Home Visiting Services for TANF Families with Young Children

Second Year Outcomes

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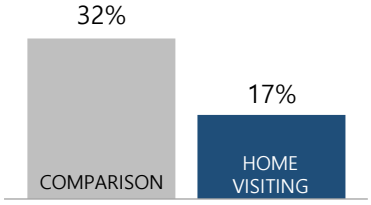
Report to the DSHS Economic Services Administration Community Services Division

THE TANF HOME VISITING program is a joint project of the DSHS Economic Services Administration Community Services Division (CSD) and the Department of Children, Youth, and Families (DCYF)[1]. The TANF Home Visiting program is intended to improve outcomes for families receiving Temporary Assistance for Needy Families (TANF). Home visiting programs serve families with children in the critical first years of life in order to strengthen the parent-child bond, develop positive parenting practices, reduce rates of child abuse and neglect, and support family well-being. This study examines second-year outcomes for families who enrolled in TANF Home Visiting between May 2015, when the program began, and October 2016. Outcomes for participating families during the two years after enrollment are compared to outcomes for similar families who would have been eligible for the program but did not enroll.

Key Findings

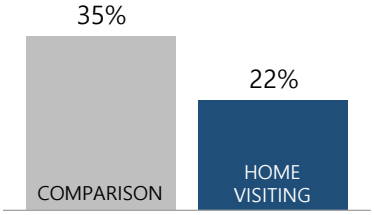
1. **Parents enrolled in TANF Home Visiting were more likely to engage in WorkFirst activities that prepared them for work (46 percent) than comparison TANF families (37 percent) in the two years after enrolling.** Parents in TANF Home Visiting were also more likely to engage in education and training WorkFirst activities.
2. **Parents enrolled in TANF Home Visiting were more likely to use child care subsidies (39 percent) than comparison parents (30 percent) in the 2nd year after enrollment.** Greater use of child care was also found in the 1st year after enrollment.
3. **Infants born to TANF Home Visiting participants were less likely to be treated for injuries or visit the emergency department for outpatient treatment in the 2nd year after enrollment.** They were also less likely to be placed out-of-home in the 1st year after enrollment, though this difference was no longer present in year two.

Reduction in the rate of infant injury treatment...



Treatment for Infant Injury in Second Year

... and the rate of multiple outpatient emergency department visits



2 or More Outpatient Emergency Department Visits in Second Year

[1] In previous RDA reports, the Department of Early Learning (DEL) was identified as a partner in the TANF Home Visiting Program. As of July 2018, DEL became a part of a newly established agency, the Department of Children, Youth and Families.

Study Design

This study examines outcomes in the two years following enrollment for families enrolled in TANF Home Visiting (N = 261), and compares them to outcomes for a statistically matched comparison group of families on TANF who did not enroll in the program. All parents who enrolled in TANF Home Visiting during the time period were included, whether or not they completed the program. See the Appendix for details on the statistical matching procedures.

Outcomes related to TANF/WorkFirst are measured over the entire 24-month follow-up period to account for some families that exited TANF by the 2nd year after enrollment. Other outcomes are reported for the 2nd year after enrollment and, where relevant, the 1st year after enrollment.

This report includes both parent and child outcomes. For parent-level outcomes, all TANF Home Visiting participants were included whether or not they had a child under 5 in the home.

Child-level outcomes were examined in two ways. First, outcomes were assessed for the youngest child in the household for all households that had a child under five years old. Where a new baby had been born within 8 months of the start of the study, that baby was considered the youngest child. Second, a set of outcomes was assessed for new babies only. Only one-third of all participants had a new baby. New babies were identified using the First Steps Database (FSDB), which includes all births that occur in Washington State. Nine TANF Home Visiting households had no child under 5 years old and no newborn, and these households were excluded from the child-level analyses.[2]

FIGURE 1.

Study Groups and Timeline

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2 to 1 Matched Comparison

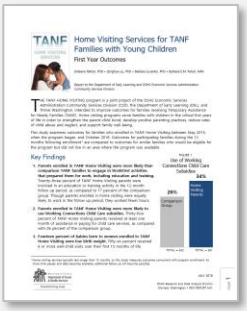
Comparison parents = **522**	TANF Home Visiting parents = **261**
501 comparison parents with child under age 5. ▸ **Thus, 501 youngest children.**	252 TANF Home Visiting parents with child under age 5. ▸ **Thus, 252 youngest children.**
155 comparison parents with an infant born within 8 months of enrollment. ▸ **Thus, 155 infants.**	89 TANF Home Visiting parents with an infant born within 8 months of enrollment. ▸ **Thus, 89 infants.**

2-year follow-up

Year One | **Year Two**

TANF
Home Visiting Enrollment
May 2015 – October 2016

WorkFirst Participation • Child Care Subsidy Use • Infant Health and Safety • Child Welfare Involvement • TANF Participation • Substance Use Disorder Treatment • Physical and Behavioral Health Indicators • Employment • Earnings • Child or Infant Developmental Delay



More Research from RDA on TANF Home Visiting

Home Visiting Services for TANF Families with Young Children
First Year Outcomes

Patton, Liu, Lucenko, Felver
JULY 2018

Detailed information about the TANF Home Visiting Program, characteristics of enrolled participants, statistical matching techniques, and first year outcomes.

http://www.dshs.wa.gov/rda

[2] These families had no children in the household and were identified as pregnant in ACES when they enrolled in the TANF Home Visiting, but no child was born within 8 months of enrollment.

Positive Impacts of TANF Home Visiting

A number of positive impacts of TANF Home Visiting for families and children were found in the 2nd year after enrollment. These outcomes fall into three categories: 1) WorkFirst activity participation, 2) child care subsidy use, and 3) infant health and safety.

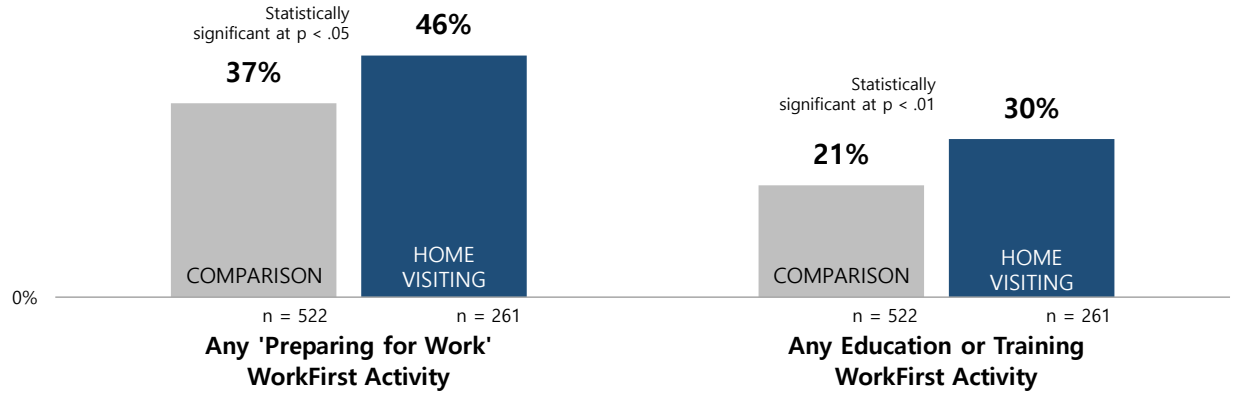
WorkFirst Activity Participation

During the two years after enrolling in TANF Home Visiting, parents in the program were more likely to take part in WorkFirst activities related to preparing for work when compared to similar parents participating in TANF but not enrolled in the home visiting program. Activities considered preparing for work include high school or GED completion, adult basic education, vocational education, ESL instruction, work experience programs, job skills training, community service, or volunteering at a childcare, preschool, or elementary school. In the 24-month outcome period, 46 percent of TANF Home Visiting parents took part in these activities while 37 percent of comparison parents did so.

Education and training activities through WorkFirst include basic education, high school completion, GED completion, vocational education, or job skills training. TANF Home Visiting participants were also more likely to take part in these education and training activities (30 percent compared to 21 percent of comparison group members) in the 24-month follow-up period.

FIGURE 2.

Rates of 'Preparing for Work' and Education and Training WorkFirst Activities



TANF Home Visiting parents may have received help in resolving their barriers by home visitors, allowing them to participate in WorkFirst activities. Additionally, TANF Home Visiting parents may have been encouraged by home visitors to pursue activities that would increase their job prospects, including education and training activities. Since parents enrolled in TANF Home Visiting spent more months on TANF in the 24-month follow-up period than the comparison group (11 months versus 9 months), they also had more opportunities to engage in TANF activities.

What is a p-value?

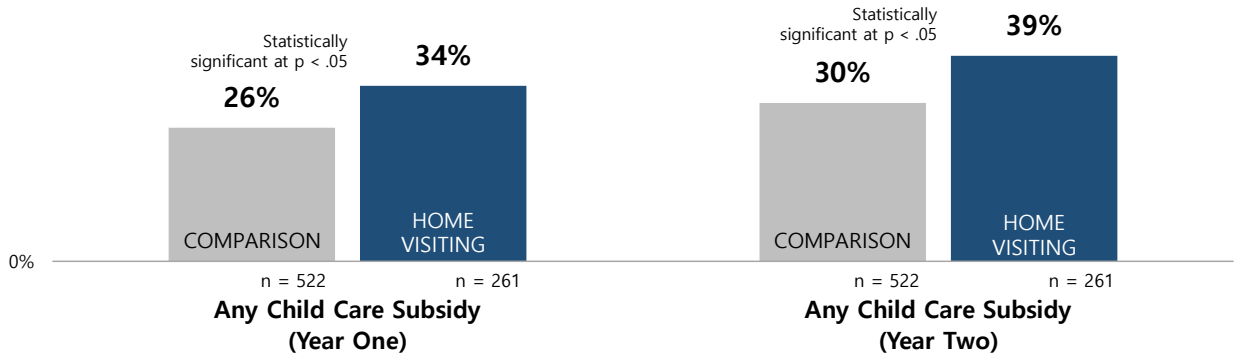
P-values can be used to identify statistically significant differences in means or percentages between two groups. Commonly, a p-value at or below 0.05 is considered statistically significant.

Child Care Subsidy Use

During the 1st and 2nd year after enrolling in the TANF Home Visiting program, participating parents were more likely to take advantage of the Child Care Subsidy Program (CCSP) for one or more of their children. In the 1st year of follow-up, 34 percent of TANF Home Visiting parents used the CCSP compared to 26 percent of comparison parents, and in the 2nd year of follow-up 39 percent of TANF Home Visiting parents used the CCSP compared to 30 percent of comparison parents. Greater use of CCSP is likely to be related to greater participation in WorkFirst activities related to work preparation.

FIGURE 3.

Rate of Child Care Subsidy Program (CCSP) Use in the First and Second Year

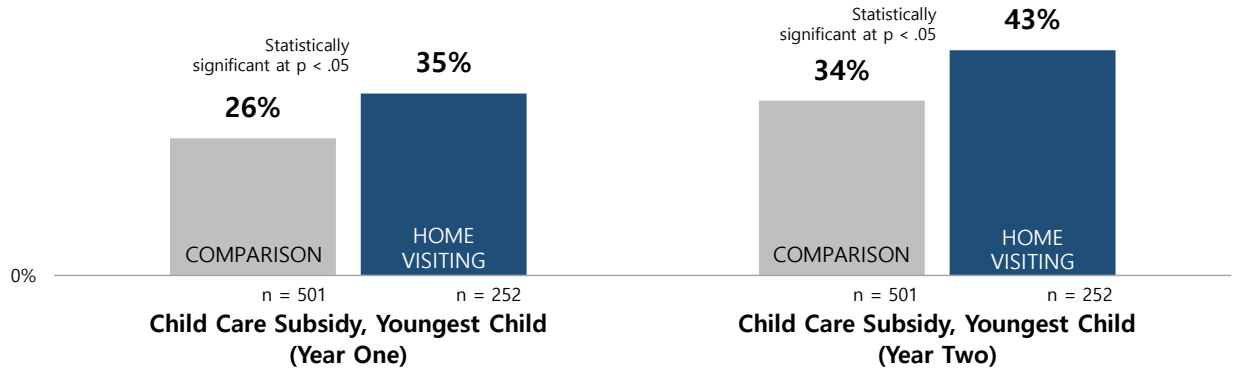


To examine children's participation in CCSP, the youngest child under age 5 was identified for each household. Where a new baby had been born within 8 months after enrollment, that baby was identified as the youngest child.

In the 1st year after enrollment in TANF Home Visiting, 35 percent of youngest children participated in CCSP, compared to 26 percent of comparison youngest children. In the 2nd year after enrollment in TANF Home Visiting, 43 percent of TANF Home Visiting youngest children participated in CCSP, compared to 34 percent of comparison youngest children. Subgroup analyses revealed that new babies of parents in TANF Home Visiting (those born within 8 months of enrollment) did not participate in CCSP at higher rates than comparison babies (not shown) indicating the difference was driven by the greater participation of toddler and preschool-aged children.

FIGURE 4.

Rates of CCSP Use for Youngest Child in Household in the First and Second Year



Higher rates of child care subsidy use in the TANF Home Visiting group may have been driven by increased participation in WorkFirst preparing for work or education and training activities and more months spent on TANF. Home visitors may also encourage families to access child-focused benefits such as child care and early learning to support child development and school readiness.

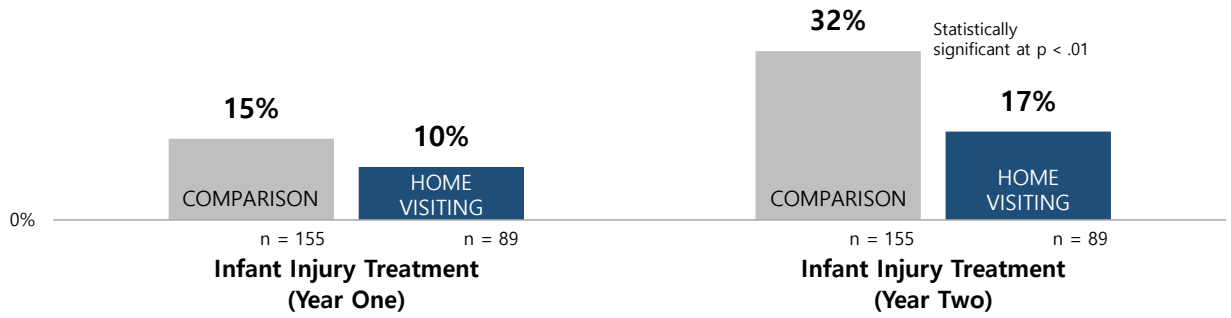
Infant Health and Safety

The 1st year report examined a small number of birth outcomes and maternal/child health measures. For this report, a more comprehensive set of child outcome measures was examined for both youngest children and for infants born within 8 months of enrollment. Impacts on infant health and safety were found, but not on youngest children in general.

In the 1st year after enrollment, 10 percent of TANF Home Visiting infants received treatment for an injury compared to 15 percent of comparison infants, though the difference was not statistically significant. The difference however, became significant in the 2nd year after enrollment. While 17 percent of infants in the TANF Home Visiting group were treated for injuries in the 2nd year after enrollment, 32 percent of comparison children received treatment for injuries. The most common types of injuries for both groups, based on diagnosis groupings, were superficial contusions and falls. This finding may indicate that home visiting improves parent awareness of the importance of close supervision and setting up an environment for safety, especially once children learn to walk.

FIGURE 5.

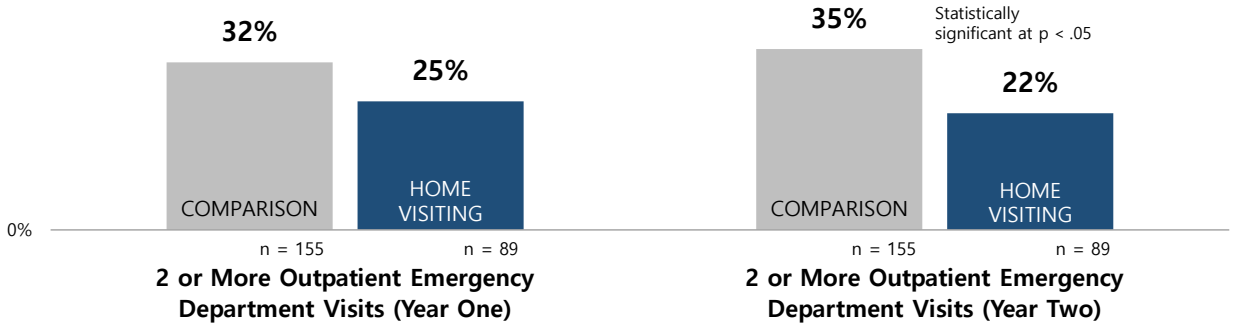
Rate of Injury Treatment for Infants in the First and Second Year



Similarly, in the 1st year after enrollment, 25 percent of TANF Home Visiting infants received outpatient treatment in an emergency department (ED) two or more times, compared to 32 percent of comparison infants (difference not significant). However, in the 2nd year the difference was significant: 22 percent of TANF Home Visiting infants visited the ED two or more times for outpatient treatment as compared to 35 percent of comparison infants. It is important to note that over half of infants received outpatient ED treatment *at least once in each year*, regardless of receiving home visiting. The lower rates of multiple outpatient ED visits among TANF Home Visiting parents may indicate home visitors are assisting families in connecting with a primary care provider and providing information about when ED visits are needed and not needed.

FIGURE 6.

Rate of Multiple Infant ED Visits in the First and Second Year

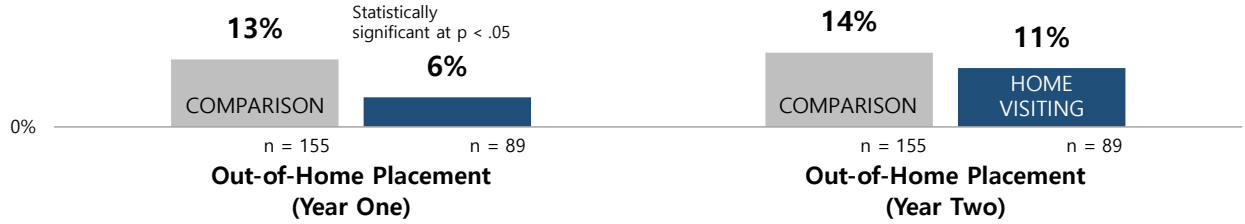


Infants in TANF Home Visiting were also less likely to be diagnosed with prenatal exposure to drugs and alcohol after their birth. Four percent of infants in TANF Home Visiting had a substance exposure diagnosis, compared to 13 percent of comparison infants (not shown), a statistically significant difference.

Finally, infants in TANF Home Visiting were less likely to be placed out-of-home in the first 12 months of enrollment in the program (6 percent of TANF Home Visiting infants versus 13 percent of comparison infants). However, this difference was no longer statistically significant by the 2nd year after enrollment, during which 11 percent of TANF Home Visiting infants and 14 percent of comparison infants experienced an out-of-home placement.

FIGURE 7.

Rate of Out-of-Home Placement of Infants in the First and Second Year



Taken together, the results for infants indicate that TANF Home Visiting may be improving health and safety of infants by potentially reducing injuries, reducing frequent ED outpatient use, and at least temporarily reducing out-of-home placement.

The infant subgroup analyses have notable limitations. First, only one-third of TANF Home Visiting families had a new infant born in the eight months following enrollment, so the population size is small (only 89 infants). Second, while pregnancy as identified in the Automated Client Eligibility System (ACES) was included as a matching variable to balance the TANF Home Visiting and comparison groups, the pregnancy indicator was not fully reliable. As a result, infants in the treatment and comparison subgroups may not have been as well matched as the TANF Home Visiting population overall.

The results still suggest positive impacts of home visiting on health and safety of infants. Potential follow-up analyses could include women who enrolled in the program after October 2016 to increase the cohort size of women who gave birth after enrolling in TANF Home Visiting and focus only on mothers of infants, in order to confirm these initial findings.

Other Impacts of TANF Home Visiting

Additional impacts of TANF Home Visiting were difficult to categorize as either positive or negative. These include impacts on child welfare involvement, TANF participation, and substance use disorder treatment.

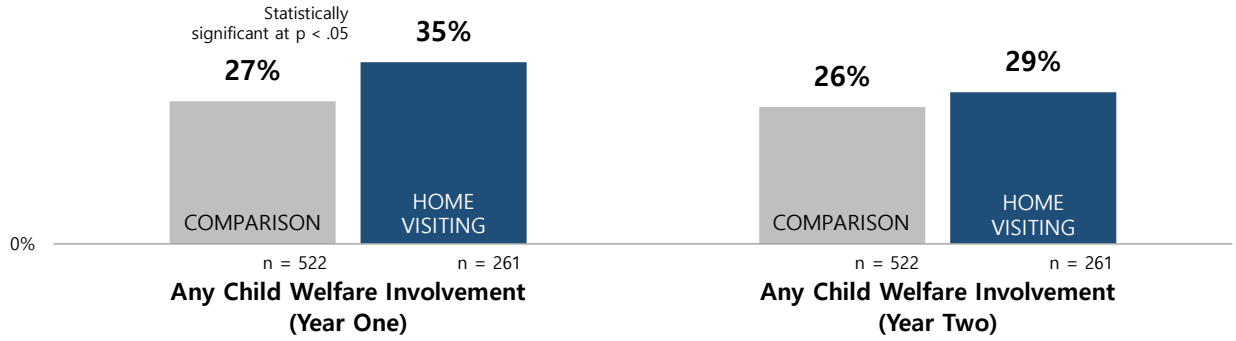
Child Welfare Involvement

As reported in the 1st year report, parents enrolled in TANF Home Visiting were more likely to be involved in the child welfare system than comparison parents during the first 12 months of program enrollment (35 percent versus 27 percent). However, in the 2nd year after enrollment this difference was attenuated with 29 percent of TANF Home Visiting parents and 26 percent of comparison parents involved with the child welfare system. The 1st year findings may be due to the "surveillance effect" where children that begin to be routinely monitored by service providers, such as home visitors or

child care staff, are more likely to be reported for maltreatment than non-participant children.[3] Since children of TANF Home Visiting participants were observed by home visitors and were more likely to be in child care settings (as evidenced by higher subsidy use), they were more likely to be observed by trained mandatory reporters.

FIGURE 8.

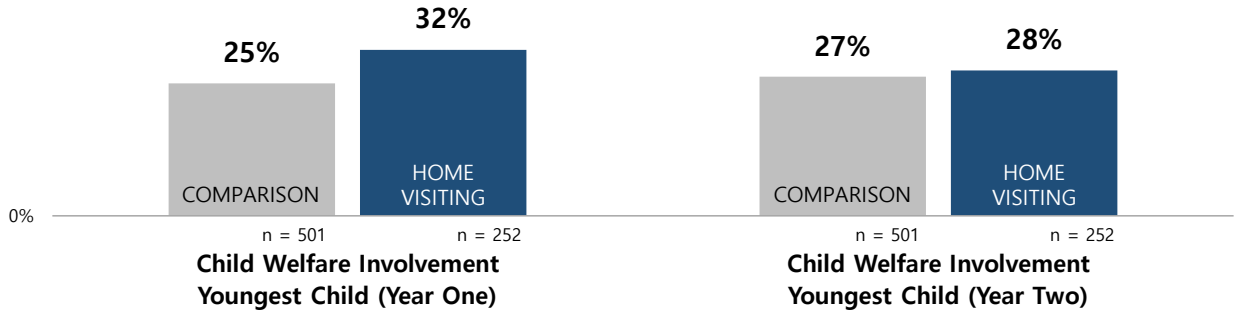
Rate of Parent's Child Welfare Involvement in the First and Second Year



When examining the child welfare involvement of youngest children, a similar pattern was found: in the 1st year after enrollment, 32 percent of youngest children had any child welfare involvement, compared to 25 percent of comparison youngest children, though the difference was not statistically significant. There was no difference between the groups in the 2nd year.

FIGURE 9.

Rate of Youngest Child's Child Welfare Involvement in the First and Second Year



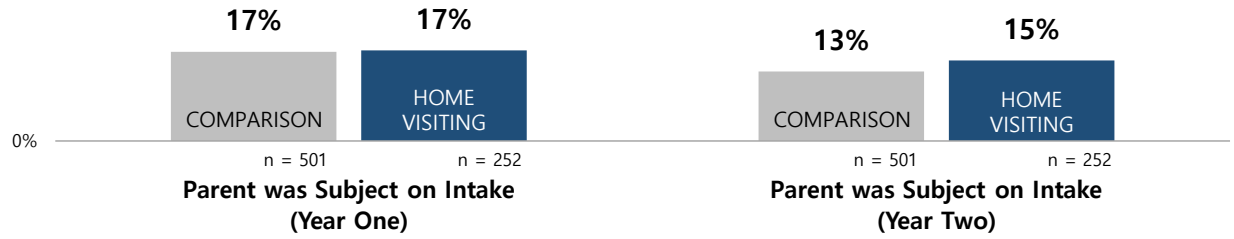
While overall child welfare involvement is one measure of child safety, another is whether the parent was the perpetrator on an alleged child abuse or neglect report. The TANF Home Visiting parent group was no more likely to be the alleged subject on a child welfare intake than comparison parents: 17 percent for both groups in the 1st year and 15 percent versus 13 percent in the 2nd year of the study. The subject is the alleged perpetrator identified by the person who has called DCYF to report abuse or neglect concerns.

This means that while TANF Home Visiting parents were more likely to be involved with the child welfare system in the first year after enrollment, it is not because they were more likely to be reported to DCYF for alleged abuse or neglect. Instead, while they were associated with a child welfare case, the alleged perpetrator may have been another caregiver (e.g. the father or boyfriend) or the intakes were for a Family Assessment Response (FAR) or Risk Only because these types of intakes do not have a subject.

[3] See Chaffin, M., & Bard, D. (2006). Impact of intervention surveillance bias on analyses of child welfare report outcomes. *Child Maltreatment*, 11(4), 301-312.

FIGURE 10.

Rate of Parent Appearing as a Subject on a Child Welfare Investigation



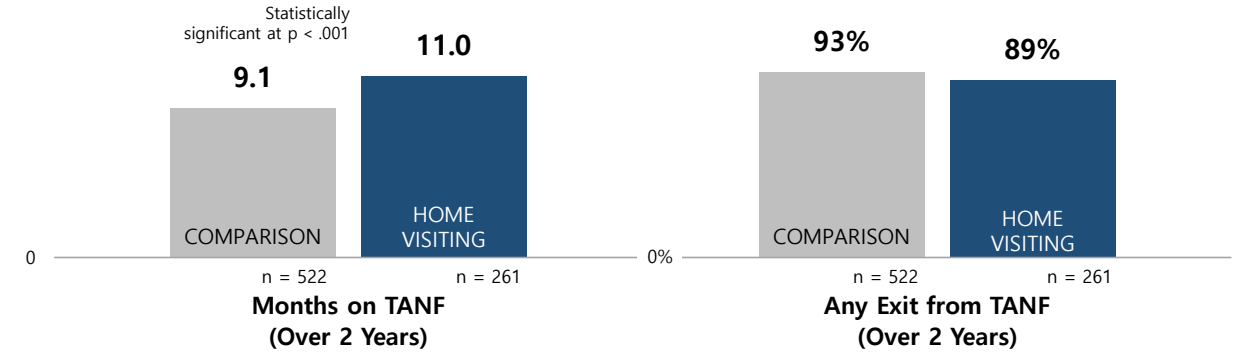
While parents in TANF Home Visiting had higher rates of child welfare involvement in the 1st year after enrollment (Figure 8), they were no more likely to be the alleged perpetrator of maltreatment (Figure 10), and their children did not have higher rates of out-of-home placement (Table 1) and infants born after the enrollment date actually exhibited lower out-of-home placement in the 1st year (Figure 7). By the 2nd year after enrolling in TANF Home Visiting, child welfare involvement and out-of-home placement rates were no different between the TANF Home Visiting and comparison parents. Together these data suggest that the initial increase in child welfare involvement may be due to increased observation of the children by early learning professionals and may be a positive outcome if parents were connected to services while maintaining their children at home.

TANF Participation

Parents who enrolled in TANF Home Visiting spent more months on TANF in the two-year follow-up period (11 versus 9 months). They were also somewhat less likely to have exited TANF at some point during that time period, though the difference was not significant. TANF Home Visiting parents were equally likely as comparison group parents to exit TANF due to positive or income-related reasons and were equally likely to have been sanctioned (see Table 1). While the longer time spent on TANF may be positive, as it allows the parent to receive case management, job preparation services, and education or training through WorkFirst, it may also be negative as parents are spending more of their TANF time limit of 60 months. Longer-term follow-up will be needed to understand whether remaining on TANF in the short-term and participating in work preparation, education, and training activities may lead to greater self-sufficiency in the long-term.

FIGURE 11.

Average Months on TANF and TANF Exit During the 24-month Follow-up Period

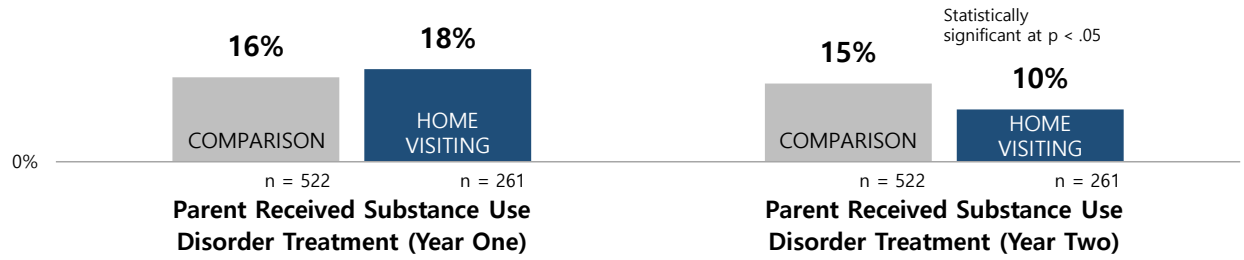


Substance Use Disorder Treatment

In the 1st year after enrollment, participants in TANF Home Visiting received substance use disorder (SUD) treatment at rates similar to those of the comparison group (18 percent versus 16 percent, respectively). However, in the 2nd year after enrollment, participants in TANF Home Visiting were less likely to receive SUD treatment (10 percent) than the comparison group (15 percent).

FIGURE 12.

Rate of Parent's SUD Treatment Services in the First and Second Year



Lower rates of SUD treatment in the 2nd year of follow-up could indicate that the TANF Home Visiting parents had received treatment in the 1st year and no longer needed it, or it could mean higher rates of exit from treatment. Unfortunately, the data source used for this analysis lacks an indicator of 'treatment completion' which would be a more useful outcome. Further, the treatment indicator includes treatments that should be maintained over the long-term (e.g. medication for opioid use disorder, which is considered a chronic condition) as well as those that are shorter in duration, so it is unclear if exit from treatment is positive or negative.

Measures Not Impacted by Home Visiting

The analysis included a comprehensive list of potential impacts of TANF Home Visiting and most comparisons were not significant. For transparency, additional outcomes that were examined but were not found to be impacted by the TANF Home Visiting intervention are listed in Table 1.

TABLE 1.

Measures Not Impacted by TANF Home Visiting

	Comparison	Home Visiting
Parent Health and Behavioral Health	n = 522	n = 261
Parent injury (year one)	29%	24%
Parent injury (year two)	25%	25%
Parent outpatient ED (year one)	55%	54%
Parent outpatient ED (year two)	47%	44%
Two or more parent outpatient ED (year one)	32%	32%
Two or more parent outpatient ED (year two)	30%	27%
Parent hospitalization (year one)	37%	38%
Parent hospitalization (year two)	17%	13%
Parent mental health treatment (year two)	22%	23%
TANF/WorkFirst Activities	n = 522	n = 261
Any exit from TANF	93%	89%
Positive exit from TANF	36%	38%
Income-related exit from TANF	31%	31%
Return to TANF	31%	34%
Any 'looking for work' WorkFirst activity	22%	26%
Any working WorkFirst activity	40%	45%
Any WorkFirst sanction	15%	14%
Employment and Wages (Year One)	n = 522	n = 261
Any employment	53%	54%
Hours of employment (if employed)	672	596
Average quarterly wage (if employed)	$2,174	$1,812
Employment and Wages (Year Two)	n = 522	n = 261
Any employment	58%	61%

	Comparison	Home Visiting
Hours of employment (if employed)	925	823
Average quarterly wage (if employed)	$3,281	$2,821
Youngest Child Outcomes	n = 501	n = 252
Developmental delay diagnosis (year one)	6%	9%
Developmental delay diagnosis (year two)	15%	17%
Hospitalization (year one)	20%	22%
Hospitalization (year two)	3%	4%
Injury (year one)	21%	24%
Injury (year two)	27%	23%
2+ outpatient ED visits (year one)	31%	33%
2+ outpatient ED visits (year two)	25%	23%
Out-of-home placement (year one)	9%	6%
Out-of-home placement (year two)	10%	12%
Infant Outcomes	n = 155	n = 89
Child Care Subsidy (year one)	14%	19%
Child Care Subsidy (year two)	35%	37%
Developmental delay diagnosis (year one)	3%	4%
Developmental delay diagnosis (year two)	17%	13%
Any child welfare involvement (year one)	28%	30%
Any child welfare involvement (year two)	36%	28%

Directions for Future Research

In the 2nd year after enrollment, TANF Home Visiting was associated with a number of positive outcomes for parents and families including more involvement in TANF activities that prepare parents for jobs, higher child care subsidy use, and better infant health and safety. The home visiting models which make up TANF Home Visiting each have a duration of at least two years. Therefore, it is notable to see impacts in year two that were not present in the first year and may suggest that impacts of the home visiting intervention may take time to appear. Further study is needed to determine whether effects continue beyond the end of the direct services from home visitors.

As with all observational studies, this study has important limitations. While propensity score matching balances treatment and comparison groups on measured characteristics, there is still risk that groups are unbalanced on unmeasured factors. Since this study relied on administrative data, only factors routinely collected for the provision of services and included in administrative systems could be used for matching. There remains the possibility that parents who enroll in TANF Home Visiting may have other pre-existing differences from the comparison families that could not be measured. Additionally, as noted previously, since the ACES pregnancy indicator was not fully reliable, the balance for the infant sub-analysis was not as strong for the overall home visiting group. Lastly, due to the nature of the data, this analysis examines all parents who enrolled in the TANF Home Visiting program during the time period, whether or not they completed the program. If the data was made available, future studies could examine the relationship between dosage and/or completion and outcomes.

The results from the second year of follow-up for the TANF Home Visiting program are promising and suggest that home visiting services may impact the behavior of parents and improve outcomes for kids. ESA should consider whether to make this type of service available to more TANF families, especially those families who are expectant or have a new baby.

APPENDIX

TABLE A1.

Baseline Characteristics of TANF Home Visiting Participants and Comparison Groups

	TANF Home Visiting Group (n = 261)	**Matched Comparison Group** (n = 522)	**Absolute Standardized Mean Difference** (ASMD)*
Demographics			
Age	25.0	24.9	0.010
Female	98%	98%	0.026
Non-Hispanic white	49%	49%	0.000
Any minority	51%	51%	0.008
Hispanic	23%	23%	0.005
Black	15%	15%	0.005
American Indian or Alaska Native	10%	9%	0.044
Asian	6%	6%	0.023
Native Hawaiian or Pacific Islander	4%	5%	0.050
Family and Household Information			
Number of children under 5 years old	0.9	0.9	0.019
Number of children 5 years and older	0.2	0.2	0.012
No children in the home (due to pregnancy)	26%	26%	0.000
Youngest child under 1 year old	49%	50%	0.027
Youngest child age 1 to 4 years old	21%	20%	0.033
Pregnancy	41%	41%	0.000
Two parent assistance unit	13%	13%	0.000
Lives in urban - high density county	56%	56%	0.004
Lives in urban - medium or low density county	22%	22%	0.005
Lives in a rural or small town county	22%	22%	0.009
Physical and Behavioral Health			
Medicaid coverage in index month	96%	97%	0.050
Count of Medicaid months in prior 24 months	18.2	17.7	0.068
Medical risk score	0.8	0.8	0.032
Mental health condition	62%	59%	0.079
Received mental health service prior 24 months	50%	47%	0.073
Substance use disorder	42%	39%	0.054
Received SUD treatment service prior 24 months	21%	18%	0.057
Any ED outpatient visit for child under 5 prior 24 months	34%	32%	0.036
Count ED outpatient visits for child under 5 prior 24 months	1.3	1.4	0.045
Any ED outpatient visit for child over 5 prior 24 months	12%	15%	0.083
Count ED outpatient visits for child over 5 prior 24 months	0.3	0.4	0.047
Family Risk Factors			
Child welfare involvement prior 24 months	25%	25%	0.013
Homelessness or housing instability prior 24 months	55%	52%	0.058
Criminal justice involvement prior 24 months	20%	16%	0.054
Domestic violence prior 24 months	13%	13%	0.006

	TANF Home Visiting Group (n = 261)	Matched Comparison Group (n = 522)	Absolute Standardized Mean Difference (ASMD)*
Education and Employment			
Education less than high school	32%	31%	0.012
Education high school or GED	49%	50%	0.027
Education greater than high school	19%	18%	0.019
No employment prior 8 quarters	39%	34%	0.102
Number of quarters employed in prior 8 quarters	2.3	2.7	0.124
TANF/WorkFirst Participation			
TANF months against the 60-month TANF time limit	14.9	15.1	0.013
Any previous sanction	9%	10%	0.040
Infant exemption in index month	17%	17%	0.015
Resolving mental health in index (XG)	11%	11%	0.024
Resolving SUD in index (XE)	11%	9%	0.072
Resolving family violence in index (XF)	3%	4%	0.107
Resolving homelessness in index (XH)	1%	1%	0.000
Any of the resolving activities in index month	21%	20%	0.019

*ASMD is a measure of balance between two groups. In propensity score matching, an ASMD below 0.2 for a given mean difference is considered good balance. No factors were above 0.2 after matching.

TECHNICAL NOTES

STUDY DESIGN AND OVERVIEW

This report examines outcomes for parents enrolled in the TANF Home Visiting program and compares them to a propensity score matched group of parents receiving TANF who did not receive TANF Home Visiting Services. The home visiting enrollees were identified through participant logs from providers. A total of 261 parents enrolled in TANF Home Visiting between May 2015 and October 2016. Each participating parent was assigned an index month, defined as the month the parent started in the TANF Home Visiting program. Note that for a small number of cases, parents were referred from home visiting to TANF, instead of the reverse. In these cases, the index month was the month in which the referral was recorded in eJAS, the information system used for WorkFirst case management (not the date of the earlier enrollment into the contractor's program). We selected this decision rule to ensure the enrollment month coincided with the experience of receiving home visiting services and TANF concurrently.

Two TANF parents not enrolled in TANF Home Visiting were selected as a comparison for each TANF Home Visiting intervention group member using a propensity score matching algorithm implemented in R Statistical Software. No geographic restrictions were made; comparison parents were selected from all eligible TANF parents across the state, but urbanicity of the county was included as a matching variable. The complete list of matching variables is available in the Appendix Table A1. We restricted the matching such that each intervention group member was matched to two comparison group members who fell into the same age group. This restriction improved overall balance on other matching factors. Balance was assessed using absolute standardized mean difference (ASMD). ASMD values below 0.2 indicate good balance; no matching factors were above 0.2 after matching.

DATA SOURCES AND MEASURES

Data in this report come from the DSHS Integrated Client Databases (ICDB) and the Automated Client Eligibility (ACES) data warehouse.

Baseline factors used in matching were measured over the 24 months prior to entering TANF Home Visiting unless otherwise noted.

- **Demographics and household characteristics:** Parent age, race/ethnicity, and gender were identified using service records in the ICDB. Children of enrolled parents were identified using the ACES records of children in the assistance unit and of client pregnancies. Household type (single versus two-parent) was also identified using ACES. These factors were measured as of the index month.

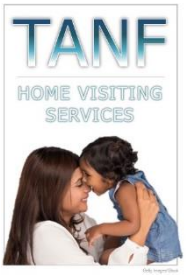
- **Parent self-reported education:** Self-reported years of education from the ACES data warehouse was converted into less than 12 years, 12 years or GED, and more than 12 years.
- **Parent Medicaid eligibility:** Eligibility for publicly funded medical coverage was measured in the index month, and a count of months of coverage during the prior 24 months was calculated.
- **Parent mental health condition:** Medical and mental health service records were used to identify the presence of mental illness based on diagnoses, prescriptions, and treatment records.
- **Parent mental health treatment:** Mental health treatment includes publicly funded outpatient mental health services, tribal mental health services, and publicly funded inpatient services.
- **Parent substance use disorder:** Probable substance use disorders were identified based on diagnoses, prescriptions, and treatment records, as well as drug and alcohol-related arrests.
- **Parent substance use treatment:** Parent substance use treatment includes publicly funded residential, outpatient, detox, and opiate treatment programs.
- **Parent significant health problems:** Parent medical risk score was calculated based on medical diagnosis and prescription groupings and their relationship to medical costs.
- **Child welfare involvement:** Any child welfare involvement was measured using FamLink data in the Integrated Client Databases. Accepted referrals to Child Protective Services were also measured.
- **Parent employment and earnings:** Employment and earnings were identified through Employment Security Department Unemployment Insurance records in the ICDB.
- **TANF non-compliance sanctions:** Records of TANF non-compliance sanctions were identified in ACES.
- **TANF months against the 60-month TANF time limit:** Cumulative months of TANF as of the index month were identified through ACES.
- **Resolving activities while on TANF:** Indicators for whether the parent was engaged in a resolving activity through WorkFirst (includes mental health, substance use, family violence, and homelessness resolution) were identified through ACES.
- **Parent homelessness or housing instability:** The homelessness indicator came from the Automated Client Eligibility System (ACES), the data system used to track client eligibility for social and health services. Parents were identified as homeless if they were identified as 'homeless with housing' or 'homeless without housing,' in ACES.
- **Parent criminal justice involvement:** This indicator includes any arrests according to Washington State Patrol arrest records, any convictions in Administrative Office of the Courts data, or any incarceration in a Department of Corrections prison using the ICDB.
- **Parent domestic violence:** Domestic violence was identified through domestic violence-related arrests and convictions or through identification of domestic violence in ACES or FamLink data systems.
- **County urbanicity:** The urbanicity of the county was categorized into urban – high density, urban – medium & low density, large city, and rural according to density and population.
- **Children in household visits to ED**: Indicators of whether any children under 5, or any children over 5, living in the household as of the index month received outpatient treatment in the ED during the prior 24 months were identified based on Medicaid claims.
- **Pregnancy**: Pregnancy was identified from ACES data. Pregnancies may not be reported to DSHS prior to birth, so the indicator does not capture all pregnancies. Pregnancies may also not lead to a live birth.

Outcomes were measured over the 24-month follow-up period after enrollment in TANF Home Visiting. TANF-related outcomes were measured over the entire 24-month period, to account for those who exit TANF by year two. Other outcomes were measured in the first and second year after enrollment, thought the focus of this report is on the second year after enrollment.

- **Months on TANF:** The number of months on TANF in the follow-up period was measured using ACES.
- **TANF exit:** Three types of exits were measured 1) an exit for any reason, 2) positive exit, which includes exit reasons exceeds earned income limit, excess net income, child support more than grant and receiving SSI, and 3) income-related exit, which includes exceeds earned income limit and excess net income. Exit reasons come from the ACES data warehouse.
- **Return to TANF:** A return to TANF was recorded if there was an exit from TANF and subsequent return to TANF within the 12 month follow-up period.

- **Preparing activity:** WorkFirst component codes corresponding to preparing for work were identified. This measure indicates whether the parent took part in a preparing activity in the 12-month follow-up period.

- **Education or training activity:** WorkFirst component codes corresponding to education or training were identified. This measure indicates whether the parent took part in an education or training activity in the 12 month follow-up period. Component codes include BE, GE, HS, JT, VE, and VU. The eJAS component codes which correspond to each section of the WorkFirst progression continuum are available here: https://www.dshs.wa.gov/sites/default/files/ESA/wf-manual/JAS_ component_codes.pdf
- **Looking for work activity:** WorkFirst component codes corresponding to looking for work were identified. This measure indicates whether the parent took part in looking for work activity in the 12 month follow-up period.
- **Work activity:** WorkFirst component codes corresponding to work were identified. This measure indicates whether the parent took part in a work activity in the 12 month follow-up period.
- **Non-compliance sanction:** This measure identifies parents who received a non-compliance sanction during the follow-up period. Included sanction types include '40% WorkFirst sanction' and 'Non-Compliance Sanction Process'.
- **Employment, wages, and hours worked:** Using Employment Security wage data, three measures were created 1) any employment in each of the four follow-up quarters, 2) average quarterly wage during the follow-up quarters, among those who worked, and 3) hours worked during the follow-up quarters, among those who worked.
- **Mental health treatment:** This measure identifies parents who received any publicly funded mental health treatment identified in ICDB.
- **Substance use disorder treatment:** This measure identifies parents who received any publicly funded substance use treatment identified in ICDB.
- **Child welfare involvement:** Any child welfare involvement was measured using Children's Administration services recorded in the ICDB. An additional measure of accepted Child Protective Services referral was also measured using the ICDB.
- **Parent was a subject on a child welfare case:** Clients were flagged if they were identified as the subject (i.e. alleged perpetrator) on a child welfare intake. This includes any accepted child welfare intake regardless of whether or not the abuse/neglect was later substantiated.
- **Child Care Subsidy Program:** CCSP use was measured using payment records in the ICDB.
- **Injury treatment:** This measure includes encounters for injury treatment based on injury diagnosis codes.
- **Emergency department visit:** This measure includes encounters for outpatient care in an emergency department.
- **Out-of-home placement:** This measure identifies children who were placed out-of-home in foster or kinship care.
- **Inpatient hospitalization:** This measure identifies clients who experienced an inpatient hospitalization based on medical claim and encounter data.
- **Developmental delay diagnosis:** Developmental delay diagnosis was defined as diagnoses of specific developmental disorders, intellectual disability, or tic disorders in medical claims.



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