

**To:** Leroy McKinney  
**From:** Anne Fletcher  
**Date:** March 31, 2010  
**Subject:** *The Impact of Various Housing and Services Interventions on Homeless Families:*  
 Response to Comments from OMB on the Supporting Statement for Paperwork  
 Reduction Act

On Tuesday, March 9<sup>th</sup>, HUD/PD&R hosted a conference call with OMB in regards to the data collection request for the HUD-funded study of *The Impact of Various Housing and Services Interventions on Homeless Families*. This memo summarizes the revisions/edits that have been made to the Supporting Statement, as well as the baseline survey instrument (Appendix B), based on comments received from OMB.

The majority of edits to the supportive statement are summarized in the table below:

Page #	Section	Revisions
4	A.2.1	Language was revised to reflect that the follow-up survey will be submitted as a <i>new collection</i> as opposed to a “modification of this supporting statement.”
13	A.8	Dates and document numbers were inserted to reflect the publication dates of the Federal Register Notices. The paragraph was also updated to reflect that HUD received no comments during the public comment period.
13	A.9	OMB raised a question regarding the amount of baseline survey incentive fee seeming high (\$35). HUD has opted to keep the value of the incentive at \$35- additional justification for the value is included below.
14	A.10	OMB asked for copies of each citation to be included with the supporting statement. These are now included as Appendix H.
14	A.10	OMB inquired about the reference to 5 U.S.C. 522(a) (Privacy Act of 1974), and asked about the system in which the data collected under this ICR would be stored. HUD has determined that since this will be a new system designed to capture data collected for this specific study, the Department will need to publish a Systems of Records Notice (SORN) in the Federal register. This process has begun internally and is noted in the revised supporting statement.
16	A.10.2	OMB asked about the status of the NIMH Confidentiality Certification that has been recommended by the Contractor. HUD will pursue this certification, but cannot complete the paperwork to do so until such time as the site selection process is finalized, and the IRB process is completed.

31	B.4	OMB requested a copy of the pretest report prepared for HUD. It is now included as Appendix I.
B-34	L	OMB requested edits to the race question included in the demographics section of the baseline survey (Appendix B). These edits have been made and are included in a revised Appendix B.

**Question Regarding Baseline Survey Incentive Fee**

OMB noted that the \$35 proposed incentive fee for completion of the baseline survey seemed higher than the average incentive fee offered in typical HUD data collection efforts. However, given the high mobility among the homeless population, and the critical nature of maintaining contact with enrolled families, we have opted to keep the incentive fee at \$35. Incentive payments are a powerful tool for maintaining low attrition rates in longitudinal studies, and this is especially true for families who will be assigned to the usual care group and who will not receive housing and services from designated program providers as will be true for assignees to PBTH, CBRR and SUB. The assigned programs may provide a supplemental source of contact information for those study participants. In addition to the \$35 that respondents who complete the baseline survey will receive, we also will provide a \$10 incentive to all sample members who complete each tracking interview. This modest incentive shows participants that we value and appreciate the time they take to respond to requests.

The use of incentive payments is included in the design to help ensure a high response rate, which is necessary to ensure unbiased impact estimates. Low response rates increase the danger of differential response rates between the treatment groups, leading to noncomparability between the groups and potentially biased impact estimates. Sample attrition is of particular concern for this study since families are enrolled in the study after experiencing homelessness and residing in an emergency shelter. The population is expected to be mobile over the follow-up period, and providing an incentive can help to ensure the families keep the research team informed as they change residences over the study period.

**Question Regarding Cost Effectiveness Aspect of the Study**

OMB asked: *“How does HUD plan to gather information on the cost of these housing intervention programs and other homelessness services? How does it plan to match this information with the various treatment groups to determine their cost-effectiveness? It would seem that this would require tracking revenue streams that vary from individual private charitable donations to federal expenditures. Does HUD believe that the data gathered will allow HUD to determine the true cost-effectiveness of the programs included in the study? If so, does HUD believe that this can be generalized to the broader population of housing intervention programs? In a nutshell, what are the potential limitations of the data to be gathered on cost-effectiveness.”*

The goal of the cost-effectiveness analysis that will be conducted under subsequent Task Orders for this study is to estimate impacts of the study interventions across a wide variety of outcomes and compare these to the costs per family treated in each of the study interventions. This will provide policymakers with information about the costs of the interventions per unit of impact to understand better how the impacts of the housing and services interventions are related to costs. Because the interventions studied are not expected to be representative of the universe of homeless assistance programs, and the communities selected to conduct the study are not being selected to represent the homeless family population as a whole, we do not anticipate that findings from the analysis of cost-effectiveness to be completed for this study will be generalizable to the broader population of housing intervention programs. Nevertheless, it will be of interest to policymakers to understand, for the group of programs tested in this study, how the costs of the interventions compare to impacts.

We do not envision trying to track revenue streams/funding sources in detail as would be done for a cost-benefit analysis that looks at cost/benefit from government and societal perspective. The study will not try to assess in detail sources of funding, but instead will try to account for the costs of interventions received by each family as completely as possible, to make it possible to interpret intervention impacts with knowledge about the relative costs of the interventions. Limitations include difficulties measuring receipt of services by Usual Care group and by participants outside the assigned intervention.

To collect information on the costs of each intervention, we will document program budget and expenditure information on the following: housing subsidy amounts (including operating and capital costs of project-based programs, where relevant); supportive service provision; and program administration. We will collect information on sources of funding used to support the intervention, to validate that the costs are fully documented. To derive appropriate family unit cost (e.g., cost per day, cost per month) estimates, we will also collect general program information, such as program unit capacity (prorated for the homeless family program of interest), typical occupancy/enrollment rates, service types, and definition of a service unit. We will also collect data about the typical duration of the service for families in the program (e.g., service is provided over the entire period of participation in the housing program, service is provided for some other time period) in order to calculate the cost of the service for each family in the sample. Cost data collection will be done at a later stage in the study, to coincide with the follow-up survey (but the data collected will cover the time period when participants received the tested interventions).