head Start programs may compete for these State grants, or may share materials and training opportunities with other local providers, or may develop strategies for funding programs together that can reach more children or reach children for a longer school day or year than any of the programs could do alone. In addition, State Medicaid programs and other health care services for low-income children and families are key partners for Head Start as well as for other early childhood programs.

Question 3. As you all know, each State operates a collaboration office. What role do you see those offices playing in helping to improve the accountability process and more successfully integrating programs with a common interest across State and local boundaries?

Answer 3. Through the bipartisan commitment of the Congress in the 1994 reauthorization, I am very proud that while I was at HHS, we were able to follow the recommendation of the Advisory Committee on Head Start Quality and Expansion and expand the State collaboration grants from just over 20 States to all States. The State collaboration offices have an important role to play in improving results for children, particularly at a time when States have shown considerable interest in investing in programs for young children and when there are promising examples of collaborations that link Head Start, child care, and other early childhood education programs for the benefit of children. Drawing on the lessons from these examples as well as promising experiences in related fields, I would suggest several particularly useful areas for the State collaboration offices to focus on:

a. In terms of accountability, one promising role for the collaboration offices is to work with States that fund early childhood programs toward strong, rigorous, research-based quality standards across multiple programs—for example, incorporating the Head Start performance standards into State approaches to funding model infant-toddler or pre-K programs.

b. A related role is to expand joint training opportunities, where staff in multiple early childhood programs, including Head Start and state-funded programs, receive high-quality training in the development and education of young children, parent involvement and family support, or management topics that are shared across the different settings.

c. The collaboration offices should be exploring a whole range of strategies for helping all programs reach for and achieve high standards of quality. For example, they may be able to identify ways to more fully involve the State's higher education system in preparing the early childhood workforce, working with Head Start and state-funded programs to place students in internships, and providing quality assessments that help programs figure out where they are strong and where they could improve.

d. In terms of integrating systems, one way for the collaboration offices to improve the quality of care for all children is to work toward statewide memoranda of understanding that can connect both Head Start programs and state-funded child care and early childhood programs to other services that all need, such as health and mental health services funded by Medicaid or other State programs.

I very much appreciate the opportunity to testify as well as the opportunity to answer these additional questions. Please feel free to e-mail me (at ogolden@ui.urban.org) or call (202-261-5699) if I can provide any additional information.