INSTRUMENT 8: COST DATA COLLECTION INTERVIEW GUIDE
Evaluation of the Community Choice Demonstration

ROLE OF COST INTERVIEW WITHIN COST ANALYSIS

This interview guide will be administered to staff of Public Housing Agencies (PHAs) and mobility-related service providers participating in the Community Choice Demonstration. The purpose of the interview is to collect detailed cost data to inform the evaluation's cost analysis. This primary data collection will confirm and supplement analysis of administrative expenditure reports and records of mobility-related financial assistance.

CONSENT SCRIPT

Before we begin, I want to tell you a few things about this study and your participation in it. If you would like translated materials, or to complete the survey in language other than English, please let us know and we will try to accommodate you. If you need information to be presented in an accessible format, for example, Braille, audio, large type, or sign language interpreters, or need a reasonable accommodation (a change or adjustment) so that you can participate, please let us know. Please feel free to ask me any questions you might have. We will also [email/give] you a copy of this information.

The U.S. Department of Housing and Urban Development (HUD) hired a research team to conduct a study on HUD's Community Choice Demonstration (Demonstration) program. The research team is led by Abt Associates and includes the Urban Institute, MEF Associates, Sage Computing, Social Policy Research Associates, a team of consultants, and other researchers that may be added in the future. The research team and HUD want to determine whether and to what extent mobility-related services are effective in helping Housing Choice Voucher (HCV) holders move to higher-opportunity, lower-poverty neighborhoods.

As part of this study, we are conducting interviews with PHAs and mobility service providers that have implemented mobility-related services as part of the Demonstration. These interviews are being conducted at each of the participating sites, including [PHA]. This cost interview is one of several interviews the evaluation team will conduct with PHA [and service provider] staff. The purpose of the interview is to gather information that will allow us to understand, estimate, and document the costs of mobility-related services provided to voucher holder families as part of the Demonstration. We are not conducting an audit and we are not evaluating your agency or its services.

We will conduct interviews about costs twice over the course of our evaluation—in the first year of implementation (to review the cost of the mobility-related services initially implemented) and in the third year of implementation (to update the prior estimates). In prior correspondence, we requested request documents and files related to mobility-related services costs to date. We will request these documents annually for each subsequent year of evaluation data collection. We have reviewed the documents you already provided to prepare for this interview. During the interview, we will confirm our understanding of these documents and fill in any gaps in the information we need for our analysis. All findings will be reported back to HUD in aggregate form but given the small number of PHAs involved in the Demonstration, it may be possible to

identify specific PHAs. Evaluation reports will not include names or other identifying information of any individual staff.

I am required to tell you that the questions in this survey have been reviewed by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995. This collection of information is voluntary and will be used to evaluate the US Department of Housing and Urban Development's Community Choice Voucher Demonstration. The information requested under this collection is fully protected and kept private to the extent possible by law, including 5 U.S.C. 552a (Privacy Act of 1974) and OMB Circular No. A-130.

Public reporting burden for this collection of information is estimated to average 2 hours per individual responding, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number and expiration date for this collection are OMB #: XXX-XXXX, Exp: XX/XX/XXXX. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to XX at XXXX@XXX., or by phone at XXX-XXX-XXXX.

Do you have any questions about the study or today's discussion? *[Pause for response and address any questions]*

Do you agree to participate? *[Pause for response]*

OK, let's start.

Thank you for taking the time to talk with us today.

MOBILITY-RELATED SERVICES

1. Based on your application to participate in the demonstration, a review of monthly invoices for the program that are sent to HUD, expenditure reports you provided to us prior to the interview, and prior conversations with evaluation and technical assistance staff we have developed a list of the mobility-related services provided by your PHA as part of the demonstration.

    - Tenant-focused interventions
        - Pre-move services
        - Housing search assistance
        - Family financial assistance
            - Security deposit
            - Flexible financial assistance
                - Discuss subcategories from services tracking tool
            - Other:
        - Post-move services
        - Other: _____
        - Other: _____

- Landlord-focused interventions
  - Recruitment
  - Financial or insurance incentives
    - Lease-up bonus
    - Holding fee
    - Damage mitigation fund
    - Other: _____
  - Other: _____
- Other: _____

Are there any other services that are being provided as part of the [MOBILITY PROGRAM] that are not yet on our list? *[If yes, add services to the list and probe until the list is comprehensive. If not sure, and someone else is more knowledgeable about services provided, confirm who that person is. If the cost analysis interviews do not currently include that person, schedule an additional interview with that person, or reschedule this interview with that person present.]*

2. In assessing the costs of mobility-related services, we are interested in understanding the combined extra cost of services that are provided because a family participates in [MOBILITY PROGRAM]. This means that we need to estimate the cost of any similar services obtained by comparison group members outside of the demonstration.

   Does [PHA OR SERVICE PROVIDER] also provide any of these services, or similar services, to families that are assigned to the control group in this study?

   a. [*If yes]* Which services do they receive?

   b. Are any resources outside of the [MOBILITY PROGRAM] used to provide similar services to control group families, such as services provided before participating in [MOBILITY PROGRAM]?

   c. *[If yes]* What resources are those?

3. Do any other partner or community organizations provide these or similar services to voucher holders in your area (apart from MOBILITY PROGRAM)?

   a. [*If yes]* Which services? Which voucher holders are eligible for these services? About how many voucher holders use these services?

[If yes to either Question 2 or 3, complete "Services available to non-CMRS participants" at the end of the interview]

RESOURCES USED TO PROVIDE MOBILITY-RELATED SERVICES

I would like to begin with a high-level review of the resources used to provide mobility-related services, beginning with staffing. We will also discuss:

- financial assistance or incentives provided to households or landlords,
- any materials or incidental costs, and
- any management or overhead costs.

As we discuss costs, it may be helpful to distinguish between ***one-time start-up costs***, like hiring and onboarding staff or providing mobility-related service-specific trainings, and ***ongoing costs***, like staff salaries and costs associated with services.

Partnering Organizations

[PHAs] Different sites in the demonstration take different approaches to providing services. In some places, PHAs contract with community organizations to provide mobility-related services. In others, the PHA provides services in-house. It is our understanding that [PHA] [*pre-fill with site-specific information on any PHA partners*].

[Mobility Service Providers] It is our understanding that you provide services for the [MOBILITY PROGRAM]. However, it is often the case that some costs for some services are shared between the mobility service provider and the PHA.

[*If applicable]* As we review the mobility-related services provided, we will ask you to identify which services are provided by your organization and which are provided by a partner.

Staffing

Let's review the staffing used to provide mobility-related services. We will first review individual staffing positions by job title and average salary, and then we want to understand the link between staffing costs and invoice and expenditure reports. We understand that staffing can be in flux over time. We are looking for a best estimate of the staffing that you have used to provide comprehensive mobility-related services (CMRS) at as close to your program has been to running at full capacity.

As we ask these questions, we are interested in you providing (1) the job title that is relevant to the mobility-related services work of a staff member and (2) the average salary for the respective job title that fills that role. We do not want or need specific names or the actual salary of any particular individual. We will also ask you to estimate the proportion of the individual's time they spend providing each of the various services. Best estimates of this proportion are fine if it is not something that you normally keep track of. If you prefer, you can also get back to us with an updated estimate after discussing with staff after our interview.

[Responses to the questions 4 through 9 should be used to fill out Table 1. For each staff member identified, complete the table with the responses to questions 4 through 6.]

1. Let's start by identifying the staff positions that manage the mobility-related services for [MOBILITY PROGRAM]. How many individuals are involved in managing mobility-related services, making decisions, and generally responsible for the oversight of implementation of mobility-related services in [MOBILITY PROGRAM]?
    a. What is the job title of the position(s), and for what organization do they work?
    b. What is the average salary, or what is a typical salary range, for this position?
        i. What is the salary itself?
        ii. What is the salary when "fully loaded", including benefits, payroll taxes, etc.?

c. About how much of their time do they spend on [MOBILITY PROGRAM] (fraction of FTE, best estimate)?

d. When did this staff position begin? (And end?)

e. [*If needed*] About how many hours a week, on average, does this person spend on [MOBILITY PROGRAM], as opposed to other programs or initiatives?

f. Does this person focus on some mobility-related services more than others? If so, what percent of their time is spent on each service (best estimate)?

2. How many individuals directly provide mobility-related services?

   a. What is the job title of this position, and for what organization do they work?

   b. What is the average salary, or what is a typical salary range, for this position ("fully loaded", including benefits, payroll taxes, etc.)?

      i. What is the salary itself?

      ii. What is the salary when "fully loaded", including benefits, payroll taxes, etc.?

   c. About how much of their time do they spend on the mobility-related services (fraction of FTE, best estimate)?

   d. [*If needed*]: About how many hours a week, on average, does this person spend on mobility-related services, as opposed to other programs or initiatives?

   e. Does this person focus on some mobility-related services more than others? If so, what percent of their time is spent on each service (best estimate)?

3. Are any other staff involved in providing or supporting mobility-related services? Have there been any additional staffing requirements in other initiatives because of mobility-related services? (For example, are more staff required in other aspects of administering vouchers because mobility-related services result in more work for them in some way?)

   [*If yes, add to the table with all information addressed in questions 5a through 5e*].

4. What time period does this level of staffing cover? (e.g., FY2022, Q2-Q3 2022, etc.)

5. How do you assess your staffing levels for mobility-related services? Do you keep track of caseloads, or have some other way?

   a. How does the staffing we have reviewed compare to the staffing that would be optimal for the level of mobility-related services provided during this time?

6. Has the level of staffing changed over time? If yes, …

   a. In what time period was the staffing at the levels you have described in this interview? [*Probe to understand which month.]*

   b. How many families [have] received assistance during this time period?

   c. Please describe in general terms how staffing levels have changed? [*Probe for number of staff and time periods*]

d. Do you have any documents or reports that would help us understand how staffing levels have evolved since the beginning of the demonstration?

7. What training and onboarding processes were required for staffing to start up mobility-related services?

   a. How often do you expect to need to provide this type of training moving forward?

   b. Do you have any documents that would help us understand the cost of this training? Is it captured in the staffing time we have already discussed or in the expenditure records you have shared with us?

Table 1: Staffing Detail for Mobility-related Services

For each column with a %, specify the percent of mobility-related services time spent on specific services.

Position (Organization)	Salary/ wage range	Percent of time (FTE) spent on CMRS	Begin (and end) dates	%Pre-move	%Housing search	%Family financial assistance	%Post-move services	%Other Tenant1	%Other Tenant2	%Non-divisible	%Recruitment	%Financial or Insurance	%Non-divisible	%Other landlord1	Other 1	Non-divisible (across all type

FINANCIAL OR OTHER ASSISTANCE, INCIDENTAL COSTS, PARTNER OR IN-KIND COSTS

Now let's turn to other types of costs of mobility-related services. These could include, for example, financial payments to families or landlords, incidental costs for materials or travel, or costs incurred by partner organizations or as in-kind donations. To capture and estimate these costs, we will discuss each mobility-related service provided, and ask for your input on each kind of costs. We have prefilled information on financial assistance costs from monthly invoices and reports from the service delivery tool to date. In this discussion, we are asking you to confirm and provide context to these administrative data source. We will also work together to determine allocations of costs from invoices and expenditures reports across the various CMRS service components.

[Ask the following questions for each mobility-related service identified, which should also be listed in either Table 2 or 3 (or both).]

1. What types of financial assistance are provided to families or to landlords as part of the [MOBILITY PROGRAM]?

   Probes: Security deposits to families, application fees, administrative and processing fees, holding fees, prorated first-month's rent, move-in fees, Coach Discretionary Fund, owner lease-up bonus

2. Are there any incidental costs incurred in providing [MOBILITY SERVICE]? Examples may include vehicle expenses or mileage for traveling, printing costs of materials, computer costs, or any others.

3. Are there any other organizations that provide individuals or landlords with financial assistance, other tangible materials, or in-kind support as part of providing this service? Examples may include a professional volunteer (e.g., real estate professional) supporting efforts to provide mobility counseling.

   [A deciding factor to help determine whether the organization should be included: Would the service be provided to prospective tenant that did not have an HCV?]

   a. Please describe and detail the service provided, estimating hours per week/month of assistance, value of financial assistance, value of in-kind assistance, etc. for each other organization. *[For all sites except New York City, do not include a landlord representative that is showing or advertising property as part of normal business operations.]*

   b. Is there any documentation of this partnership and assistance provided?

4. [*If it is unclear whether an identified service includes financial assistance]* Does the family receive any financial assistance as part of [MOBILITY SERVICE]?

5. *[For each service that involves the provision of financial assistance, collect the following information in Table 3.]*

   a. To whom is financial assistance directed (i.e., household or landlord), and at what frequency is it provided?

b. How much assistance, on average, is provided to each household/landlord?

c. How is the amount determined?

d. What is the maximum that a household/landlord can receive? Minimum?

e. Are all assistance amounts tracked in the service delivery tool? If not, how are amounts documented and tracked? [*Ask for a copy of documentation.]*

Table 2: Incidental and Partner Costs of Mobility-related Services

Tenant-Focused Costs	**Incidental Costs**	**Partner/In-Kind Assistance**
• Pre-move		
• Housing search		
• Financial assistance		
• Security deposit/rent pre-payment		
o Moving expenses		
o Transportation assistance		
o Other: _____		
• Post-move services		
• Other 1: _____		
• Other 2: _____		
• Non-divisible		
Landlord-focused		
• Recruitment		
• Financial or insurance incentives		
• Other 1:_____		
Non-divisible		
• Other1 : _____		
• Other 2:_____		

NOTE: The first column lists the mobility-related services. The second column is for incidental costs, such as travel, materials, furnishings or other. The third column is for partner/in-kind assistance (time with hours / FTEs, value of donations, etc.).

Table 3: Question 14 – Financial Assistance Costs of Mobility-related Services (prefilled from services delivery tracking tool)

Financial Assistance	Number of families	Average	Unit (i.e., household, landlord, etc.)	Frequency (one time, monthly, per event, etc.)
Tenant-focused • Security deposit/rent pre-payment				
• Flexible financial assistance				
o [Subcategory rows]				
o Other: _____				
Landlord-focused • Financial or insurance incentives				
o [Subcategory rows]				
• Other 1:_____				

ORGANIZATION-LEVEL COSTS AND OVERHEAD

Organizations incur costs for items that apply to all activities and overhead expenses. These costs can be difficult to apportion between various activities. Examples include occupancy costs (rent, or the value of the space owned or used by the organization), insurance, executive leadership salaries, organizational membership dues, professional services costs (legal and accounting), and development or marketing expenses (for non-profit organizations). We have reviewed the expenditure reports you provided prior to this interview and invoices to HUD and want to be sure we understand how the amounts in these documents relate to the costs we have discussed above.

1. Does your organization itemize any expenses in the following categories for mobility-related services?
    a. Rent for space occupied (or share of space used)?
        i. [*If yes]* Does this amount represent a market rate?
        ii. [*If no to either 1.a. OR 1.a.i*]: How much space is used by [PHA OR MOBILITY SERVICE PROVIDER], and approximately what portion of that space is used for providing mobility-related services? Staff or programming?
    b. Professional services (legal and accounting), insurance, organizational membership dues, etc.?
    c. Executive leadership costs, corporate/organization incidental costs, etc.
    d. Fund-raising or marketing expenses
    e. Software subscriptions or hardware (e.g., tablets or notebooks) used to provide mobility-related services (including virtual adaptations)
    f. Other (printing and mailing, Limited English Proficiency, 504 compliance or other costs for reasonable accommodations, translation and interpretation services, banking and other financial transaction and audit fees, security, etc.)
2. Does your organization calculate an overhead percent or multiplier that estimates the cost of these (or some of these) expenses as a share of organizational expenses? What is that multiplier?
3. What share of organizational expenses do mobility-related services represent? [S*eparate out financial assistance if it skews this response.]*
4. What share of staffing costs are for mobility-related services?

SERVICES AVAILABLE TO NON-CMRS PARTICIPANTS

At the beginning of the interview, you indicated that some services similar to CMRS services are available to some families that do not participate in the [MOBILITY PROGRAM].

From my notes, these services include [*refer to answers to questions 2 and 3*]. We would like to ask you about each of these services provided to individual households by the PHA or service provider.

5. About how many voucher households use these services in a given month or year?

    a. Who is eligible to receive the services? Do treatment group members ever access these services outside the CMRS demonstration program? [*If yes, then determine whether frequency has decreased.*]

    b. Approximately what share of eligible households participate in services?

    c. Do you have any documentation of the staffing and other resources needed to provide these services?

        i. [*If yes*] May I add those to the list of documents that I will have you share with us?

6. How many staff members provide these mobility-related services? [*For Each staff member identified, complete Table 3 with the following information.]*

    a. What is the job title of this position and at what organization does the individual work?

    b. What is the average salary, or what is a reasonable salary range, for this position ("fully loaded", including benefits, payroll taxes, etc.)?

    c. About how much of their time do they spend on these mobility-related services (fraction of FTE, best estimate)?

    d. [*If needed*] About how many hours a week, on average, does this person spend on these mobility-related services, as opposed to other programs or initiatives?

    e. Does this person focus on some of these mobility-related services more than others? If so, what percent of their time is spent on each service (best estimate)? Refer to table below or list above.

7. Do these mobility-related services include financial assistance? If so, what type of assistance is provided? [*For each type of financial assistance, collect the following information.]*

    a. To whom is financial assistance directed (i.e., household or landlord), and at what frequency is it provided?

    b. How much assistance, on average, is provided to each household/landlord?

    c. How is the amount determined?

    d. What is the maximum that a household/landlord can receive? Minimum?

    e. How are amounts documented and tracked? Arrange to acquire a copy of documentation.

8. *[If services provided to individual households by some organization besides the PHA or service provider]* Are there any other costs incurred in providing the mobility-related services? Examples may include mileage for traveling, printing costs of materials, data acquisition costs, or any others?

9. Do you have any information on how many voucher households use these services (financial assistance) in a given month or year?

    a. Who is eligible to receive the services?

    b. Approximately what share of eligible households participate in services?

    c. Do you have any information or documentation of the staffing and other resources needed to provide these services?

        i. [*If yes*] May I add those to the list of documents that I will have you share with us? Or could you put me in touch with someone that could share this documentation with our study team?

    Probes: letters of commitments, MOU communication

10. Do you have any information that you could share with us on the cost, per family served, of providing these services? Or estimates of the staffing and resources involved?

    a. [*If no*] What is your best assessment of how intensive these services are (in terms of staffing and assistance costs) as compared to similar services provided by [MOBILITY PROGRAM]?

For each column with a %, specify the percent of mobility-related services time spent on specific services.

Table 4: Staffing Detail for Similar Services to Mobility-related Services

Position (Organization)	Salary/ wage range	% of time (FTE) spent on CMRS	Begin (and end) dates	%Pre-move	%Housing search	%Family financial	%Post-move	%Other Tenant1	%Other Tenant2	%Non-divisible	%Recruitment	%Financial or	%Non-divisible	%Other landlord1	Other 1	Non-divisible (across all type

CONCLUSION

Thank you for taking time to help us understand the resources and costs needed to provide mobility-related services.

1. Are there any other aspects of the costs of mobility-related services that we did not cover today that you think we should be aware of in conducting our analysis?
2. Do you have any questions for us about the study or our planned analysis?

Thank you.