



The LEWIN GROUP

Evaluation of the District of Columbia's Child Support Co-Location Demonstration

Final Report

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EXECUTIVE SUMMARY

In 2004, the District of Columbia's Child Support Services Division (CSSD) launched a demonstration to improve collaboration between the IV-D (child support) agency and the IV-A (Temporary Assistance for Needy Families or TANF) agency, referred to in the District as the Income Maintenance Administration (IMA). To accomplish this goal, three IV-D intake workers were co-located at the IMA office in the Anacostia neighborhood.

Child support officials believe that stronger coordination between the two agencies is crucial to improving the child support program's performance. As in other parts of the country, TANF clients in the District are required to cooperate with child support. Through co-locating child support intake workers at an IMA office, the demonstration sought to improve communication between IV-A and IV-D workers and reduce the number of TANF clients who failed to attend scheduled child support intake appointments, the first step to establishing a child support order.

The federal Office of Child Support Enforcement (OCSE) provided funding for this project through a Section 1115 Demonstration Grant in response to *Priority Area 4* (Improving Case Referrals from the TANF Agencies to the Child Support Agency). CSSD contracted with The Lewin Group to evaluate the co-location demonstration. This report describes the implementation of the co-location model and presents the impacts that the co-location intervention had on child support outcomes.

Evaluation Design

The evaluation included two components: an implementation study documenting the intervention and the context in which it operated and an impact study examining the effect of the intervention on key child support outcomes.

To measure the effect of the intervention, individuals applying for TANF or visiting the IMA office for recertification were randomly assigned to a treatment or control group. *Treatment group* members received IV-D services on site at the IMA office. Initially the TANF interview preceded the child support interview; however, the order of interviews was reversed early in the experiment after an assessment of data found that many customers missed their child support interviews. *Control group* members followed the standard procedure for child support intake, which involved an in-person interview at the CSSD headquarters.¹ This methodology ensured that the two groups were comparable; thus, differences in child support outcomes that emerged in the months following random assignment are attributable to the co-location of child support staff in the TANF office.

¹ In October 2005, CSSD changed the intake process by eliminating the face-to-face interview. Instead of receiving an intake appointment letter, cases that come through the IV-A/IV-D interface receive an outreach letter indicating that CSSD created a case and lists the name of the non-custodial parent.

Implementation Findings

The implementation study documented the implementation of the experiment and is based primarily on interviews with IV-A and IV-D staff at the Anacostia IMA center and IV-D staff at CSSD headquarters. The key findings include:

- **Most treatment group members were interviewed at the IMA office.** However, a sizable minority, 22 percent, left the IMA before meeting with CSSD staff. IV-A and IV-D staff noted that customers cited time constraints as a reason for leaving before meeting with IV-D workers. In some situations, IV-A staff neglected to inform the customer that they needed to meet with IV-D before leaving, or IV-D staff were unavailable and the customer chose not to wait.
- **Co-location improved communication between staff at the two agencies.** Limited interagency collaboration occurred prior to the co-location demonstration. IV-A staff reported difficulty communicating with IV-D, while IV-D often received incomplete information about TANF customers. As a result of the co-location, IV-A staff used IV-D staff as a resource when they had questions; in turn, IV-A staff gained a better understanding of the importance of ensuring that the customer filled out the required child support forms and could better explain to customers why providing the information was necessary. Moreover, IV-A and IV-D staff reported a better understanding of the other program.
- **Customers appreciated the convenience of meeting with IV-D staff in their local IMA office.** Customers reported to staff that the co-location was more convenient for pursuing child support services. The Anacostia IMA center was more accessible than the CSSD headquarters and negated time and costs associated with traveling downtown. In addition, the office was a known entity for customers, thus a less threatening and more comfortable atmosphere in which to have a child support interview.

Impact Findings

The impact study estimated the effect of the co-location model on outcomes related to the successful establishment of child support orders and payments on those orders. The analysis examined outcomes of the full sample six months following random assignment and outcomes of an early cohort 12 months following random assignment.

Intermediate outcomes – critical short-term steps in the order establishment process – include whether there was contact between the TANF applicant/recertifier and IV-D (i.e., the intake process was initiated), whether a universal petition was initiated and reviewed, and whether the case went to court. Treatment group members were significantly more likely than control group members to complete each of these steps:

- **Initial contact with a IV-D intake worker.** The intervention increased the number of cases initiated by 63 percentage points within six months of follow-up: 79 percent of treatment group members had contact with IV-D compared with 16 percent of those in the control group.

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- **Universal petition initiated.** Over one-fourth (27 percent) of the treatment group had petitions initiated compared with 7 percent of control group members, an impact of 20 percentage points.
 - **Court-ready cases.** Over one-fifth of the treatment group members had a court ready case within six months of random assignment, compared with 6 percent of the control group.
 - **Cases seen in court.** Treatment group members were 18 percentage points more likely to have a case in court (22 percent versus 4 percent).

While the impacts were smaller, the intervention also successfully increased paternity and order establishment in the six month period after initial contact between IV-D and the custodial parent. Impacts on collections began to emerge after 12 months for the “early cohort.” It is reasonable to expect that effects on payments would take longer to occur because an order must first be established and then enforced. Key longer-term impacts included the following:

- **The demonstration produced a significant increase in paternities established.** Approximately 5 percent of treatment group members had established paternity for any of their children in the 6 months following the intervention. The corresponding figure for the control group was 2 percent. The impact was larger for the early cohort: after 12 months, 13 percent of treatment group members had paternity established compared with 5 percent of the control group, and impact of 8 percentage points.
- **Co-location significantly increased orders established.** Two percent of treatment group members had a child support order established within 6 months of random assignment, compared with less than 1 percent of control group members. By the 12th month, 9 percent of treatment group members had an order established, while 2 percent of control group members did so, an impact of 7 percentage points.
- **Impacts on child support payments began to emerge after 12 months.** The demonstration did not increase child support payments made by the non-custodial parents for the full sample during the 6-month follow-up period; however, modest impacts emerged within 12 months for the early cohort. By month 12, 10 percent of treatment group members had a child support payment, compared with 6 percent of control group members.

Finally, the impact analysis examined how impacts varied by sample member characteristics. Treatment impacts on intermediate outcomes, as well as paternity and order establishment, are larger for recertifying sample members and for sample members with a history of child support activity. Additionally, impacts were largest on older sample members, for those lacking a high school degree, for those with older children, and for those with multiple children. Impacts on payments remained small, and in almost all cases, insignificant for these subgroups

Lessons Learned

Co-location of IV-D staff in TANF offices is not a new model; it has been adopted by many states and local TANF offices across the nation. The co-location of CSSD staff at the Anacostia IMA center had many positive effects on intermediate and longer-term child support outcomes. It is difficult to pinpoint which factor, among many, contributed most to the impacts.

Discussions with IV-D and IV-A staff suggest five lessons that other child support agencies might consider if adopting a similar model.

- **Senior leadership from both agencies must support co-location.** IV-D staff encountered several hurdles that had to be addressed along the way, including finding space for staff, convincing IV-A staff of the importance of the intervention, and requiring IV-A cooperation. The support of IV-A and IV-D senior leadership was crucial to successful implementation of this model.
- **The order of interviews is important.** The initial model in which customers first met with IV-A was not successful; many customers left before meeting with IV-D. The problem largely disappeared after the child support interview was moved. When the process was revised so that the child support interview preceded the TANF interview, the proportion of interviews completed increased.
- **Coordinating IV-A and IV-D staff schedules will help ensure clients attend both interviews.** Some customers were not seen because IV-D staff were not able to work at all times customers were meeting with IV-A. Agencies that are considering implementing this approach should consider options that would broaden IV-D and IV-A staff coverage, such as staggered staff starting and ending times so that IV-D and IV-A staff are on site at the same time.
- **It is important to track outcomes over time.** It takes time to establish orders and for orders to be enforced. Six and 12 months of follow up are not adequate to track these key outcomes fully. Some important outcomes can be tracked during a short time frame, however, including whether staff are meeting with customers on the day of the IV-A interview and whether cases are moving to the next stage of the order establishment process (e.g., petition initiation, petition review, filing in court). Results in other areas will take longer to appear.
- **Co-location will increase child support outcomes, but more needs to be done, especially in areas that serve a very disadvantaged population.** While this intervention proved successful at increasing child support outcomes over time, the vast majority of TANF customers served by the Anacostia IMA center had not established paternity or a child support order. This reflects the demographics and financial circumstances of the population living in this area. While a co-location model will improve outcomes, especially in regards to initial contact with TANF clients and the degree and accuracy of information collected in this meeting, it appears impacts on order establishment and payments will be modest and additional measures will need to be taken to improve performance in these areas.

I. INTRODUCTION

In 2004, the District of Columbia's Child Support Services Division (CSSD) launched a demonstration to improve collaboration between the IV-D (child support) agency and the IV-A (Temporary Assistance for Needy Families or TANF) agency, referred to in the District as the Income Maintenance Administration (IMA). To accomplish this goal, three IV-D intake workers were co-located at the IMA office in the Anacostia neighborhood.

Child support officials believe that stronger coordination between the two agencies is crucial to improving the child support program's performance. As in other states, TANF clients in the District are required to cooperate with child support as a condition of benefit receipt.² Through co-locating child support intake workers in an IMA office, the demonstration sought to improve communication between IV-A and IV-D workers and reduce the number of TANF clients who failed to attend scheduled child support intake appointments, the first step to establishing a child support order.

By co-locating staff, the intervention aimed to streamline the child support order establishment process and potentially increase child support payments to families. Customers who saw the co-located intake workers were expected to benefit from the demonstration, as they no longer were required to travel to the CSSD headquarters in another part of the city to complete their child support interviews.

The Federal Office of Child Support Enforcement (OCSE) provided funding for this project through a Section 1115 Demonstration Grant in response to *Priority Area 4* (Improving Case Referrals from the TANF Agencies to the Child Support Agency). As a condition of the grant, CSSD was required to evaluate the demonstration. CSSD contracted with The Lewin Group to evaluate the co-location demonstration. This report describes the findings of the implementation and impact evaluations.

A. Background

1. Importance of Collaboration

Since its creation in 1975 as Part IV-D of the Social Security Act, the national Child Support Enforcement program (CSE) has been closely linked to the welfare program. One of the CSE program's primary objectives is to reduce welfare program expenditures by obtaining child support payments from non-custodial parents.

However, CSE also plays an important role in helping families get support so that they can avoid welfare. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) that created the TANF program re-emphasized the programmatic link between child support and welfare. In order to avoid having their TANF grants reduced, custodial parents must cooperate with the state CSE program. In the District, the TANF agency imposes a 25 percent sanction on benefits for failure to cooperate. Additionally, families must assign the

² The only exception to this requirement is if the TANF applicant can demonstrate good cause for non-cooperation (e.g., domestic violence).

District all rights to current child support paid on their behalf beyond the \$150 pass-through while they are on TANF.³

Not surprisingly, there is substantial overlap between the TANF and child support populations. Nationally, over 60 percent of the total IV-D caseload is comprised of either current or former public assistance cases (17 and 47 percent, respectively). In the District, this figure is 73 percent (32 percent and 41 percent, respectively).⁴

Because of the considerable overlap in clients and goals, as well as the potential for child support to contribute meaningfully to low-income families' resources, collaboration between the agencies offers numerous benefits to agencies and families alike. Child support is an important source of income for current and former TANF recipients, especially during the transition from welfare to paid employment. However, while the vast majority of TANF families are eligible for child support, only a fraction receives payments. One study found that only 22 percent of current and former welfare recipients received regular child support payments but that among welfare leavers receiving child support, payments represented up to one-fourth of family income.⁵ Additionally, while in many states, TANF families will receive only the portion of child support allowed by the pass-through, after leaving TANF, families receive the full amount collected from current support orders.

Program coordination is also important to state IV-A and IV-D agencies. States retain a share of collections made on behalf of TANF recipients,⁶ returning a share of collections to the federal government.⁷ Thus, if TANF cooperation with CSE staff results in increased order establishment, the state potentially can retain more collections. The state CSE program can benefit because its performance on order establishment and collections on current support due are two measures used to determine the incentive payments paid to state programs by OCSE.⁸ CSE performance also affects TANF program funding. State child support programs that perform below a certain threshold on key performance measures and do not improve face reductions in their TANF block grants.⁹ Through collaboration, both the child support and welfare agencies would benefit from improved program performance, increased funding, and, if information is shared across agencies, savings in resources and worker time.

³ The pass-through was implemented April 1, 2006 and retroactive to January 1, 2006.

⁴ U.S. Department of Health and Human Services. 2005. *Office of Child Support Enforcement FY 2002 and FY 2003 Annual Report to Congress*. Accessed January 2007 at: http://www.acf.dhhs.gov/programs/cse/pubs/2005/reports/annual_report/

⁵ Miller, Cynthia, Mary Farrell, Maria Cancian, and Daniel Meyer. *The Interaction of Child Support and TANF: Evidence from Samples of Current and Former Welfare Recipients* MDRC, 2005.

⁶ States may also pursue child support arrears after the family leaves welfare to pay for TANF benefits previously paid to the family. However, under the Personal Responsibility and Work Reconciliation Act (PRWORA) of 1996, families who are no longer receiving public assistance will have priority over the State in the distribution of child support arrears.

⁷ The Federal reimbursement rate for Medicaid benefit costs, the Federal Medical Assistance Percentage (FMAP), is used to calculate the Federal share of TANF collections retained by states.

⁸ State incentive payments are based on performance on five CSE functions: paternity establishment, order establishment, collections on current support due, collection on past support due, and cost effectiveness. Incentive payments are a major source of CSE funding in some states. A 1997 Lewin study found that, nationally, incentives account for about one-fourth of CSE program funding.

⁹ Congress encouraged strong performance by establishing penalties for states that failed to meet minimum standards for the three performance measures deemed most important: paternity establishment, order establishment and current collections. The first time a state fails the penalty threshold for a particular measure, the state is penalized between 1 and 2 percent of TANF funds. For the second failure on a particular measure, the penalty increases to 2 to 3 percent of TANF funds, and so forth, up to a maximum of 5 percent of TANF funds for each measure.

2. Other Examples of Child Support TANF Collaboration

Initiatives that support collaboration between TANF and child support are not new. For example, Florida's Child Support Enforcement Office conducted a demonstration pilot in Bay County assessing the effect of requiring TANF applicants to cooperate with child support in order to be eligible for assistance.¹⁰ To qualify for benefits, TANF applicants were required to go to one of the county's CSE offices and provide the information necessary to initiate a support order. Until the applicant did so, or was able to demonstrate good cause for non-cooperation, he or she remained ineligible for TANF benefits. In other parts of the state, a multi-step process that usually took at least two months was used to determine non-cooperation and initiate sanctions. Compared to the control site operating under Florida's traditional CSE process, Bay County initiated far fewer sanction requests for non-compliance with child support. Furthermore, the results of the evaluation indicated that if the policy had been implemented statewide, Florida could have saved an estimated \$12.4 million in TANF payments to welfare recipients who failed to cooperate and \$1 million in staff time devoted to pre-interview and sanctioning activities.

Other states have also developed TANF and child support co-location models. For example, Virginia TANF and child support enforcement caseworkers are teamed within local offices to facilitate improved client cooperation, including the pairing of staff from the two agencies so that they are working on the same caseloads.¹¹ A GAO report describes a number of states which successfully integrated TANF and child support programs.¹² In one example, Oregon created an oversight agency for its CSE and welfare programs, which led to the creation of a single computer system for both programs, improved intake forms, and increased training. A recent Lewin study of five local TANF offices found that three sites had a co-located child support worker and meeting with the IV-D worker was a condition of the TANF eligibility determination.¹³

In many states, however, child support and TANF do not actively collaborate. A 2000 study by the U.S. Department of Health and Human Services (HHS) Office of the Inspector General (OIG) identified problems with the current interaction between TANF and child support enforcement in terms of client cooperation requirements and emphasized a number of areas where the two agencies could improve their coordination.¹⁴ These included the ability of child support to access data on TANF clients and the quality of data collected relating to child support requirements. Additionally, many CSE workers reported that TANF staff do not adequately enforce penalties for non-cooperative TANF clients. Finally, staff from both agencies

¹⁰ Office of Child Support Enforcement. *Best Practices and Good Ideas in Child Support Enforcement 2000*. (November 2000). Available at: <http://www.acf.hhs.gov/programs/cse/pubs/2000/best/florida.html>

¹¹ Farrell, M., A. Glosner, and K. Gardiner. *Child Support and TANF Interaction: Literature Review*. Prepared for the Assistant Secretary for Planning and Evaluation (1998).

¹² United States Government Accountability Office. *Child Support Enforcement: Families Could Benefit From Stronger Enforcement Program*. HEH-95-24 (1994).

¹³ Gardiner, K., Fishman, M., Ragan, M. and T. Gais. *Local Implementation of TANF in Five Sites*. Prepared for the U.S. Department of Health and Human Services, Administration for Children and Families. In process.

¹⁴ United States Department of Health and Human Services, Office of the Inspector General. *Client Cooperation with Child Support Enforcement: The Role of Public Assistance Agencies*. OEI-06-98-00042 (March 2000). OIG's findings are primarily based on surveys of 99 local CSE offices and 103 local public assistance offices in six focus states as well as interviews with over 180 managers and caseworkers.

perceived the missions of the two organizations as different (income support versus law enforcement).

Based on its findings, OIG recommended several areas where states can help TANF and child support to improve performance:

- Increase TANF workers' awareness of the benefits of client cooperation to TANF recipients.
- Focus TANF information gathering on specific facts about non-custodial parents that are most useful to child support enforcement.
- Explore ways to ease the cooperation process for clients by training child support and TANF staff to gather as much pertinent information from clients during interviews, developing strategies to reduce the amount of visits clients must make to each office, and eliminating policies that cause redundancies in the information collection processes of the two agencies.
- Work with local TANF offices to ensure that penalties for non-cooperation are properly imposed.
- Strengthen interaction, cross-training, and communication between TANF and child support agencies.

3. Purpose of CSSD Demonstration

CSSD continually seeks ways to improve program performance. In recent years, the agency has taken actions to be more customer service-oriented, including changing the agency name to the Child Support Services Division from the Child Support Enforcement Division, to reflect the focus on assisting the customer. CSSD also aims to make annual improvements in its performance on the five federal performance measures (paternity establishment, cases with orders, collections on current support due, cases paying towards past-due support, and cost-effectiveness). CSSD is especially focused on increasing the proportion of cases with orders. In the past, this was a problematic measure. While the agency has made great strides, a large share of cases does not have an order. Staff recognize that child support can be a key source of support for District residents, particularly in a time-limited welfare environment (about 73 percent of the CSSD caseload is current or former TANF recipients).

By co-locating two child support workers in a welfare office, the demonstration sought to improve child support performance, specifically the share of cases with orders, by:

- Increasing the proportion of clients who complete an intake interview, the first step in making a case ready for court (the District uses a judicial process for establishing orders); and
- Improving communication between IV-A and IV-D workers, thus educating IV-A staff about the importance of collecting complete and accurate information on child support forms.

B. Organization of Report

Section II describes the demonstration and evaluation design, including the data sources used for the implementation and impact studies.

Section III presents findings from the implementation study.

Section IV discusses results from the impact study.

Section V focuses on lessons learned, synthesizing findings from both the implementation and impact studies.

The Appendix contains supplemental tables referenced in the text.

II. DEMONSTRATION AND EXPERIMENTAL DESIGN

The Lewin Group conducted implementation and impact evaluations of the co-location project. The implementation study documented the intervention and context in which it operated. The impact study estimated the difference that the treatment made in improving child support outcomes. The impact evaluation used an experimental design in which eligible TANF participants (new applicants or those coming in for recertification) were randomly assigned to either a “treatment group” that received IV-D services on site or a “control group” that followed the standard procedure for child support intake.

The experimental design of the demonstration is ideal to study the effects of co-location, as it ensured that any differences between the treatment and control groups are due to chance. Thus, the differences in outcomes for individuals served by co-located workers can be attributed entirely to the treatment, rather than to individual characteristics.

This section first summarizes the data sources used for the implementation and impact studies. Next, it describes the random assignment process and the characteristics of the TANF customers randomly assigned. Finally, it describes the intervention models.

A. Data Sources

The **implementation study** used the following data sources:

- Intervention documents, such as information provided to clients regarding their child support obligation (e.g., brochures, videos, applications, and appointment letters).
- Interviews with key staff at the Anacostia IMA Service Center and CSSD headquarters to learn how the service model was implemented. *Exhibit 1* shows the categories of staff interviewed.
- Observation of program activities to gain an understanding of participant experiences. This included sitting in on IV-A and IV-D intake interviews, observing interactions at the customer service desk (the clients’ first point of contact for services), and viewing the random assignment process.
- Development of Management Information System (MIS). Lewin developed an MIS to collect baseline information at intake and perform the random assignment to the treatment or control groups. Information collected included race, age, education, employment, number of children, living arrangements, marital status, employment status, and prior TANF receipt. The information in the MIS was captured using a Baseline Information Form (BIF) that all TANF applicants and recertifiers completed.¹⁵

¹⁵ In some instances, TANF clients did not completely fill out the BIF. In these cases, the missing information was gathered via the IV-A system, when available.

Exhibit 1: Staff Interviewed for Implementation Study

Anacostia IMA Service Center

- Center director
- Section chiefs
- Unit chiefs
- Frontline workers
- Receptionists (Customer Service desk)
- Outstationed IV-D staff

CSSD Central Office

- IV-D director
- Demonstration project manager
- Intake workers
- Establishment workers
- Enforcement workers

Impact study data were provided by CSSD staff from the District of Columbia Child Support Enforcement System or DCCSES, the IV-D automated system. Three files provided information on payments, dependents, and cases associated with sample members.¹⁶

- The payment file contained monthly child support payment amounts from July 2005 through December 2006 and information on whether each case was open or closed.
- The dependent file contained information on paternity establishment for each sample member's dependent children.
- At the case level, information for each non-custodial parent associated with a sample member was collected, as well as child support outcomes (e.g., whether an initial interview occurred, whether a case was sent to court, whether an order was established).

Additionally, baseline demographic information from the MIS was used to adjust impacts based on differences in characteristics between the treatment and control groups.

B. Existing IV-A and IV-D Interview Process

The co-location experiment was implemented in an IMA center that had set protocols and procedures. In developing the experiment, the research team had a number of conversations with IMA staff to determine the point at which the IV-D interview should occur.

When a customer enters the Anacostia IMA center, she¹⁷ fills out a short screener that includes name, address, and the nature of services being sought (e.g., TANF, Food Stamps, Medicaid).

¹⁶ A case refers to a unique custodial parent-non-custodial parent combination, even if no information is known about the particular non-custodial parent.

¹⁷ The report refers to TANF applicants and recertifiers in the feminine rather than using the more cumbersome she/he structure. More than 98 percent of demonstration participants were female.

The receptionist takes the screener and puts the customer's name on the relevant log. Customers are assigned to caseworkers based on their home addresses. There are five units that handle TANF cases, each with four caseworkers. Each unit has a log. IV-A caseworkers then interview customers in the order they appear on the log. Depending on who is seeking services on any given day, the customer could be seen immediately or wait for more than an hour if other customers in the same unit are ahead of her in the queue.

The application form for medical and financial assistance includes some questions about the absent parent. In addition, TANF applicants and recertifiers fill out "Form 1288," which collects child support information (including marital status, child(ren)'s name(s), absent parent information, whether paternity has been established, and provision of voluntary support). Following the IV-A interview, the caseworker forwards the selected custodial and non-custodial parent information to CSSD through the IV-A/IV-D computer interface. At the time the demonstration began, the IV-D automated system (DCCSES), then generated a letter to the new IV-D case, scheduling an appointment for an interview with a child support worker. The letter indicated the date and time of the appointment and the location of the CSSD headquarters. *Exhibit 2* describes the steps to order establishment.

Exhibit 2: CSSD Order Establishment Process

1. Intake interview or electronic processing based on 1288 form from IV-A/IV-D Interface.
2. If the information necessary for a case to be court ready is not available, the case is sent to the Locate Department. If the case concerns a non-custodial parent outside of DCCS jurisdiction, the case is sent to the Interstate Department.
3. Intake worker completes universal petition (case is court ready) if the non-custodial parent is within the DC jurisdiction.
4. Intake worker sends the universal petition to intake reviewer.
5. Intake reviewer approves universal petition and the operations section chief signs off on it (she is a lawyer; previously, the intake reviewer had to get approval from the Legal Department) and sends the petition to court.
6. Court reviews the petition and assigns a hearing date. At the hearing, paternity and a support order are established (unless paternity is not an issue).
7. If no support order is established, petition goes to establishment unit (performs the same function as intake, but on cases that are not initially established).
8. If the order is established, the case goes to the enforcement unit.

This process changed in October 2005. Following the IV-A/IV-D interface for first-time applicants, DCCSES sent a letter to the custodial parent indicating the information that CSSD has regarding the absent parent and that the agency would move forward with order establishment unless the custodial parent contacted the agency and indicated either the absent parent information was incorrect or there was a valid reason for not pursuing an order (e.g., domestic violence).

C. Random Assignment

TANF applicants and recertifying customers deemed eligible for the demonstration (see *Exhibit 3*) were randomly assigned at the initial point of contact (the customer service desk). During the

period of the demonstration (July 2005 through June 2006), 908 TANF customers were randomly assigned.

Exhibit 3: Criteria for Random Assignment

Any TANF customer that child support would want to meet with at the central office was included in the demonstration and randomly assigned:

- Customers who had never had a child support intake interview,
- Customers who had a new NCP, and
- Customers with whom child support has not met or talked with in the previous 18 months, and thus might have updated information relevant to their cases.

1. Process

The random assignment process did not change during the course of the demonstration. As noted above, customers mark the nature of their visit on a screening form. If the customer indicated she was in the office for TANF, the receptionist handed her a pink Baseline Information Form (BIF) and immediately handed the screener to a child support worker who was seated in the reception area. The IV-D worker then looked up the customer on DCCSES to determine if she was appropriate for random assignment. The IV-D worker then used the MIS to randomly assign the appropriate customers to the treatment or control group. If the customer was in the treatment group, the IV-D worker marked the relevant reception log accordingly. Absence of a marking indicated business as usual (the control condition, described above).

2. Sample Characteristics

As shown in *Exhibit 4*, the majority of sample members were African American and female (98 percent and 97 percent, respectively). At the time of random assignment, sample members were, on average, 31 years old and had 2 children. The majority of sample members had a high school diploma (58 percent), while over one-third had less than a high school degree (35 percent) and approximately 6 percent had education beyond high school. About 11 percent were employed at the time of random assignment.

Exhibit 4: Sample Member Characteristics

	Full Sample
Gender = Female	97.1%
Average Age	31.4
Under 18	1.8%
18-25	28.5%
26-45	60.1%
46+	9.6%
Race = African American	98.0%
Highest Degree Achieved	
No HS Diploma/GED	34.6%
HS Diploma/GED Only	58.1%
Some College	6.8%
Average Number of Children	2.1
Average Age of Youngest Child	5.7
Currently Employed	10.7%
Sample Size	908

Source: Baseline Information Form; IV-A administrative data.

Exhibit 5 displays sample members' past TANF and child support participation.

Exhibit 5: Sample Member Program Information

	Full Sample
Total Time on TANF	
Applicant/No prior aid	11.3%
One year	10.2%
More than one year, less than two	8.5%
2-5 years	33.8%
6-10 years	19.9%
Over 10 years	15.4%
Missing	0.8%
Domestic Violence Waiver	2.2%
Reason for Office Visit	
TANF Application	24.0%
TANF Recertification	65.0%
Average Number of NCPs	2.6
Average Number of Unknown NCPs	2.1
Previous Interaction with IV-D	
Paternity Established	24.1%
Order Established	11.9%
Sample Size	908

Source: Baseline Information Form, IV-A administrative data, IV-D administrative data. Notes: Four sample members indicated that they were both applying and recertifying at the time of random assignment and were considered to be recertifying. Eight sample members did not indicate either option.

About 70 percent of sample members reported receiving TANF for 2 or more years and 15 percent had received assistance for more than 10 years. Eleven percent had never received TANF at the time of random assignment. One-quarter of the sample members were randomly assigned while submitting an application for TANF, while 65 percent were in the office for a recertification (11 percent did not indicate either of these reasons, however, all sample members were either applying or recertifying for TANF when randomly assigned).¹⁸

D. Initial Model: Sequential IV-A and IV-D Interviews

The initial model implemented in Anacostia involved clients first meeting with IV-A and then IV-D staff. *Exhibit 6* depicts the initial customer flow.

If the customer was in the **treatment group**, IV-A workers were asked to follow a set protocol.

- Explain to the customer that she was randomly selected to participate in a demonstration project and that she would meet with the IV-D worker following the TANF interview. The IV-A worker was meant to convey that the meeting was not optional. Lewin staff developed a script for the workers.
- Check whether the customer filled out the BIF completely. Incomplete BIFs were ultimately the responsibility of the IV-A worker to fill out if the customer left without finishing it.
- Escort the customer to the IV-D carrel following the TANF meeting and make an introduction to the IV-D worker.

The absence of the indicator in the log meant the customer was in the **control group**. For these customers, the IV-A worker collected the BIF but otherwise followed the standard process.

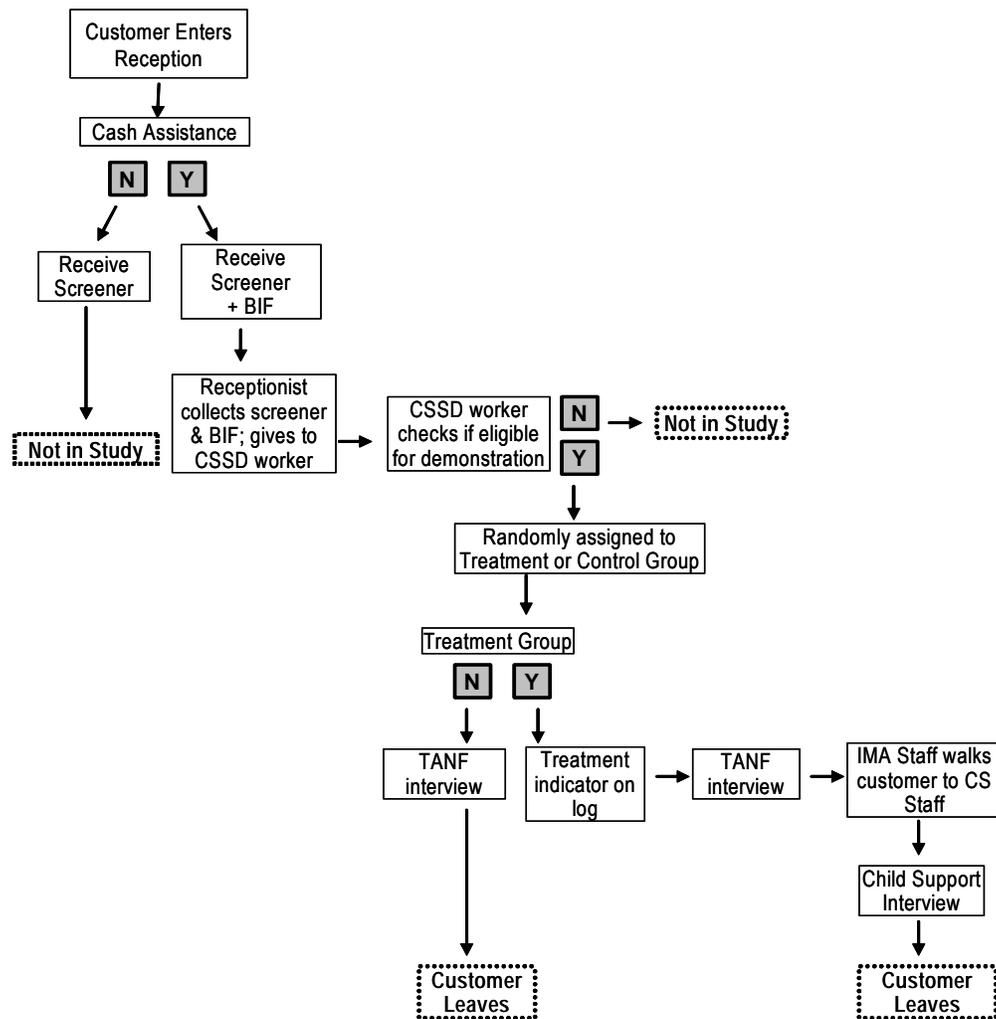
- Following the IV-A intake interview, the TANF worker forwards the custodial and non-custodial parent information from the TANF application to CSSD through the IV-A/IV-D computer interface.
- For applicants and recertifiers who had not had a child support interview, DCCSES generated a letter to the IV-D customer, scheduling an appointment for an interview with a child support worker at CSSD's central office.

In October 2005, CSSD changed the intake process by eliminating the face-to-face interview. Instead of receiving an intake appointment letter, cases that come through the IV-A/IV-D interface receive an outreach letter indicating that CSSD created a case and lists the name of the non-custodial parent. The letter explains that the agency will proceed to establish a support order unless the custodial parent indicates that (1) there is a domestic violence issue or (2) the named non-custodial parent is not accurate. Unless the custodial parent contacts CSSD and comes into the office to address either issue, IV-D staff will begin working the case.¹⁹

¹⁸ A client applying for TANF at the time of random assignment could either be new to the program (no prior aid) or have received TANF in the past.

¹⁹ During the time of the demonstration, only new applicants were subject to electronic case processing. However, at the time of this report, CSSD had begun processing cases that were already in the system but had not gone through the entire intake process.

Exhibit 6: Initial Customer Flow



Staffing. Initially, three CSSD workers were co-located on site. One worked in the reception area and was primarily responsible for checking the child support automated system to determine if the TANF customer was eligible for the experiment, and, randomly assigning these customers. This staff person also entered information from the BIFs into the MIS. Two CSSD intake workers were also on site. They had interview carrels on the first floor near the reception area and also had office space on the second floor where they worked cases.

Training. In early July 2005, prior to piloting the demonstration, Lewin staff conducted two trainings for IV-A and IV-D staff at the Anacostia IMA center. The training described the demonstration, why it was launched, the role of TANF staff, how it would affect customers, and the demonstration. The Anacostia center director required all staff to attend.

E. Revised Process

Lewin staff monitored the demonstration, tracking the number of TANF customers randomly assigned each week, the proportion for whom a completed BIF was entered into the MIS, and

the percent of treatment group members who completed their IV-D interviews. During the first two months it became clear that a number of treatment group members were not staying for their IV-D interviews.²⁰ Meetings with IV-A staff indicated a number of reasons why this may occur: TANF customers did not have time to complete the interview, IV-A staff were unaware that their customers were in the treatment group (i.e., did not check the log), and IV-A staff were not complying with the process (i.e., not informing their customers of the required IV-D interview or not escorting them to the IV-D carrels). Although the Anacostia center director reinforced the importance of the demonstration and the process at staff meetings and in memos, a portion of treatment group members continued to miss the IV-D interview. Lewin staff met with the center management and IV-D staff and revised the process.

In September 2005, the process changed so that the IV-D interview preceded the IV-A one. When a customer was assigned to the treatment group, the log was still marked. The IV-D worker would call the customer while she was in the waiting area and take her to a carrel for the child support interview. Following the interview, the customer returned to the reception area and waited to be called for her IV-A interview. *Exhibit 7* depicts the new process.

If the IV-A worker could not find the customer in the reception area, the indicator on the log suggested the customer was in the IV-D interview.

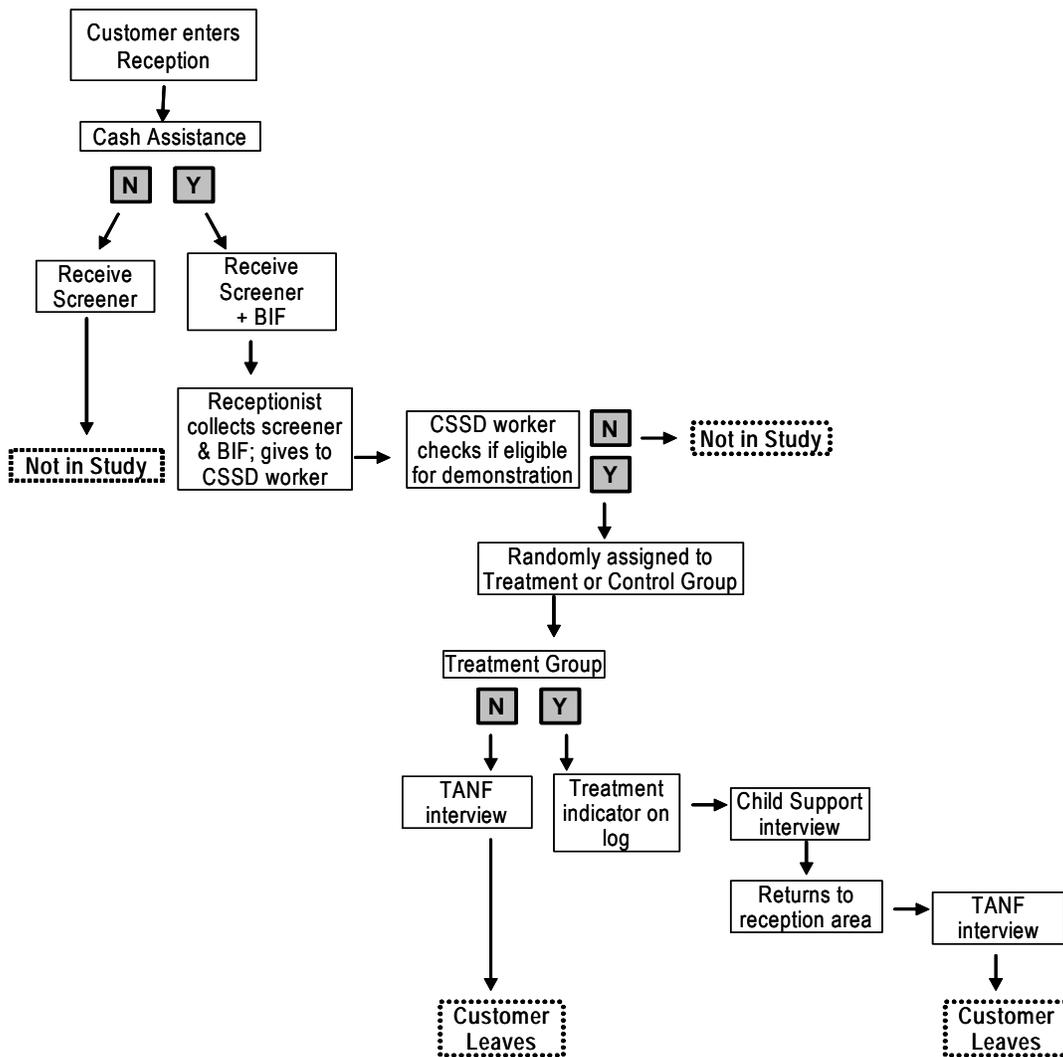
In practice, the revised process was a combination of the two models. If the two IV-D workers were interviewing customers or were otherwise unavailable to meet with a customer (e.g., screening and randomly assigning customers, not at her desk), the IV-A worker interviewed the customer first. The IV-D workers tried to follow up with customers after their IV-A interviews, but a small portion still left before completing their interviews.

Staffing. Initially, staffing remained the same: one child support clerk and two intake workers worked full-time at the IMA office. In December 2005, the clerk was reassigned to the central CSSD office due to staffing demands there. One of the intake workers took over responsibility for screening and randomly assigning customers while the other concentrated on interviews.

Training. The Anacostia center director sent a memo to all IV-A staff indicating that the demonstration process was changing. Lewin staff and the CSSD project manager described the new process to the IV-D intake workers.

²⁰ Of the treatment group members assigned in the first eight weeks of the demonstration, 33 (46 percent) did not receive a IV-D intake interview on the same day as their IV-A interview.

Exhibit 7: Revised Customer Flow



F. Challenges with Random Assignment

There were two main challenges during random assignment:

Not all clients in the treatment group met with IV-D workers at the time of the application/recertification. Due to different IV-A and IV-D staff work schedules, TANF applicants/recertifiers that arrived prior to or following the hours that IV-D staff were on site were not randomly assigned. Furthermore, a small portion of clients assigned to the treatment group did not meet with the co-located IV-D intake workers.

The Anacostia IMA operates from 7:30 am to 5:30 pm every weekday, except Wednesday, when the center stays open until 8 pm. If necessary, the IMA will remain open past normal closing time to process all of the clients present at the center. The IV-D staff could only work during D.C. government core hours: 8:15 a.m. to 4:45 p.m. Thus, their hours did not align perfectly with

those of the Anacostia IMA center. As a result, customers who were eligible to participate in the study may have been missed.

During the first random assignment model, the IV-A worker might have forgotten to bring the customer by after the IV-A interview. Under both models, a customer might submit his or her screener to the receptionist and decide to leave the IMA prior to even meeting with the IV-A worker. If this occurred, IV-D workers were instructed to treat the customer as he or she had been originally assigned when the customer returned at a later time. Of the 449 customers assigned to the treatment group, 73 percent were seen at the time of random assignment by one of the intake workers while 79 percent were interviewed at any point following random assignment.

Some control group members received services from co-located IV-D staff. Generally, staff implemented the random assignment procedures according to the process described in the sections above. However, the IV-D intake workers, eager to process cases, were not always faithful to the random assignment process in the early weeks. Lewin staff conducted monitoring visits and emphasized to the workers the effect serving control group members would have on the evaluation findings. According to the IV-D data, approximately 2 percent of control group members were seen by IV-D at the time of random assignment. In addition, some IV-A caseworkers acknowledged taking customers to see the IV-D intake workers if they had questions about child support or their cases. The IV-D workers explained that it was not possible to confirm if the customers escorted to them by TANF workers were in the treatment or control group, and met with them. While the level of control group contamination was low, any contamination will dilute the impacts observed; the true effects of the intervention may have been larger if no contamination had occurred.

III. IMPLEMENTATION STUDY FINDINGS

The implementation study documented the intervention that sample members received. This section summarizes discussions with IV-A and IV-D staff at the Anacostia IMA center and IV-D staff at CSSD headquarters. (See **Section II.A** for a description of staff interviewed). Discussions with staff covered a wide range of topics, including their impressions of the demonstration and their perceived roles in the child support process (see *Exhibit 8*).

Exhibit 8: Staff Discussions Topics

<p><i>Anacostia IMA Service Center: IV-A Staff</i></p> <ul style="list-style-type: none">• IMA organizational structure• Familiarity and past interactions with child support• Structure of the demonstration• Impressions of the implementation and outcomes of the demonstration <p><i>Anacostia IMA Service Center: Co-located IV-D Intake Workers</i></p> <ul style="list-style-type: none">• Customer flow in the IV-D system• Familiarity and interaction with TANF• Demonstration development• Demonstration management• Impressions of the implementation and outcomes of the demonstration <p><i>CSSD Central Office</i></p> <ul style="list-style-type: none">• IV-D organizational structure• IV-D program performance• IV-D policy changes• Familiarity and interaction with TANF• Demonstration development• Demonstration management• Impressions of the implementation and outcomes of the demonstration• Future co-location efforts

Discussions with staff revealed that the co-location demonstration did not significantly increase IV-A caseworkers' workloads, and that the caseworkers realized unanticipated benefits as a result of the intervention. Additionally, interviewed staff noted that the co-location improved IV-D and IV-A relations. Anecdotal evidence suggests the co-location increased Anacostia IMA center customers' awareness of the IMA center as a resource for child support customer service.

Discussions also indicated reasons that some individuals in the treatment group did not receive the intended intervention, including customers' time constraints and concerns regarding the child support interview; IV-A caseworkers' inconsistency in following the demonstration's protocol; and IV-D intake staffs' availability. Finally, support from the IMA's senior leadership

was believed to be crucial for the successful implementation of the demonstration. Each finding is discussed in detail below.

A. Limited Effect on IV-A Staff Workload

At the outset of the study, IV-A caseworkers expressed concern that the co-location demonstration would increase their workloads. Specifically, staff worried that the added child support requirements would substantially increase the paperwork required for each case, resulting in more time per case. Staff were also concerned that the demonstration would disrupt their work flow; that is, they would have to wait to begin an interview if the customer was still in the IV-D meeting. These concerns were the reason the initial model placed the IV-A interview prior to the IV-D one.

Interviews with IV-A caseworkers suggested that fears about increased workloads and interruption of client flow dissipated after the project began. The only additional paperwork required was collection of the BIF.

IV-A staff also noted that the second model, in which the IV-D intake preceded the IV-A interview, was not as disruptive as expected. Moreover, there were unanticipated benefits to waiting for customers to complete their IV-D intake interviews. IV-A caseworkers noted that they got a break to catch up on paperwork and process cases while the information was fresh in their memories.

B. Positive IV-A and IV-D Interagency Relations

During post-study interviews, TANF caseworkers noted that previous interactions with the child support agency clouded their initial opinion of the co-location project. In the past there had been limited interagency collaboration. If a caseworker needed information from child support (e.g., status of the case, how to add information to a case) the IV-A caseworker had to contact the downtown office. This involved calling a main number and sometimes waiting at length to speak to a IV-D representative. Additionally, no methods were in place for the caseworkers to follow up on or track an issue for the client once it was in the hands of IV-D. According to IV-A workers, this process led to general frustration with the child support program.

Also, some IV-A caseworkers noted they did not entirely understand why they had to collect information for child support. Staff indicated that the 1288 form was difficult to complete because often customers did not want to provide information about the non-custodial parent(s). Some IV-A staff indicated that prior to the co-location experiment they collected the 1288 forms without carefully reviewing them to determine if the customer filled out the required information.

The post-study interviews suggested that IMA staff impressions of the child support program improved. IV-A caseworkers stated that the co-located IV-D staff were an important resource both for IMA staff and for customers. IMA staff indicated that they gained a better understanding of what information is needed by child support to process a case and why the information is necessary. Caseworkers reported they paid increased attention to the 1288 forms and to following up on missing or incomplete information during the TANF interview. IV-A

staff also indicated that the face-to-face contact with IV-D staff was a reliable and accessible resource for the IV-A workers with cases having a child support issue. At the conclusion of the demonstration, the IMA center director requested that IV-D staff remain co-located at the center to assist customers and IV-A caseworkers with child support issues.

C. Improved Community Impressions of Child Support

One purpose of the co-location demonstration was to help child support staff collect accurate and timely information from TANF customers through interviews. IV-D and IV-A staff noted that child support efforts at the IMA center and elsewhere can be inhibited by non-cooperative custodial parents. In the past, some custodial parents were reluctant to share some or all of the necessary information regarding the non-custodial parent with the IV-A. Thus, in order to improve the quality non-custodial parent information, the co-location aimed to improve the image of child support in the community – that is, portray child support as a resource for residents. In the absence of focus groups with TANF customers or other community members, it is difficult to ascertain whether the image of the child support program did change. Although anecdotal, the impression among staff was that child support’s image began to change in a positive direction.

Over the course of the demonstration, IV-D intake staff and IMA center staff stated that they noticed a subtle change. While not quantifiable, several staff suggested an increased awareness in the community about the availability of customer-friendly child support assistance in the IMA center. Staff noted that customers came in specifically to see IV-D staff without a specific referral from IV-A workers.

According to IMA and IV-D staff, customers indicated that the co-location made child support interviews more convenient. The Anacostia IMA was easily accessible and on-site services negated the time and costs associated with traveling downtown. In addition, child support services were provided in the more comfortable and less formal atmosphere of the IMA center.

D. Service Receipt Among Treatment Group Members Varied

About one-fifth of customers assigned to the treatment group were not interviewed by IV-D intake workers. Discussions with IV-A and IV-D staff suggest a number of factors affected whether TANF customers were interviewed by IV-D staff. This section describes factors related to the customers, the TANF staff, and the on-site child support staff. (See **Section II.F** for a discussion of random assignment-related issues).

Customers. IV-A staff and IV-D workers indicated that customers cited time constraints as a reason for leaving directly after the IV-A interview. The time factor was compounded by the structure of the IMA center. As noted in **Section II.B**, customers are assigned to TANF caseworkers based on their address, not staff availability. On a given day, a customer could wait an hour or more depending how many clients are ahead of her in the queue. IV-A staff reported that customers cited the need to go to work, meet a babysitter, or run other errands as reasons for not attending the IV-D meeting.

IV-A staff noted that customers’ apprehension about child support likely led to some treatment group members leaving the IMA center either before or after their IV-A interview in order to

avoid meeting with IV-D workers. IV-A and IV-D staff hypothesized that custodial parents receive informal contributions from the non-custodial parent(s), which could be jeopardized by cooperating with child support to establish a formal order. Moreover, staff suggested that some custodial parents likely live with the non-custodial parent of one or more of her children. Although two-parent families are eligible for TANF, customers may have concerns about the effect of a second parent in the home on eligibility determination.²¹

TANF staff. IV-A and IV-D staff reported that, on occasion, IV-A caseworkers were responsible for treatment group members not receiving the intervention. Staff suggested several reasons. First, IV-A caseworkers were not initially accustomed to the co-located child support process, and overlooked the designation in the log that customers had been selected into the treatment group. Second, some IV-A caseworkers were either not in attendance at the inaugural co-location training or were hired after the training occurred. These caseworkers may have not been familiar with the experiment's protocol. Third, at certain times IV-A caseworkers had a long list of customers waiting to be seen and some curtailed portions of the demonstration's parameters, particularly accompanying customers over to the IV-D carrels, in order to move through cases more efficiently. Finally, some IV-A caseworkers had negative experiences with IV-D prior to the study and initially were resistant to participating in the co-location demonstration.

IV-D staff. Staff interviews indicate that IV-D intake workers were not always available for treatment group interviews. Sometimes the IV-D workers were inaccessible because they were already in an interview. At other times, one or both were working cases in their upstairs offices. Also, one or both were, at times, out of the office (e.g., at lunch, at appointments). As discussed earlier, many customers, when given the opportunity, chose to leave rather than wait for the IV-D interview.

E. Senior Leadership was Essential

Staff credited the involvement of senior CSSD and IMA center staff in the success of the co-location experiment. At CSSD, senior staff committed considerable resources (including three staff) to the project. They also ensured that child support staff on site had the equipment they needed to do their jobs, including access to DCCSES and dedicated printers. Senior child support staff also dedicated their own time to monitor the intervention and work with the research team to implement changes in the co-location design.

Likewise, the IMA center director was credited by child support staff and IV-A caseworkers for creating a supportive environment for the demonstration. From the start, the director was enthusiastic about being a site for the co-location experiment. She had an 'open door' policy in which IV-D staff could discuss issues, such as lack of referrals for child support interviews.

²¹ Child support staff have limited tools to address non-compliance with interviews. As noted above, TANF customers who do not comply with child support requirements can be sanctioned. However, many TANF customers are already under work participation-related sanctions, and the District prohibits double sanctioning of TANF customers. In lieu of sanctions, IV-D staff did their best to explain the long-term role child support plays in attaining self-sufficiency (as opposed to TANF benefits, which are time-limited).

Research staff also noted that the IMA center director was receptive to the needs of the experiment. When IV-A staff were not accompanying customers to the IV-D carrels after their interview, the director raised this issue with staff and ultimately agreed that a change in the structure was warranted (thus the IV-D interview came first).

The IMA center director worked to ensure that the IV-D staff were well integrated into center operations. The IV-D intake workers were given a central space in the main interviewing area as well as additional quiet office space on another floor to process cases. The director also included IV-D workers in staff meetings to make them feel welcome and part of the IMA community.

IV. IMPACT STUDY FINDINGS

This section examines the impact of the co-location model on successful child support order establishment and related outcomes. It begins with a brief overview of key findings, and then turns to the methodology and data sources used to determine impacts. It compares outcomes for sample members who received the treatment with control group members six months following the intervention and uses regression analysis to adjust for random differences in the characteristics of the treatment and control group members. Finally, it examines outcomes for an early cohort of sample members 12 months following the intervention and explores whether treatment effects differ across custodial parents with different characteristics.

A. Summary of Findings

While the impact study examines the ultimate outcomes of interest – paternity establishment, child support order establishment, and payments received – it also focuses on the necessary intermediate steps leading to order establishment.

Intermediate Outcomes. Intermediate outcomes are critical steps in the order establishment process and generally occur in a short time frame. These include whether the intake process actually began (that is, IV-D contact through an intake interview or electronic case processing), whether a universal petition was initiated and reviewed, and whether the case went to court. The research team expected to see some fairly robust differences between the treatment and control groups. In fact, there were large, statistically significant impacts on all of the intermediate outcomes for the full sample. Treatment group members were significantly more likely than control group members to:

- Have initial contact with a IV-D intake worker
- Have a universal petition initiated on their behalf
- Have court-ready cases
- Have cases go to court

Paternity and Order Establishment. Treatment group members were significantly more likely to have paternities and orders established than control group members. For sample members assigned in the beginning of the study, information on outcomes 12 months later is available. The largest impacts on paternity and order establishment were for this early cohort. However, there were also significant impacts for the full sample.

Child Support Payments. Child support payments were significantly impacted by the intervention for the early cohort only. The impacts on payments began to emerge in Month 8 and increased thereafter. Twelve months following the intervention, payments received by treatment group members were significantly larger than those received by the control group. Whereas payments increased over time for the treatment group, they remained low and constant among clients in the control group.

Subgroup Analysis. The impacts varied by sample member characteristics. Treatment impacts on intermediate outcomes, as well as paternity and order establishment, are larger for

recertifying sample members and for sample members with a history of child support activity. Additionally, impacts were largest on older sample members, for those lacking a high school degree, for those with older children, and for those with multiple children. Impacts on payments remained small, and in almost all cases, insignificant for these subgroups

B. Methodology

As noted in **Section II.C**, individuals who visited the Anacostia IMA between July 2005 and July 2006 to apply for TANF or to provide documentation for recertification were eligible for random assignment to the treatment or control group. Random assignment is the ideal method for isolating the impacts of a particular “treatment.” In this case, treated clients were served by the co-located IV-D workers, while clients in the control group were not. Since random assignment effectively neutralizes individual differences between treatment and control group members (i.e., both groups should have approximately the same average age, number of children, etc.), and as their selection into one of the two groups is based solely on chance, any differences in outcomes between members of these two groups can be directly attributed to the treatment. Thus, it is possible to assert that the treatment has a causal effect on differences in outcomes.

Lewin examined differences in baseline characteristics between treatment and control group members to determine whether the experiment successfully randomized differences between the two groups. Appendix *Exhibits A1 and A2* display these results. The only significant differences between the two groups are average age (31 vs. 32 years for the treatment and control groups, respectively; $p < 0.10$) and prior interaction with child support (9 percent of the treatment group and 14 percent of the control group had an order established prior to random assignment; $p < 0.05$).

The ultimate goal of the intervention was to increase child support orders established. However, given the number of steps involved in establishing an order (see *Exhibit 2*), the six months of follow-up data available for the full sample were not adequate to fully observe the longer-term outcomes. As a result, several intermediate outcomes necessary to establishing an order were analyzed. If the intervention impacted intermediate outcomes, such as petition initiation or the speed with which a case is processed, it is possible to predict impacts on the ultimate outcomes of interest. The intermediate administrative actions reviewed are initial IV-D contact with the custodial parent, universal petition initiation, whether the petition was sent to intake review, and whether the case was seen in court.

The final outcomes examined were paternity and child support order establishment and child support payments. Payments are reported in two ways: as the percent of sample members receiving payments and as the average amount received. Payment receipt is reported for any point during the six months following random assignment, as well as point-in-time estimates at Month 3 and Month 6. The impact tables included in this report display the average amount of payments received over the first six months following random assignment, point-in-time estimates during Month 3 and Month 6, and cumulative payments over the six months.

It is important to note that the average orders and payments presented in the report tables include all sample members, including sample members that do not have orders or have not received payments. *Exhibit 9* describes how to interpret these figures.

Exhibit 9: Averaging Payments Over the Full Sample

The first and third columns in the table below present average order amounts and payments received for the full sample. In examining impacts, average payments include zero dollar amounts for sample members who received no payment. In the second and fourth columns, the payment and order amounts are reported for only a subset of the full sample, specifically, those custodial parents with a record of an order established or a payment received.

Total Monthly Order Amount		Total Monthly Payments	
(1)	(2)	(3)	(4)
Full Sample	Order Holders	Full Sample	Payment Receivers
\$32	\$254	\$8	\$312

The sizeable difference between the full sample and the subset reflects the small portion of sample members that had orders established or received payments during the first six months following random assignment.

In addition, the outcomes of an early cohort of sample members with 12 months of follow-up data are also analyzed in order to explore impacts that take longer to occur (order establishment and payments).²² The outcomes presented in the early cohort are the same as presented for the full sample, except that the payment outcomes are reported for Month 3, Month 6 and Month 12 relative to random assignment.²³

Impacts are first examined using a simple comparison of means. If a statistically significant difference in the outcomes for the two groups is observed, it is possible to attribute this difference to the intervention (i.e., receiving services from the co-located workers). As information on sample member characteristics is available, it is possible to take into account the effects that characteristics such as age, number of children, and education level may have on these outcomes.²⁴ While random assignment should ensure that these characteristics are similar for both groups, regression analysis will provide an additional check for the robustness of the findings and allows for the use of the predictive power of past information about sample members to reduce the unexplained variation in outcomes.²⁵

Exhibit 10 shows the models used to examine the effect of the intervention, while controlling for demographic characteristics.

²² The early cohort consists of 513 members (56 percent of the final sample) who were assigned during or prior to January 2006.

²³ For analysis of outcomes up to 1 year after assignment, see the early cohort analysis under the subgroups section.

²⁴ Data on all characteristics that are included as controls were specified and collected at random assignment.

²⁵ See Howard Bloom: "The Core Analytics of Randomized Experiments for Social Research," MDRC Working Papers on Research Methodology, August 2006. Available at <http://www.mdrc.org/publications/437/full.pdf>.

Exhibit 10: Statistical Models

$$(1) Y = \beta_0 + \beta_1 P + \varepsilon$$

$$(2) Y = \beta_0 + \beta_1 P + X\beta + \varepsilon$$

In both models, Y is the outcome of interest, P is an indicator which equals 1 if the sample member was assigned to the treatment group and 0 if she was assigned to the control group, while ε is an error term uncorrelated with the dependent and independent variables. In the second model, X is a vector of demographic variables, including the custodial parent's gender, race, living arrangements, employment status, number and age of children, prior TANF receipt, prior interaction with child support, and whether she was exempted from cooperating with child support due to domestic violence. In the first model, the constant, β_0 , represents the mean value of the outcome for the control group, while the coefficient on P, β_1 , represents the impact of being in the treatment group. In the second model, after including $X\beta$, which controls for observable sample member characteristics, it is possible to determine whether the impact, β_1 , retains the same magnitude and level of significance.

When Y is a continuous variable, both models are ordinary least squares (OLS) regressions. However, a number of the outcome measures (IV-D contact with custodial parent, universal petition initiation, court ready case, whether the petition was sent to court, paternity establishment, order establishment, payment receipt) are not continuous variables, but rather indicators for whether the action occurred. In this case, Y would represent the probability that this outcome occurred, and, as OLS estimates are not bounded between 0 and 1, using an OLS framework in this case may result in estimated effects that do not fall within these bounds. Thus, a probit model is used to deal with binary dependent variables and the marginal effects of being in the treatment group, evaluated at the mean value of the independent variables, are reported.²⁶

Finally, impacts for subgroups are based on sample member characteristics. Impacts within the following subgroups are examined:

- Custodial parents applying for TANF vs. those who were recertifying
- Custodial parents with a record of prior child support activity vs. those with no prior record in the IV-D system²⁷
- Custodial parents younger than 25 vs. custodial parents age 25 or older
- Custodial parents without a high school diploma or GED vs. those with more education (high school/GED or beyond)
- Custodial parents with children younger than 6 years old vs. those with children age 6 or older
- Custodial parents with only one child vs. those with multiple children

²⁶ Essentially, for the "average" sample member, we calculate the change in probability that the outcome occurs for treatment group members.

²⁷ A record of prior child support activity was assigned to a custodial parent if she had had a child support order established, paternity established or a case seen in court for any of her children prior to random assignment.

C. Findings

1. Full Sample

a. Overall Findings

The treatment had significant impacts on a number of outcomes. *Exhibit 11* displays the outcome measures for the treatment and control group six months following the intervention (Columns 1 and 2). Column 3 displays the treatment group impact as the difference in outcome means for the treatment and control groups. Column 4 displays the regression adjusted impact and Column 5 shows the averages for the entire sample.

Prior to controlling for baseline characteristics, a number of the treatment impacts are statistically significant. The impacts of the treatment on a number of intermediate outcomes were especially large. Treatment group members were much more likely to have had initial contact with IV-D following the intervention (79 vs. 16 percent), an impact of 63 percentage points ($p < 0.01$). In addition, 27 percent of the treatment group had petitions initiated in comparison to 7 percent of control group members, an impact of 20 percentage points ($p < 0.01$). Supporting the hypothesis that co-location aids intake workers in gathering better information from custodial parents, a significantly higher percentage of treatment group cases were referred to the interstate unit (7 percent vs. 2 percent, $p < 0.01$), indicating the IV-D worker had been successful in capturing sufficient information to pursue an order in another jurisdiction.²⁸ Overall, 24 percent of treatment group members had petitions forwarded from the intake worker to the intake reviewer, while 6 percent of the control group had petitions forwarded, an impact of 18 percentage points ($p < 0.01$). Over one-fifth of the treatment group members had a court ready case within six months of random assignment, compared with 6 percent of the control group ($p < 0.01$). Treatment group members were also significantly more likely to have a case in court (22 percent versus 4 percent), an impact of 18 percentage points ($p < 0.01$).

While the impacts were smaller, the intervention also successfully increased paternity and order establishment in the six month period after initial contact between IV-D and the custodial parent. Treatment group members were significantly more likely to have had paternity established (5 percent vs. 2 percent) ($p < 0.05$). At six months, the rate of order establishment for control group members was less than one percent. The treatment increased this outcome by close to 2 percentage points ($p < 0.05$).

There were not significant impacts on payments at six months.²⁹ However, it is reasonable to expect that any effects on payments would take longer to occur. First an order must be established and then enforced. Large impacts on intermediate outcomes suggest that cases are working their way through the system and might eventually result in orders and payments. As discussed in the following section, differences in payments begin to emerge for the early cohort for whom 12 months of follow-up data are available.

²⁸ Not shown in exhibit.

²⁹ Although the control group members show higher payments than treatment group members, on average, these differences are not statistically significant and can be considered to be equivalent to \$0.

Exhibit 11: Co-Location Impacts, Full Sample

Outcome Measures ¹	Treatment Group (N=449) (1)	Control Group (N=459) (2)	Impact (3)	Regression Adjusted Impact ³ (4)	Sample Mean (5)
Intermediate Outcomes (%)					
IV-D Contact with CP ²	78.8%	16.1%	62.7% ***	63.2% ***	47.1%
Petition Initiated	26.9%	7.0%	20.0% ***	18.0% ***	16.9%
Petition Sent to Intake Reviewer	24.1%	5.7%	18.4% ***	16.3% ***	14.8%
Court Ready	22.9%	5.7%	17.3% ***	15.8% ***	14.2%
Case in Court	21.6%	3.9%	17.7% ***	16.0% ***	12.7%
Paternity and Order Establishment (%)					
Paternity Established	4.7%	2.2%	2.5% **	1.9% **	3.4%
Order Established	2.2%	0.4%	1.8% **	1.6% **	1.3%
NCP Payments					
Any NCP Payment (%)	4.0%	5.4%	-1.4%	0.1%	4.7%
3 Months	2.2%	3.9%	-1.7%	-0.1%	3.1%
6 Months	2.2%	3.7%	-1.5%	-0.1%	3.0%
Average NCP Payment	\$7	\$10	-\$3	\$0	\$8
3 Months	\$5	\$12	-\$6	-\$3	\$9
6 Months	\$11	\$9	\$3	\$7	\$10
Total Payments	\$42	\$60	-\$18	\$2	\$51

Sources: Baseline Information Form, IV-A administrative data, IV-D administrative data.

Notes: * significant at 10%; ** significant at 5%; *** significant at 1%; 1. Outcomes occurring on one or more non-custodial parents per custodial parent after random assignment; 2. Combined measure of either in-person child support intake interview or electronic case processing after 10/10/05; 3. Regression adjustment weighted impacts according to sex, age, race, education level, employment, living arrangements, total children, age of youngest child, time on TANF, and pre-study child support activity. When independent variables perfectly predicted the dependent variable, they were dropped from the regression.

The impacts on intermediate outcomes and final outcomes (paternity and order establishment) remain significant even after controlling for the demographic characteristics discussed above. In particular, the significance levels of the impacts remain the same. The regression adjusted impacts remain consistent with the previous findings which attribute significant impacts on intermediate and final outcomes to the co-location intervention.

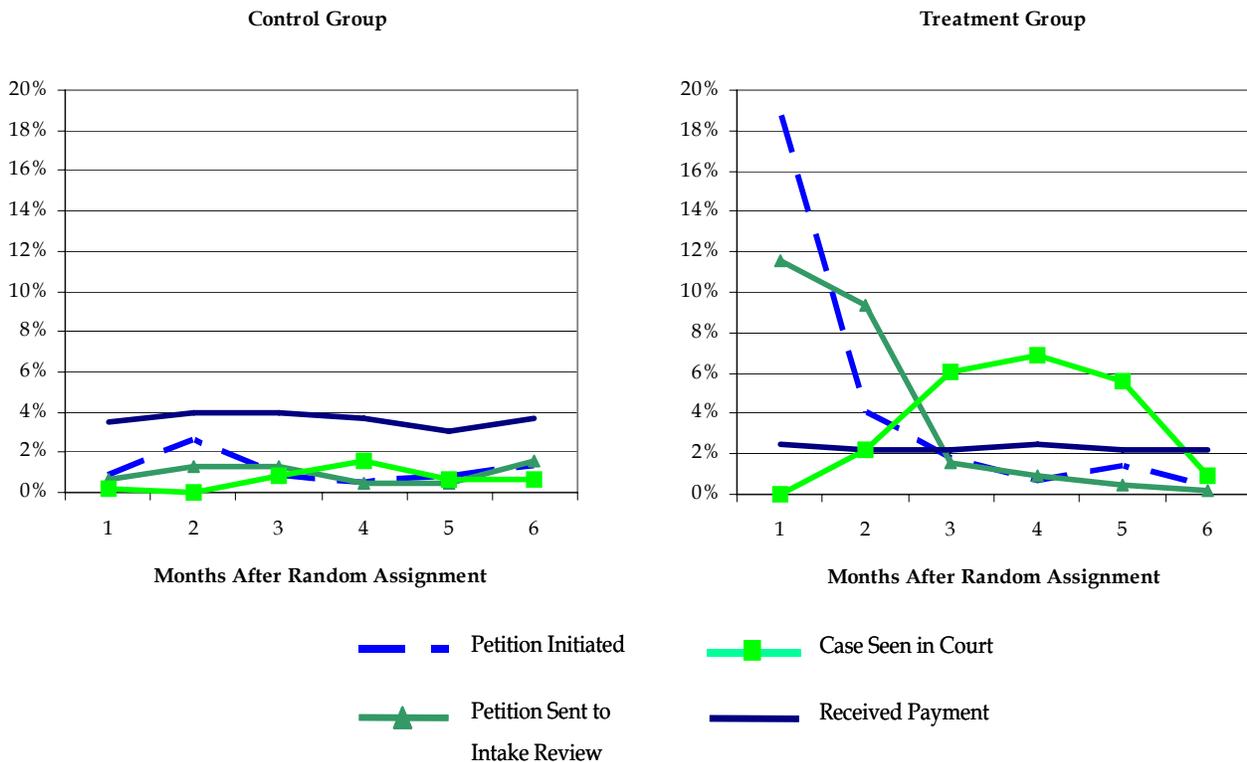
b. Impact Timelines

To supplement the statistical findings, the timing of the intermediate and final outcomes was examined to determine when outcomes were occurring throughout the study. *Exhibit 12* shows the outcomes for the full sample in the six months after random assignment. Month 1 represents the calendar month in which the sample member was randomly assigned, Months 2 through 6 correspond to the second through sixth months following random assignment. By presenting the data in relative terms, outcomes for sample members assigned at different points in the study are comparable and it is possible to estimate when certain outcomes emerge after applying for TANF or recertifying. The outcomes depicted are not cumulative, rather, the timelines exhibit the percentage of custodial parents for whom an action was taken in the particular month.

Three intermediate outcomes (petition initiation, petition review, and case seen in court), as well as one final outcome (receipt of payment), are depicted. Among control group members, petition initiation peaked in the second month after visiting the Anacostia IMA center (Month 2), when 3 percent of control group members had a petition initiated. The percent of control group members with a petition sent to intake review and with cases seen in court remained low and constant over the six month observation period and did not exceed 2 percent. Conversely, for treatment group members, the percent of custodial parents with petitions being initiated is greatest in Month 1 (19 percent). Petition review also peaks early (Month 1 at 12 percent of custodial parents). The frequency of cases seen in court increases between the first month following random assignment and Month 4, when it peaks at 8 percent.

A constant 4 percent of control group members and 2 percent of treatment group members had payments made towards an order in the six months following random assignment. This largely may be due to payments on orders established prior to random assignment. Because clients with a previous order established but with a new child were still eligible for random assignment, both treatment and control group members could have received payments at any month in the study. This corroborates the statistical analysis which found no significant impact of the treatment on payments by the six month mark.

Exhibit 12: Intermediate Outcomes and Payments by Months since Random Assignment
Full Sample



2. Early Cohort

a. Overall Findings

When limiting the sample to custodial parents who were assigned during or before January 2006, it is possible to observe outcomes up to a full year after random assignment. As shown in *Exhibit 13*, one year after the intervention, impacts on paternity and order establishment are large and significant ($p < 0.01$). In particular, the magnitude of the impacts for the early cohort is substantially larger than for the full sample (8 versus 3 percentage points for paternity establishment; 7 versus 2 percentage points for order establishment). For intermediate outcomes, the impacts remain large and significant.

While, in the first six months, child support payments received by treatment and control group members did not significantly differ, at 12 months, an impact emerges. At 12 months following random assignment, treatment group members received, on average, \$13 more than control group members (\$21 vs. \$8 for treatment and control group members respectively; $p < 0.10$). As only a small percentage of members in both groups had orders and received payments, these numbers are small, but represent relatively large payments among custodial parents with payments.

Exhibit 13: Co-Location Impacts, Early Cohort

Outcome Measures ¹	Treatment Group (N=310) (1)	Control Group (N=307) (2)	Impact (3)	Regression Adjusted Impact ³ (4)	Sample Mean (5)
Intermediate Outcomes (%)					
IV-D Contact with CP ²	79.4%	23.8%	55.6% ***	55.8% ***	51.7%
Petition Initiated	31.3%	14.7%	16.6% ***	14.3% ***	23.0%
Petition Sent to Intake Reviewer	29.0%	10.4%	18.6% ***	16.7% ***	19.8%
Court Ready	28.7%	14.0%	14.7% ***	13.1% ***	21.4%
Case in Court	27.7%	11.1%	16.7% ***	14.7% ***	19.4%
Paternity and Order Establishment (%)					
Paternity Established	12.6%	4.6%	8.0% ***	7.2% ***	8.6%
Order Established	8.7%	1.6%	7.1% ***	5.2% ***	5.2%
NCP Payments					
Any NCP Payment (%)	9.7%	6.2%	3.5%	3.1% ***	7.9%
3 Months	2.6%	3.6%	-1.0%	0.0%	3.1%
6 Months	2.3%	3.6%	-1.3%	-0.1%	2.9%
12 Months	6.1%	3.6%	2.5%	1.6% *	4.9%
Average NCP Payment	\$10	\$12	-\$2	\$1	\$11
3 Months	\$6	\$15	-\$8	-\$5	\$11
6 Months	\$14	\$11	\$3	\$7	\$12
12 Months	\$21	\$8	\$13 *	\$16 **	\$14
Total Payments					
6 Months	\$45	\$75	-\$31	-\$15	\$60
12 Months	\$119	\$142	-\$24	\$12	\$131

Sources: Baseline Information Form, IV-A administrative data, IV-D administrative data.

Notes: * significant at 10%; ** significant at 5%; *** significant at 1%; 1. Outcomes occurring on one or more non-custodial parents per custodial parent after random assignment; 2. Combined measure of either in-person child support intake interview or electronic case processing after 10/10/05; 3. Regression adjustment weighted

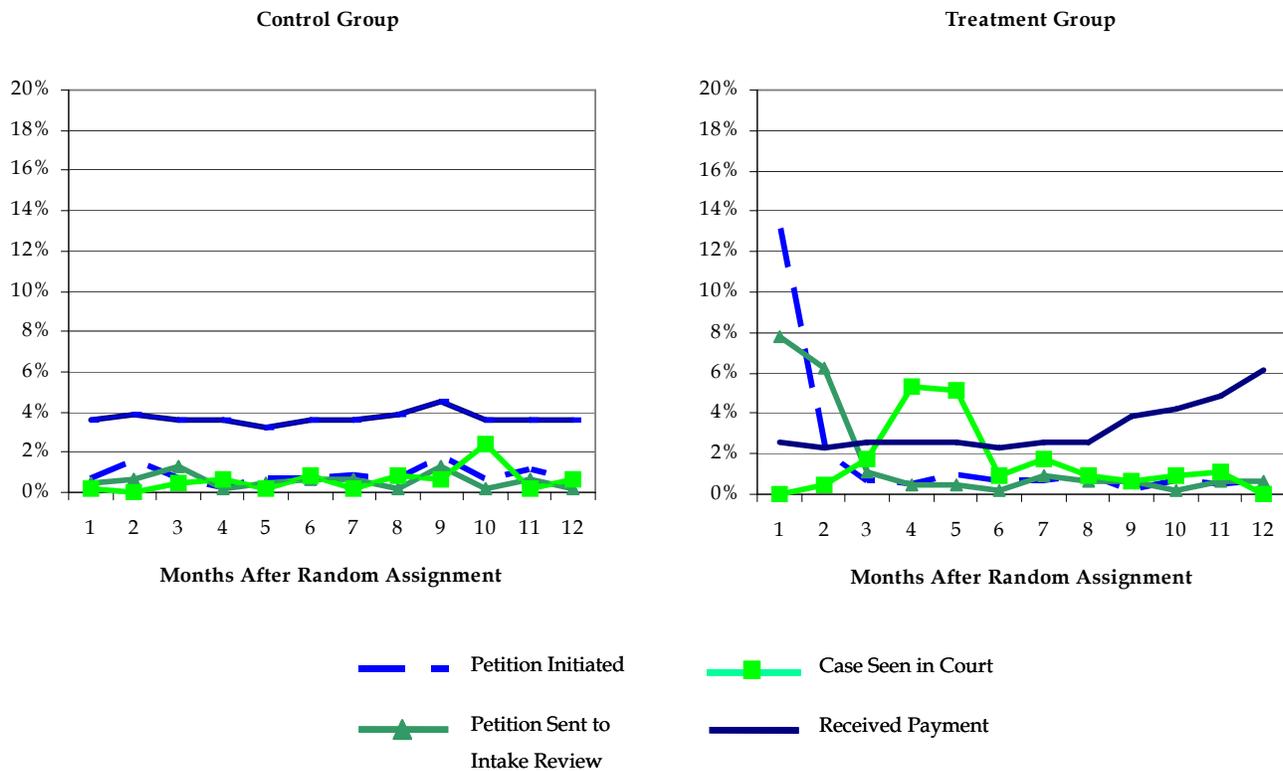
impacts according to sex, age, race, education level, employment, living arrangements, total children, age of youngest child, time on TANF, and pre-study child support activity. When independent variables perfectly predicted the dependent variable, they were dropped from the regression.

When regression adjusted, the impacts were sustained (Column 4). In addition, receipt of a payment at any point in the study as well as at Month 12 became significant. Treatment group members were 3 percentage points more likely to receive a payment at any point in the study ($p < 0.01$) and 2 percentage points more likely to receive a payment in Month 12 ($p < 0.10$).

b. Impact Timelines

Exhibit 14 shows outcomes over time for the early cohort. The control group trajectories are similar to those observed for the full sample. Less than 1 percent of the control group had a petition initiated, a petition reviewed or a case seen in court until Month 9, when petitions initiated and reviewed increase slightly (to 2 percent), and Month 10 when cases seen in court exceeded 2 percent.

Exhibit 14: Intermediate Outcomes and Payments, by Months since Random Assignment Early Cohort



The percent of custodial parents with receipt of payment in a given month follows the same trend as the full sample. This outcome hovers around 4 percent in the twelve months following random assignment.

The findings for the treatment group also conform to the patterns for the full sample. The percentage of custodial parents with a petition initiated reaches a peak in the first month

following the intervention, followed by a spike in petition review over Months 1 and 2. The percent of cases going to court was highest in Months 4 and 5. Intermediate outcome activity drops off by Month 6 for each of the measures.

The payments for the early cohort in the first six months follow a similar trend as the full sample, remaining constant near 2 percent. However, starting in Month 8, the percent of custodial parents with receipt of payment in a given month grows and this continues through Month 12. This supports findings from the statistical analysis of early cohort outcomes that found that the intervention had significant positive impacts on receipt of payments, particularly in Month 12 of the study.

3. Subgroup Analysis

The subgroup analysis examines whether the impacts observed vary by sample member characteristics. Regression-adjusted impacts are reported in all cases. Treatment impacts on intermediate outcomes, as well as paternity and order establishment, are larger for recertifying sample members and for sample members with a history of child support activity. Additionally, impacts were largest on older sample members, for those lacking a high school degree, for those with older children, and for those with multiple children. Impacts on payments remained small, and in almost all cases, insignificant for these subgroups. See the **Appendix** for *Exhibits A3 through A8*.

a. Reason for Office Visit – Application or Recertification

As stated above, the impacts for TANF re-certifiers were larger than those for applicants. Applicants receiving the treatment were no more likely to have paternity established or have an order established than control group members. This may indicate that custodial parents who are already receiving assistance especially stand to benefit from seeing the co-located workers. These parents would have been less likely to receive services from child support under the traditional model as they likely already had a record in the IV-D system, and would have not been initially selected for electronic case processing. The impact on the initial IV-D contact with the custodial parent for recertifying sample members was one of the largest observed (70 percent, $p < 0.01$). Correspondingly, for recertifying TANF customers, all intermediate and final outcomes except for payments, were large and significant. As the impacts are largest for this subgroup, recertifying sample member may stand the most to gain from co-location.

b. Record of Child Support Activity prior to Study Entry

The subgroups in this category exhibit mixed results. The intervention had a substantially larger impact on court ready cases for sample members who had no prior record of child support activity (19 percent, $p < 0.01$). However, between the two groups, the intervention only resulted in significant impacts on paternity established and orders established for those with a prior record of child support activity, 4 percent and 3 percent respectively, both larger than the full sample impacts.

While negative impacts on payments for sample group members with a record of child support activity appeared for sample members with prior contact with child support, this finding may represent the significantly larger portion of treatment group members with orders established

prior to the start of the study. However, when impacts are regression adjusted, which takes into account such differences between treatment and control group members, the only difference in payments that remains significant is receipt at 6 months (-6.2 percent, $p < 0.10$). As found in the early cohort analysis, if the intervention's impact on payments takes twelve or more months to occur, this finding may reflect pre-study differences between the treatment and control group.

c. Age of Custodial Parent

The intervention had a larger impact on treatment group members who were 25 years or older. While for younger sample members, the treatment effect on paternity establishment and order establishment was insignificant, for older sample members, the effects remained significant (1.9 percentage point impact on paternity establishment and 1.9 percentage point impact on order establishment³⁰). Additionally, the magnitude of the impact for many significant outcome measures (e.g. initial IV-D contact with the custodial parent, petition initiated, case seen in court, order established) were larger for the older sample members. It may be that older parents were more likely to already have had interaction with child support or may be better able to navigate the system and thus are more receptive to the services offered by the co-located workers.

d. Education of Custodial Parent

The impacts on custodial parents with less than a high school diploma are larger than for those with higher education levels. While impacts on intermediate outcomes were significant and of similar magnitudes for both groups, impacts on paternity and order establishment are not significant for custodial parents with at least a high school degree. For custodial parents without a high school diploma, the effect of the intervention on paternity and order establishment remained significant and large compared to the sample as a whole (3.9 percentage point impact on paternity establishment and 3.6 percentage point impact on order establishment³¹). Thus, custodial parents with less than a high school diploma may fare better in the judicial system under this intervention than those with more education.

e. Age of Youngest Child

Similar to when custodial parents are grouped by age, the treatment impact on those with younger children (less than six years old) for many measures is smaller or insignificant in comparison to parents with children six years or older. For parents with younger children, the treatment had no significant impact on paternity and order establishment. Treatment effects on order and paternity establishment, as well as the intermediate outcomes, remain significant and large for parents with older children. It appears that the higher rates of control group activity for the younger child subgroup drives the differences in impacts. Custodial parents with younger children were more likely to receive services under the traditional child support model.

³⁰ None of the control group members that were 25 or older had an order established, thus, it is impossible to calculate regression adjusted impacts.

³¹ None of the control group members with less than a high school had an order established, thus, it is impossible to calculate regression adjusted impacts.

f. Total Number of Children

Lastly, the intervention's impacts on administrative actions for sample members with both multiple children and those with only one child were similar. However, for custodial parents with multiple children, impacts on cases being declared court ready and cases being seen in court were larger than for custodial parents with only one child. Possibly, custodial parents with multiple children have more opportunities to interact with child support or may realize a greater need for additional sources of income.

V. CONCLUSION

A. Summary of Findings

This evaluation of the CSSD co-location experiment included implementation and impact studies. The implementation study documented the intervention and context in which it operated. The impact study estimated the difference that the treatment made in improving child support outcomes.

The key findings from the **implementation study** were:

- *Most treatment group members were interviewed at the IMA office.* However, a sizable minority, 22 percent, left the IMA before meeting with CSSD staff. IV-A and IV-D staff noted that customers cited time constraints as a reason for leaving before meeting with IV-D workers. In some situations, IV-A staff neglected to inform the customer that they needed to meet with IV-D before leaving, or IV-D staff were unavailable and the customer chose not to wait.
- *Co-location improved communication between staff at the two agencies.* Limited interagency collaboration occurred prior to the co-location demonstration. IV-A staff reported difficulty communicating with IV-D, while IV-D often received incomplete information about TANF customers. As a result of the co-location, IV-A staff used IV-D staff as a resource when they had questions; in turn, IV-A staff gained a better understanding of the importance of ensuring that the customer filled out the required child support forms and could better explain to customers why providing the information was necessary. Moreover, IV-A and IV-D staff reported a better understanding of the other program.
- *Customers appreciated the convenience of meeting with IV-D staff in their local IMA office.* Customers reported to staff that the co-location was more convenient for pursuing child support services. The Anacostia IMA center was more accessible than the CSSD headquarters and negated time and costs associated with traveling downtown. In addition, the office was a known entity for customers, thus a less threatening and more comfortable atmosphere in which to have a child support interview.

The **impact study** found effects on both intermediate and final program outcomes.

Intermediate outcomes – critical short-term steps in the order establishment process – include whether there was contact between the TANF applicant/recertifier and IV-D (i.e., the intake process was initiated), whether a universal petition was initiated and reviewed, and whether the case went to court. Treatment group members were significantly more likely than control group members to complete each of these steps:

- *Initial contact with a IV-D intake worker.* The intervention increased the number of cases initiated by 63 percentage points within six months of follow-up: 79 percent of treatment group members had contact with IV-D compared with 16 percent of those in the control group.

-
- *Universal petition initiated.* Over one-fourth (27 percent) of the treatment group had petitions initiated compared with 7 percent of control group members, an impact of 20 percentage points.
 - *Court-ready cases.* Over one-fifth of the treatment group members had a court ready case within six months of random assignment, compared with 6 percent of the control group.
 - *Cases seen in court.* Treatment group members were 18 percentage points more likely to have a case in court (22 percent versus 4 percent).

While the impacts were smaller, the intervention also successfully increased paternity and order establishment in the six month period after initial contact between IV-D and the custodial parent. Impacts on collections began to emerge after 12 months for the “early cohort.” It is reasonable to expect that effects on payments would take longer to occur because an order must first be established and then enforced. Key longer-term impacts included:

- *The demonstration produced a significant increase in paternities established.* Approximately 5 percent of treatment group members had established paternity for any of their children in the 6 months following the intervention. The corresponding figure for the control group was 2 percent. The impact was larger for the early cohort: after 12 months, 13 percent of treatment group members had paternity established compared with 5 percent of the control group, and impact of 8 percentage points.
- *Co-location significantly increased orders established.* Two percent of treatment group members had a child support order established within 6 months of random assignment, compared with less than 1 percent of control group members. By the 12th month, 9 percent of treatment group members had an order established, while 2 percent of control group members did so, an impact of 7 percentage points.
- *Impacts on child support payments began to emerge after 12 months.* The demonstration did not increase child support payments made by the non-custodial parents for the full sample during the 6-month follow-up period; however, modest impacts emerged within 12 months for the early cohort. By month 12, 10 percent of treatment group members had a child support payment, compared with 6 percent of control group members.

B. Lessons Learned

Co-location of IV-D staff in TANF offices is not a new model; it has been adopted by many states and local TANF offices across the nation. The co-location of CSSD staff at the Anacostia IMA center had many positive effects on intermediate and longer-term child support outcomes. It is difficult to pinpoint which factor, among many, contributed most to the impacts. Discussions with IV-D and IV-A staff suggest five lessons that other child support agencies might consider if adopting a similar model.

- *Senior leadership from both agencies must support co-location.* IV-D staff encountered several hurdles that had to be addressed along the way, including finding space for staff, convincing IV-A staff of the importance of the intervention, and requiring IV-A cooperation. The support of IV-A and IV-D senior leadership was crucial to successful implementation of this model.

-
- *The order of interviews is important.* The initial model in which customers first met with IV-A was not successful; many customers left before meeting with IV-D. The problem largely disappeared after the child support interview was moved. When the process was revised so that the child support interview preceded the TANF interview, the proportion of interviews completed increased.
 - *Coordinating IV-A and IV-D staff schedules will help ensure clients attend both interviews.* Some customers were not seen because IV-D staff were not able to work at all times customers were meeting with IV-A. Agencies that are considering implementing this approach should consider options that would broaden IV-D and IV-A staff coverage, such as staggered staff starting and ending times so that IV-D and IV-A staff are on site at the same time.
 - *It is important to track outcomes over time.* It takes time to establish orders and for orders to be enforced. Six and 12 months of follow up are not adequate to track these key outcomes fully. Some important outcomes can be tracked during a short time frame, however, including whether staff are meeting with customers on the day of the IV-A interview and whether cases are moving to the next stage of the order establishment process (e.g., petition initiation, petition review, filing in court). Results in other areas will take longer to appear.
 - *Co-location will increase child support outcomes, but more needs to be done, especially in areas that serve a very disadvantaged population.* While this intervention proved successful at increasing child support outcomes over time, the vast majority of TANF customers served by the Anacostia IMA center had not established paternity or a child support order. This reflects the demographics and financial circumstances of the population living in this area. While a co-location model will improve outcomes, especially in regards to initial contact with TANF clients and the degree and accuracy of information collected in this meeting, it appears impacts on order establishment and payments will be modest and additional measures will need to be taken to improve performance in these areas.

VI. APPENDIX

Exhibit A1: Sample Member Characteristics

	Treatment Group	Control Group	Full Sample
Number of Observations	449	459	908
Gender = Female	97.10%	97.10%	97.10%
Average Age	30.8	31.9	31.4 *
Under 18	1.30%	2.20%	1.80%
18-25	29.80%	27.20%	28.50%
26-45	60.40%	59.90%	60.10%
46+	8.50%	10.70%	9.60%
Race = African American	97.50%	98.50%	98.00%
Highest Degree Achieved			
No HS Diploma/GED	32.70%	36.70%	34.60%
HS Diploma/GED Only	60.00%	56.10%	58.10%
Some College	7.10%	6.40%	6.80%
Number of Children	2.1	2.2	2.1
Age of Youngest Child	5.6	5.8	5.7
Currently Employed	10.50%	11.00%	10.70%

Source: Baseline Information Form; IV-A administrative data.

Notes: * $p < 0.10$; ** $p < 0.05$; *** $p < 0.01$ denote significance of a test of the difference in means between treatment and control group sample members.

Exhibit A2: Sample Member Program Participation

	Treatment Group	Control Group	Full Sample
Number of Observations	449	459	908
Length of Aid Period			
Applicant/No prior aid	12.70%	10.00%	11.30%
One year	11.40%	9.20%	10.20%
More than one year, less than two	9.10%	7.80%	8.50%
2-5 years	32.50%	35.10%	33.80%
6-10 years	19.60%	20.30%	19.90%
Over 10 years	14.00%	16.80%	15.40%
Missing	0.70%	0.90%	0.80%
Domestic Violence Waiver	2.50%	2.00%	2.20%
Reason for Office Visit			
TANF Application	24.30%	23.60%	24.00%
TANF Recertification	63.40%	66.50%	65.00%

Source: Baseline Information Form, IV-A administrative data, IV-D administrative data.
 Notes: * p<0.10; **p<0.05; ***p<0.01 denote significance of a test of the difference in means between treatment and control group sample members.

Exhibit A3: Intervention Impacts, by Reason for Office Visit

Outcome Measures ¹	TANF Application				TANF Recertification			
	Treatment Group (N=109)	Control Group (N=108)	Impact	Regression Adjusted Impact ³	Treatment Group (N=284)	Control Group (N=304)	Impact	Regression Adjusted Impact ³
Intermediate Outcomes (%)								
IV-D Contact with CP ²	71.6%	28.7%	42.9% ***	44.8% ***	80.3%	11.2%	69.1% ***	69.9% ***
Petition Initiated	22.9%	5.6%	17.4% ***	17.0% ***	28.2%	7.2%	20.9% ***	18.2% ***
Petition Sent to Intake Reviewer	20.2%	5.6%	14.6% ***	14.6% ***	26.1%	5.3%	20.8% ***	17.8% ***
Court Ready	17.4%	5.6%	11.9% ***	10.1% ***	23.9%	4.9%	19.0% ***	16.7% ***
Case in Court	16.5%	4.6%	11.9% ***	10.6% ***	22.9%	3.3%	19.6% ***	17.4% ***
Paternity and Order Establishment (%)								
Paternity Established	1.8%	1.9%	0.0%	-0.2%	6.0%	2.6%	3.4% **	2.5% *
Order Established	0.0%	0.9%	-0.9%	-	3.5%	0.3%	3.2% ***	2.8% **
NCP Payments								
Any NCP Payment (%)	2.8%	3.7%	-1.0%	0.1%	3.9%	6.3%	-2.4%	0.0%
3 Months	0.9%	2.8%	-1.9%	-0.3%	1.8%	4.6%	-2.8% *	-0.3%
6 Months	0.9%	2.8%	-1.9%	0.0%	2.5%	3.9%	-1.5%	-0.1%
Average NCP Payment	\$3	\$4	\$0	\$1	\$7	\$13	-\$5	\$0
3 Months	\$2	\$3	-\$1	\$1	\$5	\$16	-\$11	-\$5
6 Months	\$3	\$4	-\$1	\$0	\$15	\$10	\$5	\$11
Total Payments	\$20	\$22	-\$2	\$9	\$44	\$77	-\$33	-\$2

Sources: Baseline Information Form, IV-A administrative data, IV-D administrative data.

Notes: * significant at 10%; ** significant at 5%; *** significant at 1%; 1. Outcomes occurring on one or more non-custodial parents per custodial parent after random assignment; 2. Combined measure of either in-person child support intake interview or electronic case processing after 10/10/05; 3. Regression adjustment weighted impacts according to sex, age, race, education level, employment, living arrangements, total children, age of youngest child, time on TANF, and pre-study child support activity. When independent variables perfectly predicted the dependent variable, they were dropped from the regression.

Exhibit A4: Intervention Impacts, by Pre-study Custodial Parent Child Support Activity

Outcome Measures ¹	CP has record of Child Support Activity Prior to Study				CP has no record of Child Support Activity Prior to Study			
	Treatment Group (N=130)	Control Group (N=124)	Impact	Regression Adjusted Impact ³	Treatment Group (N=319)	Control Group (N=335)	Impact	Regression Adjusted Impact ³
Intermediate Outcomes (%)								
IV-D Contact with CP ²	83.1%	13.7%	69.4% ***	71.3% ***	77.1%	17.0%	60.1% ***	60.9% ***
Petition Initiated	30.0%	6.5%	23.5% ***	21.0% ***	25.7%	7.2%	18.5% ***	18.5% ***
Petition Sent to Intake Reviewer	25.4%	5.6%	19.7% ***	16.8% ***	23.5%	5.7%	17.8% ***	17.7% ***
Court Ready	22.3%	9.7%	12.6% ***	9.6% **	23.2%	4.2%	19.0% ***	18.4% ***
Case in Court	25.4%	6.5%	18.9% ***	14.9% ***	20.1%	3.0%	17.1% ***	16.6% ***
Paternity and Order Establishment (%)								
Paternity Established	5.4%	0.8%	4.6% **	4.1% **	4.4%	2.7%	1.7%	1.3%
Order Established	3.8%	0.8%	3.0%	2.7% **	1.6%	0.3%	1.3% *	1.2% *
NCP Payments								
Any NCP Payment (%)	13.1%	20.2%	-7.1%	-3.3%	0.3%	0.0%	0.3%	42.0%
3 Months	6.9%	14.5%	-7.6% *	-5.4%	0.3%	0.0%	0.3%	63.0%
6 Months	6.9%	13.7%	-6.8% *	-6.2% *	0.3%	0.0%	0.3%	63.0%
Average NCP Payment	\$23	\$37	-\$14	-\$5	\$0	\$0	\$0	-
3 Months	\$17	\$43	-\$26 *	-\$14	\$1	\$0	\$1	-
6 Months	\$38	\$32	\$6	\$18	\$1	\$0	\$1	-
Total Payments	\$139	\$221	-\$82	-\$29	\$3	\$0	\$3	\$3

Sources: Baseline Information Form, IV-A administrative data, IV-D administrative data.

Notes: * significant at 10%; ** significant at 5%; *** significant at 1%; 1. Outcomes occurring on one or more non-custodial parents per custodial parent after random assignment; 2. Combined measure of either in-person child support intake interview or electronic case processing after 10/10/05; 3. Regression adjustment weighted impacts according to sex, age, race, education level, employment, living arrangements, total children, age of youngest child, time on TANF, and pre-study child support activity. When independent variables perfectly predicted the dependent variable, they were dropped from the regression.

Exhibit A5: Intervention Impacts, by Custodial Parent Age

Outcome Measures ¹	CP Age < 25				CP Age >= 25			
	Treatment Group (N=140)	Control Group (N=135)	Impact	Regression Adjusted Impact ³	Treatment Group (N=309)	Control Group (N=324)	Impact	Regression Adjusted Impact ³
Intermediate Outcomes (%)								
IV-D Contact with CP ²	78.6%	20.0%	58.6% ***	62.1% ***	79.0%	14.5%	64.5% ***	65.7% ***
Petition Initiated	30.0%	12.6%	17.4% ***	10.9% **	25.6%	4.6%	20.9% ***	19.7% ***
Petition Sent to Intake Reviewer	25.0%	7.4%	17.6% ***	11.1% ***	23.6%	4.9%	18.7% ***	17.2% ***
Court Ready	22.1%	8.9%	13.3% ***	12.7% ***	23.3%	4.3%	19.0% ***	17.7% ***
Case in Court	18.6%	4.4%	14.1% ***	12.6% ***	23.0%	3.7%	19.3% ***	17.7% ***
Paternity and Order Establishment (%)								
Paternity Established	8.6%	5.9%	2.6%	0.6%	2.9%	0.6%	2.3% **	1.9% **
Order Established	2.9%	1.5%	1.4%	1.4%	1.9%	0.0%	1.9% **	-
NCP Payments								
Any NCP Payment (%)	1.4%	3.7%	-2.3%	0.0%	5.2%	6.2%	-1.0%	0.1%
3 Months	0.7%	2.2%	-1.5%	0.0%	2.9%	4.6%	-1.7%	0.0%
6 Months	0.7%	2.2%	-1.5%	0.0%	2.9%	4.3%	-1.4%	-0.7%
Average NCP Payment	\$2	\$5	-\$3	-\$3	\$9	\$12	-\$3	\$0
3 Months	\$2	\$5	-\$3	-\$3	\$7	\$15	-\$7	-\$4
6 Months	\$2	\$4	-\$2	-\$2	\$16	\$11	\$5	\$9
Total Payments	\$11	\$28	-\$17	-\$15	\$56	\$73	-\$17	\$2

Sources: Baseline Information Form, IV-A administrative data, IV-D administrative data.

Notes: * significant at 10%; ** significant at 5%; *** significant at 1%; 1. Outcomes occurring on one or more non-custodial parents per custodial parent after random assignment; 2. Combined measure of either in-person child support intake interview or electronic case processing after 10/10/05; 3. Regression adjustment weighted impacts according to sex, age, race, education level, employment, living arrangements, total children, age of youngest child, time on TANF, and pre-study child support activity. When independent variables perfectly predicted the dependent variable, they were dropped from the regression.

Exhibit A6: Intervention Impacts, by Custodial Parent Education Level

Outcome Measures ¹	CP has HS Diploma or GED				CP lacks HS Diploma or GED			
	Treatment Group (n=283)	Control Group (n=245)	Impact	Regression Adjusted Impact ³	Treatment Group (n=138)	Control Group (n=144)	Impact	Regression Adjusted Impact ³
Intermediate Outcomes (%)								
IV-D Contact with CP ²	83.0%	18.8%	64.3% ***	64.4% ***	79.7%	14.6%	65.1% ***	69.5% ***
Petition Initiated	28.3%	7.8%	20.5% ***	18.9% ***	28.3%	7.6%	20.6% ***	20.5% ***
Petition Sent to Intake Reviewer	25.8%	6.1%	19.7% ***	17.7% ***	23.9%	6.3%	17.7% ***	17.6% ***
Court Ready	24.0%	6.5%	17.5% ***	16.1% ***	23.9%	6.3%	17.7% ***	17.2% ***
Case in Court	23.3%	4.1%	19.2% ***	18.2% ***	21.0%	5.6%	15.5% ***	16.4% ***
Paternity and Order Establishment (%)								
Paternity Established	4.6%	2.9%	1.7%	1.3%	5.8%	1.4%	4.4% **	3.9% **
Order Established	1.8%	0.8%	1.0%	0.1%	3.6%	0.0%	3.6% **	-
NCP Payments								
Any NCP Payment (%)	5.3%	6.1%	-0.8%	0.0%	2.2%	3.5%	-1.3%	0.3%
3 Months	2.5%	4.9%	-2.4%	-0.1%	2.2%	1.4%	0.8%	1.0%
6 Months	3.2%	4.9%	-1.7%	-0.8%	0.7%	2.8%	-2.1%	-0.4%
Average NCP Payment	\$10	\$15	-\$5	-\$2	\$3	\$3	\$0	\$2
3 Months	\$7	\$15	-\$8	-\$5	\$4	\$2	\$2	\$4
6 Months	\$17	\$13	\$5	\$9	\$2	\$5	-\$3	-\$1
Total Payments	\$58	\$91	-\$33	-\$10	\$18	\$19	-\$1	\$11

Sources: Baseline Information Form, IV-A administrative data, IV-D administrative data.

Notes: * significant at 10%; ** significant at 5%; *** significant at 1%; 1. Outcomes occurring on one or more non-custodial parents per custodial parent after random assignment; 2. Combined measure of either in-person child support intake interview or electronic case processing after 10/10/05; 3. Regression adjustment weighted impacts according to sex, age, race, education level, employment, living arrangements, total children, age of youngest child, time on TANF, and pre-study child support activity. When independent variables perfectly predicted the dependent variable, they were dropped from the regression.

Exhibit A7: Intervention Impacts, by Age of Youngest Child

Outcome Measures ¹	Youngest Child Age < 6				Youngest Child Age >= 6			
	Treatment Group (N=289)	Control Group (N=274)	Impact	Regression Adjusted Impact ³	Treatment Group (N=160)	Control Group (N=185)	Impact	Regression Adjusted Impact ³
Intermediate Outcomes (%)								
IV-D Contact with CP ²	80.3%	21.9%	58.4% ***	58.7% ***	76.3%	7.6%	68.7% ***	69.9% ***
Petition Initiated	29.4%	10.6%	18.8% ***	17.5% ***	22.5%	1.6%	20.9% ***	18.2% ***
Petition Sent to Intake Reviewer	25.3%	8.4%	16.9% ***	15.4% ***	21.9%	1.6%	20.3% ***	17.5% ***
Court Ready	24.2%	8.4%	15.8% ***	14.8% ***	20.6%	1.6%	19.0% ***	15.1% ***
Case in Court	21.8%	5.8%	16.0% ***	15.1% ***	21.3%	1.1%	20.2% ***	16.7% ***
Paternity and Order Establishment (%)								
Paternity Established	5.5%	3.6%	1.9%	1.2%	3.1%	0.0%	3.1% **	-
Order Established	2.1%	0.7%	1.3%	0.5%	2.5%	0.0%	2.5% **	-
NCP Payments								
Any NCP Payment (%)	3.1%	4.0%	-0.9%	0.3%	5.6%	7.6%	-1.9%	-0.1%
3 Months	1.7%	2.6%	-0.8%	0.1%	3.1%	5.9%	-2.8%	-0.5%
6 Months	2.1%	2.6%	-0.5%	0.0%	2.5%	5.4%	-2.9%	-0.8%
Average NCP Payment	\$6	\$9	-\$3	\$0	\$9	\$11	-\$3	\$1
3 Months	\$5	\$7	-\$2	\$0	\$7	\$19	-\$12	-\$7
6 Months	\$7	\$8	-\$1	\$1	\$19	\$10	\$9	\$15
Total Payments	\$36	\$53	-\$17	\$0	\$53	\$69	-\$16	\$9

Sources: Baseline Information Form, IV-A administrative data, IV-D administrative data.

Notes: * significant at 10%; ** significant at 5%; *** significant at 1%; 1. Outcomes occurring on one or more non-custodial parents per custodial parent after random assignment; 2. Combined measure of either in-person child support intake interview or electronic case processing after 10/10/05; 3. Regression adjustment weighted impacts according to sex, age, race, education level, employment, living arrangements, total children, age of youngest child, time on TANF, and pre-study child support activity. When independent variables perfectly predicted the dependent variable, they were dropped from the regression.

Exhibit A8: Intervention Impacts, by Total Number of Children

Outcome Measures ¹	Custodial Parent has 1 Child				Custodial Parent has Multiple Children			
	Treatment Group (N=179)	Control Group (N=178)	Impact	Regression Adjusted Impact ³	Treatment Group (N=261)	Control Group (N=266)	Impact	Regression Adjusted Impact ³
Intermediate Outcomes (%)								
IV-D Contact with CP ²	79.8%	15.6%	64.1% ***	65.9% ***	80.1%	16.5%	63.5% ***	65.3% ***
Petition Initiated	24.2%	7.8%	16.3% ***	14.6% ***	29.9%	6.4%	23.5% ***	22.2% ***
Petition Sent to Intake Reviewer	22.5%	6.7%	15.8% ***	14.2% ***	26.1%	4.9%	21.2% ***	21.0% ***
Court Ready	20.8%	7.3%	13.5% ***	11.9% ***	25.3%	4.9%	20.4% ***	19.2% ***
Case in Court	19.1%	5.6%	13.5% ***	12.5% ***	24.1%	3.0%	21.1% ***	19.2% ***
Paternity and Order Establishment (%)								
Paternity Established	5.1%	2.8%	2.3%	1.3%	4.6%	1.9%	2.7% *	2.1%
Order Established	2.2%	0.6%	1.7%	1.4%	2.3%	0.4%	1.9% *	0.3% ***
NCP Payments								
Any NCP Payment (%)	2.8%	1.7%	1.1%	0.1%	5.0%	7.9%	-2.9%	0.0%
3 Months	1.7%	1.1%	0.6%	0.1%	2.7%	6.0%	-3.3% *	-0.1%
6 Months	1.7%	1.7%	0.0%	0.1%	2.7%	5.3%	-2.6%	-1.3%
Average NCP Payment	\$4	\$1	\$3	\$3	\$10	\$16	-\$7	-\$1
3 Months	\$4	\$1	\$2	\$3	\$7	\$19	-\$13	-\$6
6 Months	\$3	\$1	\$2	\$2	\$17	\$14	\$3	\$11
Total Payments	\$21	\$6	\$15	\$15	\$58	\$99	-\$41	-\$5

Sources: Baseline Information Form, IV-A administrative data, IV-D administrative data.

Notes: * significant at 10%; ** significant at 5%; *** significant at 1%; 1. Outcomes occurring on one or more non-custodial parents per custodial parent after random assignment; 2. Combined measure of either in-person child support intake interview or electronic case processing after 10/10/05; 3. Regression adjustment weighted impacts according to sex, age, race, education level, employment, living arrangements, total children, age of youngest child, time on TANF, and pre-study child support activity. When independent variables perfectly predicted the dependent variable, they were dropped from the regression.