

Iowa Department of Human Services, Child Support Recovery Unit and
Iowa State University, Child Welfare Research and Training Project

Partnership to Strengthen Families: Mapping the Future of Paternity Establishment through GIS

Section 1115 Demonstration Grant: CFDA 93.564. Funding Opportunity HHS-2011-AFC-OCSE-FD-0155. Partnership to Strengthen Families: Child Support Enforcement and University Partnerships (9/30/2011 through 8/31/2015).

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Executive Summary

The “Mapping the Future of Paternity Establishment through GIS” (Geographic Information Systems) project was supported by a Section 1115 Demonstration Grant from the federal Office of Child Support Enforcement (OCSE) awarded to the Iowa Child Support Recovery Unit (CSRU) within the Iowa Department of Human Services (DHS) Bureau of Collections. A major focus of this University Partnership grant was to examine paternity establishment methods throughout Iowa in order to develop a new data-driven approach to set paternity establishment targets.

The CSRU and researchers at Iowa State University (ISU) collaborated to analyze Title IV-D paternity establishment case characteristics associated with the likelihood of paternity establishment. The grant also involved the study of paternity affidavits filed through birthing hospitals across the state in order to develop a more focused approach to outreach. Geographic Information Systems (GIS) mapping and regression analyses were used to accomplish the project objectives. The project objectives were to: (1) gather demographic, caseload and paternity establishment data; (2) analyze the data gathered to determine the need for improvement and the best use of limited resources; develop a new model based on these findings; (3) implement the model and assess ongoing performance; and (4) analyze results.

The expected outcome associated with each goal at the start of the project, and the actual outcome using data from federal fiscal year (FFY) 2011 and 2013, are as follows:

Expected outcome for Goal 1: 100% of the CSRU offices will meet their paternity establishment target.

Actual outcome: In FFY 2013, 81% of offices met their paternity establishment target. Although this falls short of the 100% goal, this represents a percentage point increase of 12.2 in offices that succeeded in meeting their targets.

Expected outcome for Goal 2: Ratio of judicial to administrative paternity orders will decrease by 10%.

Actual outcome: The proportion of judicial to total (judicial plus administrative) CSRU orders dropped by 4.5 percentage points (from 27.3% to 22.8%).

Expected outcome for Goal 3: Number of paternity affidavits filed through hospitals will increase by 10%.

Actual outcome: The number of paternity affidavits remained relatively unchanged (7,180 vs. 7,176). The total number children born out-of-wedlock increased by nine (13,171 to 13,180). The overall change in out-of-wedlock births with paternity affidavits filed through hospitals decreased by 0.07 percentage points.

Expected outcome for Goal 4: Ratio of hospital paternity affidavits to CSRU orders will increase by 5%.

Actual outcome: The proportion of paternity affidavits to total orders (hospital affidavits plus CSRU orders) increased from 68% in FFY 2011 to 75% in FFY 2013, an increase of 7.0 percentage points.

In terms of meeting the expected outcomes, the results are mixed. The outcomes for Goals 1 and 2 were partially met, but not for Goal 3. The expected outcome was met for Goal 4. Overall, despite these mixed results, the University Partnership grant has improved Iowa’s child support enforcement efforts on several

fronts. The team used Geographic Information Systems (GIS) mapping and regression analysis to create a data-driven target-setting model that holds promise for creating greater efficiencies for staff working on paternity establishment and being an approach that is transferrable to other states. This predictive model generates a probability “score” for each current paternity establishment case based on case characteristics that are associated with the likelihood of paternity establishment. This score allows CSRU to set more equitable yearly paternity establishment targets and to prioritize cases for CSRU field offices. The team also identified the need to educate expectant parents, the community organizations that work with them, hospital staff and CSRU workers and has responded with a suite of outreach efforts. It is clear that the project has yielded outcomes that neither entity—the university or the state agency—could have accomplished on its own. The collaborative partnership generated new knowledge that has the potential for positive impacts on the lives of children and families. An extended time frame would allow for a more accurate assessment of the long-term impact of the new target-setting modeling approach and the outreach efforts. Project team member names and roles are listed in Appendix A.

The complete report contains project details and is available from:

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INTRODUCTION

In the fall of 2011, the Iowa Child Support Recovery Unit (CSRU) within the Iowa Department of Human Services (DHS) received a three-year Section 1115 Demonstration Grant from the federal Office of Child Support Enforcement (OCSE) to examine paternity establishment methods statewide. The grant was entitled, "Mapping the Future of Paternity Establishment through GIS" (Geographic Information Systems). The initial grant period was from September 1, 2011 through August 30, 2014, but OCSE extended the grant for one year. By analyzing IV-D paternity establishment data, the aim was to develop a new data-driven paternity establishment target-setting model that takes into consideration case characteristics that are associated with the likelihood that paternity will be established. The grant also allowed for the study of paternity affidavits completed through hospitals across the state to develop a more focused approach to outreach.

This report presents the results of this data mapping and modeling project undertaken by CSRU in collaboration with Iowa State University (ISU) during 2011-2015. Through the use of Geographic Information Systems (GIS) mapping and regression analysis, the project team identified a set of case characteristics, which, when taken together, predict the likelihood that paternity will be established. This predictive model generates a probability "score" based on case characteristics that are associated with the likelihood of paternity establishment. This score allows CSRU to set more equitable yearly paternity establishment targets and to prioritize cases for CSRU field offices. Because the data used in this model can be found on most IV-D computer systems, other states can replicate this modeling process.

Benefits of GIS Mapping

The use of Geographic Information Systems to visualize and analyze data offers many benefits to a project that are not normally seen with text and tabular analysis alone. GIS software integrates tabular data with a map interface to allow more intuitive analysis, frequently highlighting conclusions not as apparent with direct reading of the tabular data. It can be invaluable to see data patterns across a state. Mapping can show high or low values or unexpected ratios between values that are not as readily apparent by just examining tabular data. Mapping attribute data may or may not point out significant features worthy of further investigation, but using the visual interface provides the opportunity for those conclusions to be reached.

SECTION I. PROJECT OVERVIEW

I.A. Child Support Recovery Unit

Statewide Structure

- In federal fiscal year (FFY) 2010, CSRU had an average of 444 funded state employees and 51 county contracted positions in 23 field offices located throughout the state, organized into four regions.
- CSRU also operates a centralized employer call center, the state disbursement unit, and a central operations IT and policy unit.
- General Administration provides corporate oversight in the areas of fiscal, personnel and processing management for more than 680 contracts in the program.

Number of Children Born in Iowa that Need Paternity Established

- As of September 1, 2010, in Iowa there were 4,351 children with paternity at issue on 4,049 IV-D cases. A case may have more than one child if born to the same mother-father pair.
- These 4,049 cases are divided among the 23 CSRU offices. Each CSRU office draws from this pool of children (the "PEP" pool) to establish paternity orders in order to meet its paternity target.

Iowa Reports the Statewide Paternity Measure on the OCSE 157 Report

- Statewide Paternity: The number of children born out-of-wedlock in Iowa during the prior federal fiscal year is used as the benchmark to set the paternity establishment target in the following year. In order to meet the federal standard, the state of Iowa must establish paternity on 90% of that number (not on specific children) during the current federal fiscal year by adoption, a paternity order filed by the private court, an administrative or judicial paternity order filed by CSRU, or by an Iowa paternity affidavit. This grant focused on paternity orders filed by CSRU and paternity affidavits filed with the Iowa Bureau of Vital Records (BVR).
 - Administrative orders filed by CSRU: CSRU takes all steps required by law and presents the order to a judge for signature. A court hearing is not held unless a party asks for one.
 - Judicial order filed by CSRU: This is a court process that CSRU uses to establish paternity if the administrative process cannot be used. This process takes longer and is more labor-intensive than the administrative process.
 - Paternity affidavit filed by BVR: Both parents sign a document, "Paternity Affidavit," which legally establishes paternity in Iowa.
- FFY 2010 Paternity Performance Standard: Number of children born out-of-wedlock in Iowa during FFY 2009 = 14,142 children. 90% paternity establishment standard = 12,728 children. Iowa's actual paternity performance in FFY 2010 = 13,091 paternities or 92.5%.
 - 9,048 paternity affidavits filed (69%)
 - 4,043 child support (administrative and judicial orders), private orders, and adoptions (31%)

I.B. Reasons for Project

In writing the application for this grant, CSRU carefully considered the following factors:

Importance of Paternity Establishment

- Establishes a relationship with both parents and provides for a sense of belonging for the child;
- Is needed before child support/medical support can be ordered which then promotes self-sufficiency for the family;
- May entitle the child to inheritance and other government benefits.

Federal Performance Standards

- All states and territories must report performance in five key areas on the annual federal 157 Report to OCSE. Paternity establishment percentage (PEP) is the only one of the five measures where a state must attain two levels of performance:
 - 80% to maximize federal incentive dollars.
 - 90% to avoid financial penalties to the state's TANF program.

Need for Assistance

- Iowa and many other states have had budget constraints which have led to dwindling child support enforcement resources.
- In FFY 2009, nine states did not reach the 90% standard. An additional 11 states achieved between 90% and 91%, which put them at risk of reaching 90% in the future.
- Even in the midst of dwindling resources, states must still meet the annual performance standards.

Previous Annual Target Setting Procedure

- On average, the number of paternity affidavits filed with BVR covered 70% of the total target needed.
- CSRU then covered the remaining 30% of the target. Each CSRU office was assigned a target based on its percentage of the total number of Iowa children that need paternity established in the CSRU caseload.
- However, there are external factors that make it impossible for an office to establish paternity on every child in its caseload at a given point in time. This makes it difficult for offices to meet their paternity targets. It was unknown whether these "difficult cases" were randomly distributed across offices.
- External factors were not taken into consideration when targets were set for each office because their effects were unknown and a model of how to do so had not yet been developed. Therefore, CSRU could not establish equitable targets for the offices and could not assign staff resources in the most effective way possible.

I.C. Project Purpose

The purpose of this project was to develop a data-based approach to improve paternity establishment for children born out-of-wedlock in Iowa. The intent was to analyze IV-D cases where paternity is at issue and to create an approach that would improve CSRU's ability to analyze data, to assign resources as effectively as possible, and to serve families as efficiently as possible.

This project involved an iterative process with CSRU and ISU collaborating to gather and analyze demographic, caseload, and paternity establishment data for use in developing a paternity establishment target-setting model. This model would identify a more viable pool of cases with children that need paternity established and to establish paternity targets more equitably based on the location of the more viable cases. By "viable" we mean those cases more likely to result in paternity establishment. Paternity affidavit data were also analyzed to identify the hospitals and birthing centers in the state that need additional outreach on the paternity affidavit process. Furthermore, after implementation of the model and the targeted paternity affidavit outreach, ongoing performance was assessed through data analysis.

I.D. Project Phases

The project involved three major phases shown in Figure 1: baseline assessments; design and implementation of innovative methods for both paternity establishment procedures and community outreach; and monitoring outcomes.

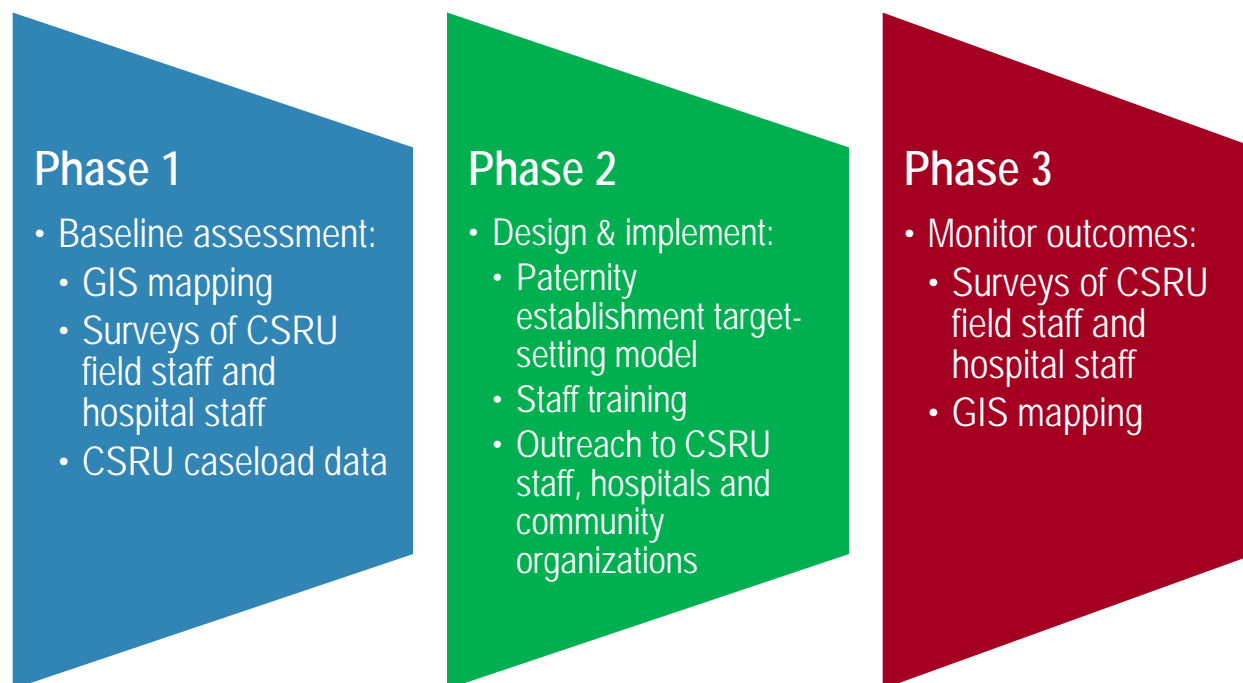


Figure 1. Three major project phases

SECTION II. PROJECT APPROACH

II.A. Agency-University Partnership

This grant provided Iowa with an excellent opportunity to enhance an already productive partnership between ISU and CSRU that has existed since 1990. CSRU staff brought to this project years of child support experience and a wealth of knowledge about and access to child support data. They also brought insight from the day-to-day experiences of central office and field staff involvement in paternity establishment. ISU brought skills in data analysis based on knowledge of the literature and analytic approaches, GIS mapping, and outreach to hospitals and communities. Both the university and agency were vital parts of the process to achieve project goals.

Project Team

The multidisciplinary project team consisted of CSRU Central Office, field and IT staff, and ISU researchers, paternity affidavit outreach staff, and GIS experts. During the first year of the project, team members began to gather and analyze data from several different sources using multiple methods. Existing demographic data and CSRU case file records as well as new surveys of both hospital and CSRU staff helped the team better understand the patterns of out-of-wedlock births and paternity establishment processes prior to implementation of new strategies. Through an iterative process of discussion and assemblage of case file characteristics from a number of CSRU data sources, a robust dataset composed of multiple years of paternity cases was cleaned and readied for use in a model-building exercise.

At each critical decision point in the project, this team provided valuable input and feedback, particularly during two main phases of the project.

- Brainstorming: The first phase centered on obstacles to paternity establishment. Discussion was free flowing and no ideas were discounted. Because there were representatives from all levels of the child support program, the discussion was representative of all aspects of the paternity establishment process. Data were gathered for each of the obstacles discussed during this process and provided to ISU for analysis as the paternity target-setting model was developed.
- Feedback: Once the paternity target-setting model was developed, the team obtained valuable feedback from field staff involved in the paternity establishment process. This feedback was important because it allowed the project team to understand how the model affected the users and how effective it was in their daily work.

Steering Committee

A steering committee provided high level oversight and direction for the project. The group met in person and via conference call to discuss the overall course of the project. Members consisted of:

- CSRU Bureau Chief - Carol Eaton
- Human Development and Family Studies (HDFS) Department Chairperson at ISU – Gong-Soog Hong
- Representative of Central Office Management - Joe Finnegan

- ISU representatives / facilitators - Janet Melby and Cynthia Fletcher
- GIS representatives - Kevin Kane and Robin McNeely
- Project manager - Carla (Forcier) Prins

Geographic Information Systems (GIS) Mapping

The GIS facility at ISU provided support for mapping to help visualize data and make meaning of results at each stage of the project. GIS technologies proved to be an effective method for describing geographic data related to paternity establishment. Mapping data by CSRU region and field office often led to insights that had not been observed when data were analyzed using traditional methods. Mapping data such as numbers of out-of-wedlock births and paternity affidavits signed in hospitals aided discussions about training and outreach strategies. Mapping helped the project team identify variation among the hospitals and where training and community outreach could be most effectively targeted. Mapping also informed discussions about potential variables to include in a predictive model.

II.B. Project Goals and Expected Outcomes

A major goal of this project was to gather and analyze data on paternity establishment methods in order to develop a data-based paternity establishment target-setting model. Other goals were for CSRU to increase paternity establishment rates and lower paternity establishment costs through more equitable target-setting practices. The final goal was to increase the number of children with paternity established by paternity affidavit. A specific expected outcome was associated with each goal.

Goal #1	Expected Outcome #1
Develop a model to identify a more viable PEP pool and set targets more effectively based on case characteristics	100% of CSRU offices will meet their PEP target

The expected project outcome linked with Goal 1 was for CSRU offices to meet their paternity establishment targets more efficiently, even in the midst of dwindling resources with the use of a paternity establishment target-setting model.

Goal #2	Expected Outcome #2
Increase paternity affidavits filed through hospitals and birthing centers	Proportion of paternity affidavits completed in hospitals and birthing centers will increase by 10%

Establishing paternity at the time of a child's birth is an efficient way to establish paternity. It is the least intrusive method for families and is free of charge. A more focused approach to outreach to hospitals and the community should lead to additional paternity affidavits being signed in the hospitals.

Goal #3	Expected Outcome #3
Increase paternity establishment rates	Ratio of judicial paternities to administrative paternities will decrease by 10%

CSRU wanted to increase paternity establishment rates as efficiently as possible. Iowa is an administrative state. However, CSRU does establish some paternities judicially when the administrative process cannot be used. The judicial process is much more time- and labor-intensive. It is more efficient for staff and more expedient for families when CSRU establishes paternity administratively. Using the paternity target-setting model to assist staff in prioritizing cases by the likelihood a paternity order will be established should lead to a decrease in the rate of judicial paternities to administrative paternities.

Goal #4	Expected Outcome #4
Decrease paternity establishment costs	Ratio of paternity affidavits completed in hospitals and birthing centers to CSRU orders will increase by 5%

If there is an increase in the percentage of paternity affidavits signed in the hospitals, this should lead to an associated decrease in CSRU's paternity establishment costs. Historical data shows that of all children for whom a paternity affidavit is signed in the hospital, about 25% of these children will receive CSRU services some time in the future. If a higher percentage of paternity affidavits are signed for children in hospitals, this 25% should increase leading to more children on CSRU cases that only need child support established rather than first needing to establish paternity.

Proceeding straight to support order establishment is beneficial to families because additional steps are needed during the paternity establishment phase. This includes CSRU staff obtaining the mother's cooperation in naming an alleged father and working with the genetic testing companies and families to schedule and sometimes reschedule genetic testing when paternity is contested. Further, if an alleged father is excluded by genetic testing, CSRU must begin the paternity establishment process again with a different alleged father. If CSRU can proceed directly to support order establishment, families will receive their child support faster which helps many families gain self-sufficiency. This should also result in lower costs for CSRU.

II.C. Counting Adoptions in Statewide PEP

After the application for this grant was submitted, OCSE provided written clarification regarding how to count adoptions in the paternity lines on the 157 Report. States are to count any adoption filed in their state regardless of where the child was born and regardless if the child was originally born out-of-wedlock or of a marriage. CSRU started counting adoptions as newly instructed in FFY 2012. Prior to receiving this clarification, CSRU counted only a small number of children on CSRU cases where the adoptive parents

were the payor and payee. Table 1 below illustrates the impact of the new way to count adoptions using the FFY 2011 and FFY 2013 information.

Table 1. Impact of OSCE Clarifications for Counting Adoptions for the 157 Report

FFY 2011 PEP Targets – Adoptions <u>Not Counted</u> Prior To OCSE's Clarification	FFY 2013 PEP Targets – Adoptions <u>Counted</u> After OCSE's Clarification
Total number of children that need paternity established in FFY 2011 to meet the 90% performance standard 12,380	Total number of children that need paternity established in FFY 2013 to meet the 90% performance standard 11,955
Bureau of Vital Records target (70% of total needed based on historical numbers) 8,667 paternity affidavits	Bureau of Vital Records target (70% of total needed based on historical numbers) 8,369 paternity affidavits
Adoptions counted 0 adoptions	Adoption target (estimated) 1,700 adoptions
CSRU's target (remainder needed) 3,714 paternity orders	CSRU's target (remainder needed) 1,886 paternity orders

The first row lists the total estimated number of children who need paternity establishment in that federal fiscal year. It is calculated based on 90% of the out-of-wedlock births in Iowa during the prior federal fiscal year. This represents the total number of paternities that need to be established by CSRU, adoptions filed or Bureau of Vital Records in that year (i.e., 12,380 in FFY 2011, 11,955 in FFY 2013).

Since historically there were approximately 2,000 or fewer adoptions filed in Iowa every year, the new way to count adoptions had a major impact on CSRU's target starting in FFY 2012. As a conservative estimate, we estimated 1,700 adoptions for FFY 2013. The way to count adoptions under OCSE's clarification was not known to us when writing the application for this demonstration grant. Therefore, throughout this report we have attempted to address the potential impact of the policy clarification on counting adoptions.

SECTION III. PROJECT OBJECTIVES 1 - 3

This project had four main objectives, which were:

1. Gather demographic, caseload and paternity establishment data.
2. Analyze the data gathered to determine the need for improvement and the best use of limited resources. Develop a new model based on these findings.
3. Implement the model and assess ongoing performance.
4. Analyze results (discussed in Section IV).

III.A. Project Objective 1 - Gather Demographic, Caseload and Paternity Establishment Data

The project team met regularly, either in person or via conference call, to identify baseline data from several different sources. Historical demographic data and CSRU case file records were reviewed. One goal was to identify the case characteristics that could be used in a modeling approach to identify the most viable paternity cases so PEP targets could be set based on sound data. The second goal was to identify where the paternity affidavits were being signed across the state so a more focused approach to paternity affidavit outreach could be developed. The project team focused on several areas of paternity establishment which are detailed below.

Data Gathering

#1 Brainstorming child support barriers: During a brainstorming process, the project team identified obstacles to obtaining a paternity order. This was important because, while an office may have a large number of paternity cases in its PEP pool, it may not be possible to establish paternity on all of those children during the federal fiscal year. There may be obstacles present that staff cannot control.

During this process, CSRU staff on the project team focused on case characteristics they encounter during the course of establishing a paternity order. These factors can sometimes “shrink” an office’s pool of children staff draw from to establish paternity orders. These factors can make it difficult for an office to reach its PEP target. Some of the factors include:

- Number of alleged fathers on the case
- No known alleged father named
- No location of the alleged father
- Lack of cooperation from the payee
- Child lives with a non-parental caretaker
- Alleged father is in the military or in prison
- Alleged father does not speak English or is an undocumented citizen
- Identifying the volume and location of the private paternity orders filed in an Iowa court.

In contrast, ISU staff on the project team brought a different perspective to the discussion. They suggested other case characteristics such as:

- Case account type (non-public assistance, Medicaid, TANF, etc.)
- Length of time since the case was opened
- Age of the parties
- Number of cases the alleged father is an alleged father or payor
- Age of the children on the case

#2 Volume and location of paternity affidavits: In addition to gathering data from Iowa’s IV-D computer system, we felt it was important to obtain data from other sources so we had a complete picture of all of the

paternities established in Iowa. The following data was obtained from CSRU's case information and from BVR.

- Volume and location (by hospital) of the children born out-of-wedlock for whom a paternity affidavit was signed in the hospital.
- Number of out-of-wedlock births by hospital for use in comparing that to the number of paternity affidavits signed at birth for those children. This information helps identify the need for more focused training for hospital staff and enhanced community outreach.

#3 Feedback from staff: Because not all of the important pieces that affect the ability to obtain a paternity order or paternity affidavit can be seen in the data, we felt it was necessary to obtain feedback directly from staff involved in paternity establishment. We distributed an online survey to hospital personnel involved with the paternity affidavit process and to CSRU staff involved with the paternity establishment process. This was a pre-survey administered at the beginning of FFY 2013 with a post-survey administered at the end of FFY 2013.

Baseline Data

The data gathered in #1 - #3 above formed the beginning of the collection of baseline data from FFY 2011 that would later be used in development of the paternity target-setting model, the focused approach to paternity affidavit outreach and the final evaluation of the project. As the project team worked through the data, additional baseline data from FFY 2011 was identified and provided to ISU for analysis. Data from the original grant application submitted that relates to the four previously mentioned goals of the project follow.

CSRU Offices That Met Their PEP Target

In FFY 2011, the majority of offices/regions met their PEP target. However, this occurred with a large amount of stress and frustration, ongoing issues we hope to overcome. It was expected all offices would meet their PEP target in FFY 2013 when a paternity target-setting model based on sound data analysis was used to set office targets.

Table 2. Paternity Establishment Targets Met Per Office in FFY 2011

FFY 2011			
Region		Office	Met Paternity Target*
	1	Decorah	Y
	6	Marshalltown	Y
	7	Waterloo	Y
	15	Ottumwa	Y
2		Central	Y
	2	Mason City	Y
	3	Spencer	Y
	4	Sioux City	N
	5	Ft. Dodge	N
	12	Carroll	N
	13	Council Bluffs	Y
	14	Creston	<see DM Region>
1		Western	N
	8	Dubuque	Y
	9	Davenport	Y
	10	Cedar Rapids	Y
	16	Burlington	Y
	23	Clinton	N
	57	Linn County	N
3		Eastern	Y
No longer an office	11	Des Moines	NA
	14	Creston	Creston did all paternity orders for the entire Des Moines Region
	26	Ankeny	
	28	DSM North	
	30	DSM South	
	25	Grimes	
	27	Indianola	
	31	Pleasant Hill	
Not Used	98	Foster Care	
4		Des Moines	N
		State	N

*Note: Y indicates target was met; N indicates target was not met.

Private Paternity Orders

As previously mentioned, families can hire an attorney and have paternity established through the private courts rather than through CSRU. If these children are on CSRU's caseload, this may have an impact on an office's ability to meet their PEP target because they have less children available to establish paternity in their PEP pool.

Table 3. Volume and Location of Paternity Orders Filed by Private Parties in FFY 2011

FFY 2011			
Region	Office		# of Private Orders
	1	Decorah	4
	6	Marshalltown	10
	7	Waterloo	23
	15	Ottumwa	17
2		Central	54
	2	Mason City	22
	3	Spencer	7
	4	Sioux City	3
	5	Ft. Dodge	6
	12	Carroll	6
	13	Council Bluffs	12
	14	Creston	In Des Moines Region
1		Western	56
	8	Dubuque	3
	9	Davenport	8
	10	Cedar Rapids	9
	16	Burlington	14
	23	Clinton	6
	57	Linn County	15
3		Eastern	55
No longer an office	11	Des Moines	NA
Creston did paternity establishment for enter Des Moines Region	14	Creston	0
	26	Ankeny	3
	28	DSM North	0
	30	DSM South	4
	25	Grimes	3
	27	Indianola	2
	31	Pleasant Hill	1
Not Used	98	Foster Care	8
4		Des Moines	21
		State	186

Impact of External Factors Beyond CSRU's Control

Not every child support case is the same. As was previously mentioned, there may be external factors present that CSRU cannot control that hinder the office's ability to establish paternity. Two factors originally considered when the grant application was submitted are illustrated in table 4 below.

Table 4. Number of Cases by Office - Father Unknown or Payee Not Cooperative in FFY 2011

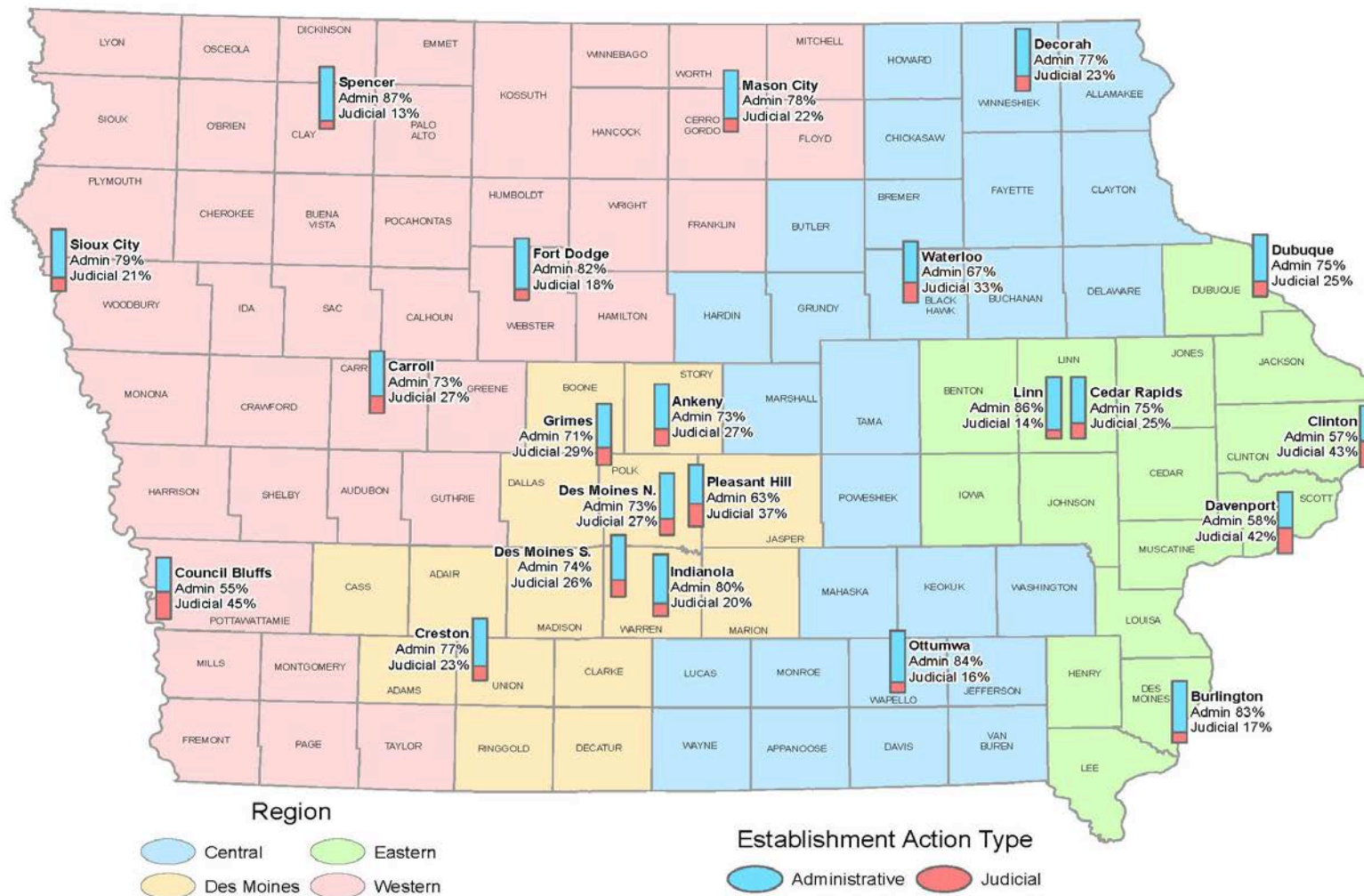
FFY 2011				
Region	Office		No alleged father location / Alleged father unknown	Payee not cooperating
	1	Decorah	16/5	17
	6	Marshalltown	24/8	27
	7	Waterloo	52/15	44
	15	Ottumwa	55/12	22
2		Central	147/40	110
	2	Mason City	27/10	24
	3	Spencer	16/1	5
	4	Sioux City	99/13	42
	5	Ft. Dodge	45/12	22
	12	Carroll	15/3	10
	13	Council Bluffs	47/9	43
1		Western	249/48	146
	8	Dubuque	35/2	14
	9	Davenport	75/24	86
	10	Cedar Rapids	44/7	34
	16	Burlington	62/8	38
	23	Clinton	39/19	19
	57	Linn County	93/17	36
3		Eastern	348/77	227
No longer an office	11	Des Moines	NA	NA
Creston did paternity establishments for all of the Des Moines Region	14	Creston	287/90	123
	26	Ankeny	0/0	10
	28	DSM North	0/0	8
	30	DSM South	6/0	15
	25	Grimes	2/1	1
	27	Indianola	1/0	1
	31	Pleasant Hill	2/1	5
4		Des Moines	298/92	163
		State	1,042/257	769

Volume and Location of Each Type of Paternity Order Filed by CSRU

As was previously mentioned, CSRU establishes paternity for the large majority of the children through the administrative process. However, when that process cannot be used, the judicial process is used instead which takes much longer. By having a model that can prioritize cases by most viable to least viable, it's projected that the rate of judicial paternitys to administrative paternitys will decrease.

In the GIS map in Figure 2 below, most of the offices establish paternity through the judicial process less than 30% of the time. However, Council Bluffs (45%), Clinton (43%), Davenport (42%), Pleasant Hill (37%), and Waterloo (33%) have somewhat higher percentages.

Percent Paternity Established by Administrative or Judicial Order, FFY 2011



• As of 5/2009, Waterloo began processing all of Marshalltown's administrative paternity cases.

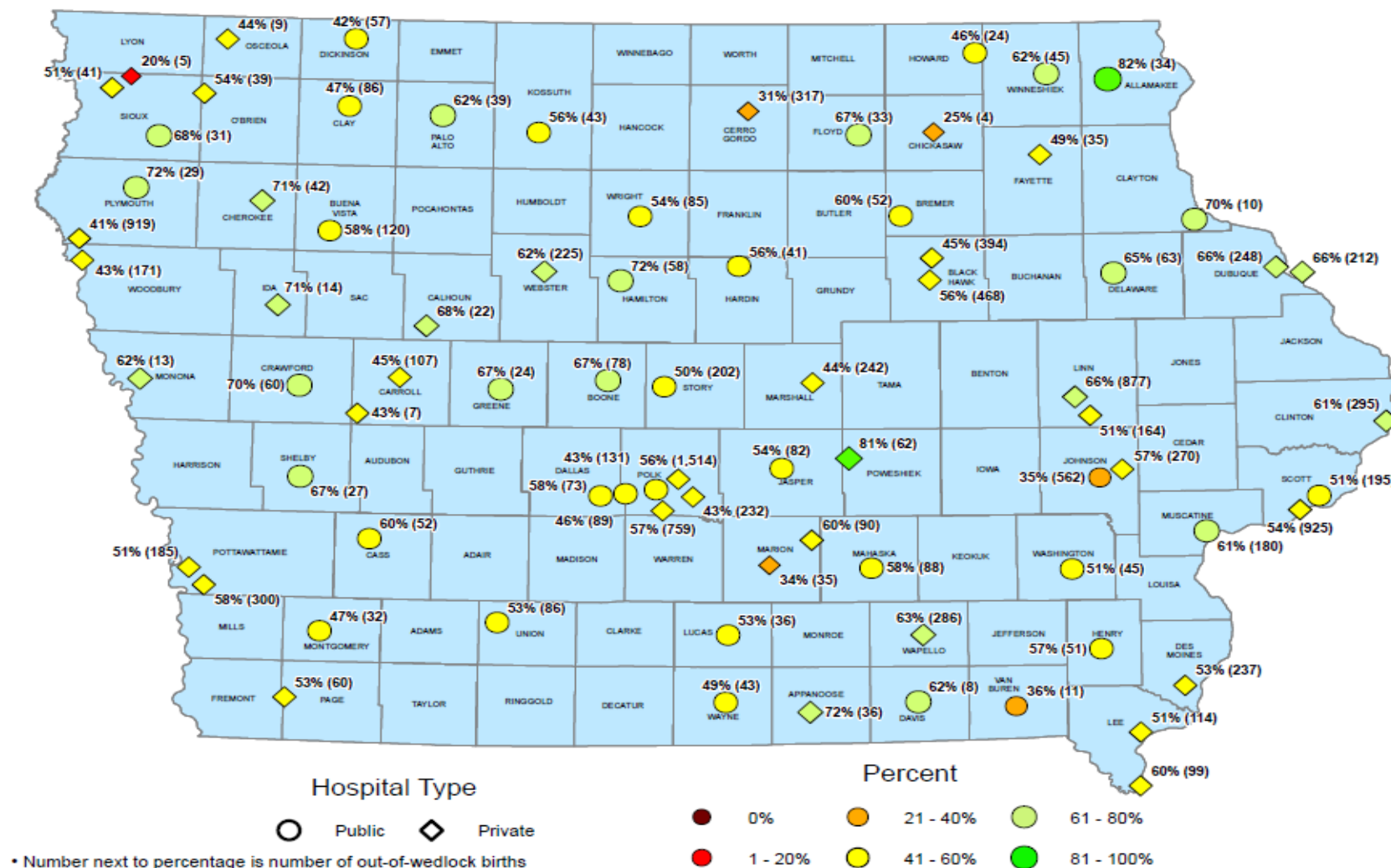
Figure 2. Percent paternity established by administrative or judicial order, FFY 2011.

Volume and Location of Paternity Affidavits Filed in Hospitals

As a part of the picture of paternity establishments in Iowa, the project team focused on baseline data of the number of paternity affidavits signed in hospitals by the number of out-of-wedlock births, the number of paternity affidavits signed in the hospital and whether the hospital was a public or private facility.

In the GIS map in Figure 3 below, the data for state fiscal year (SFY) 2011 is displayed. The highest rate of paternity affidavits signed in the hospital among the public hospitals was in Allamakee County (82%) and among private hospitals, the one located in Poweshiek County. The lowest rate of out-of-wedlock births with paternity affidavits signed in the hospital was just 20% at a small private hospital in Sioux county. There was no discernable pattern in paternity establishments related to area of the state or type of hospital.

Percent of Children Born Out-of-Wedlock with a Paternity Affidavit Signed in the Hospital, SFY 2011



III.B. Project Objective 2 - Analyze the Data in Order to Develop a Model to Identify the More “Viable” Cases and, in Turn, to Better Allocate Limited Resources

To determine the size of the “viable PEP pool” (i.e., cases where paternity establishment by CSRU is more likely), the project team used both **GIS mapping** and **statistical predictive (regression) modeling**.

To achieve this objective, the next actions were to:

- Analyze the case data gathered for Objective 1 to develop a data-based predictive model
- Set paternity targets more accurately based on the predictive modeling
- Allow management to make more informed decisions and assign resources more effectively based on the location of the cases where paternity orders are more likely.
- Prioritize cases monthly based on the likelihood of establishing a paternity order. This allows staff to establish paternity orders as efficiently as possible to better serve families.
- Identify the number of out-of-wedlock births at each hospital.
- Determine the ratio of the number of paternity affidavits signed compared to the number of out-of-wedlock births in the hospital.
- Based on this ratio, identify hospitals with a need for more focused paternity affidavit outreach.
- Measure changes in the ratio of paternity affidavits processed through hospitals to out-of-wedlock births to identify the success of the paternity affidavit outreach.

GIS Technology

GIS staff mapped data identified in Objective 1 by CSRU office and by hospital to detect geographic differences in case-related data. Specifically, the team used GIS technology to enhance analysis of demographic data, obstacles to paternity establishment, case characteristics, paternity establishment methods and rates, out-of-wedlock births and external factors.

This was accomplished using the GIS mapping software ArcMap by Esri (Environmental Systems Research Institute). GIS is a system designed to capture, store, manipulate, analyze, manage, and present all types of geographical data. It can be used to help obtain better information which can lead to better decision making. Geographic features are drawn quickly and can be displayed on maps in various ways based on information in the database. These maps are dynamic; different areas can be displayed with more/less detail and features can be symbolized in various ways.

GIS Mapping

GIS staff began their work for the current project by mapping demographic data that team members viewed as relevant to the paternity establishment success. Individual maps of the case characteristics were created. Once these data elements were mapped, it became more apparent which elements had an impact on the paternity establishment process and the size of the viable paternity pool. Other elements did not have an impact because there were not enough paternity establishment cases with this element (e.g., alleged father is a minor).

The data elements mapped were as follows:

- Percentage of cases where the mother submitted the full names of 0 fathers
- Percentage of cases where the mother submitted the full names of 1 fathers
- Percentage of cases where the mother submitted the full names of 2 fathers
- Percentage of cases where the mother submitted the full names of 3 fathers
- Percentage of cases where there is an ADPAT being pursued
- Percentage of cases where there is an JDPAT being pursued
- Percentage of cases where the mother/child were no shows for ADPAT genetic testing
- Percentage of cases where the mother/child were no shows for JDPAT genetic testing
- Alleged father is a minor
- Not able to serve the alleged father
- Average length of years a case has been open
- Average age of the youngest child on the case
- Average age of the alleged father
- Address or employer not known for alleged father
- Address of employer known for alleged father
- No location for the alleged father
- The number of children that need paternity established
- The number of possible alleged fathers provided by the payee
- Incarceration of the alleged father
- Alleged father is an undocumented citizen
- Alleged father is in the military
- Payee is a non-parental caretaker
- How paternity was established
- Payee is sanctioned
- Payee is sanctioned due to not providing the Mother's Statement which is required by statute before CSRU can initiate the administrative paternity process
- Method used to serve notice of the paternity action to the alleged father
- Distribution of out-of-wedlock births
- The ratio of paternity establishments by type back to 2009: administrative vs. judicial process
- The change from the 'original' to the 'viable' target
- Number of medical clinics & community organizations that received brochures
- The number of paternity affidavits signed where the child was also on a CSRU case
- The number and proportion of paternity affidavits signed in hospitals against the number and proportion of out-of-wedlock births per hospital back to 2006.

Many variables were mapped, but not all were included in the initial predictive models. However, these variables were considered during the modeling process because the field staff identified these characteristics as having a big impact on their daily work. This mapping was important because we wanted to identify geographic differences as they relate to each case characteristic to determine the impact to paternity establishment by paternity affidavit, private order, or by CSRU order. This was important because it allowed us to very quickly identify variations in the data.

Regression Analysis

In addition to using results of GIS mapping of the data elements listed above, the next important steps were to build the paternity target-setting model and apply it to the new data using statistical predictive (regression) modeling. Logistic regression estimates an equation that best estimates the coefficients of an equation based on the value of a dichotomous dependent variable given the values of the independent variables. The information used in the logistic regression analysis as independent variables included case characteristics identified by the project team. The dependent variable is whether a case was established or not established by CSRU in that fiscal year. There were two main steps:

- Fit a model to the historical data with known dependent and independent variables.
- Use the model to predict establishment probability with new data when the dependent variable is unknown.

Step 1: Fit a Model to the Historical Data. Once barriers to paternity establishment and relevant case characteristics were identified, CSRU provided data files that included this information for all of the children in the PEP pool for federal fiscal years 2009, 2010 and 2011. The historical files shared with the researchers contained records of CSRU's paternity caseload, the method of paternity establishment for those children, and the case characteristics identified by the project team. Features of the entire paternity process were considered as were the case characteristics available on the IV-D computer system. Only cases that were on file on October 1st were included in these files along with an indicator if paternity was established by the end of that federal fiscal year. Logistic regression was used to evaluate the historical data to identify case characteristics associated with paternity establishment.¹

Not all variables initially included in the analysis were statistically significant. Those variables that were not significant might be a result of limited numbers of cases with these characteristics. Listed below (details defined in Appendix B) are the 26 independent (or predictor) variables used in building the model:

- Case open date
- Account type (seven characteristics)
 - Family Investment Program (FIP)
 - Non-Public Assistance
 - Out of state Non-Public Assistance
 - Out of state FIP
 - Payee no longer wants CSRU services
 - Medicaid only
 - Out of state Medicaid only
- Payee age
- Alleged father's location
- Alleged father's state
- Alleged father undocumented citizen
- Alleged father's age

¹ Paul, D. A. (1999). Logistic regression using the SAS system: theory and application. *SAS Institute Corp., USA*.

- Alleged father in prison
- Alleged father in military
- Number of other cases on which this alleged father is also an alleged father
- Number of cases on which this alleged father is a payor
- Number of cases on which this alleged father is a payee
- Payee is sanctioned by income maintenance
- Mother's statement not returned and payee sanctioned
- Payee is non-parental caregiver
- Number of PEP children
- Age of the youngest PEP child
- Unable to serve alleged father
- Number of possible alleged fathers on this case
- Number of possible unknown alleged fathers on this case

Two other variables in the data set were used to create the model's dependent variable:

- Date paternity established for PEP child
- How paternity was established for PEP child

The date when paternity was established helped the project team identify whether a case was established in a given federal fiscal year. How paternity was established provided information on whether the case was established by CSRU. Using this information, a dependent variable was created to indicate whether or not paternity was established by CSRU in a specific federal fiscal year.

Six additional variables were also provided to the project team for use in mapping and analysis. These variables were:

- Region
- Office
- Court order date
- Court order type
- How alleged father was served (e.g., process server or certified mail)
- Certified mail attempt information

After examining the historical data, the university researchers cleaned and recoded the raw data in SPSS, a statistical software program. Next, cases were separated based on their pattern of missing information. There were cases where, if one piece of information was missing, then five other pieces of information also were missing. These were typically variables related to the alleged father (e.g., payee age, alleged father's age, number of other cases on which this alleged father is also the alleged father, and number of cases on which the alleged father is a payor/payee). These cases were treated separately because of their limited information.

For the remaining cases, there were still random missing values in the dataset. We chose to impute values to maximize the information at hand. The imputation process was done in SPSS, using the Expectation

Maximization (EM) Algorithm.² This method imputes a value where one is missing based on all other information available in the data set. Imputation involves running correlations between missing variables and all other variables in the dataset, then using variables that are highly correlated with the missing variables to impute missing values. Compared to deletion of cases with missing information, imputation typically helps to stabilize and increase the predictive power of the dataset.

As part of the step-wise process to build the predictive model for the upcoming federal fiscal year 2013, the university researchers examined all available historical data sets from FFY 2009 to FFY 2011. The researchers decided to use the FFY 2011 data set for the predictive model. The FFY 2009 data set was not used because it did not include several important case characteristics (e.g., mother's statement not returned and payee sanctioned). The FFY 2011 data set was chosen over the FFY 2010 data set because the project team believed that a more recent data set would provide a better predictive model for the upcoming federal fiscal year compared to an older data set. Also, since the FFY 2012 data set was not available at the time of predictive model building for FFY 2013, the FFY 2011 data set was determined to be the best choice available.

The probability of paternity establishment by CSRU could take values from 0 to 1. The higher the probability, the more likely a case would be established by CSRU. The limited range of this probability would present problems if used directly in a regression, so the odds ratio (defined as the probability of established in the federal fiscal year divided by the probability of not established in the federal fiscal year) is used instead. Taking the natural log of the odds makes the dependent (outcome) variable more suitable for a regression, resulting in the following equation:

$$\ln\left(\frac{P(y=1 | x_1, \dots, x_n)}{1 - P(y=1 | x_1, \dots, x_n)}\right) = \beta_0 + \sum_{i=1}^n \beta_i x_i$$

The following transformed logistic regression model can be used to calculate the probability that a case can be established by CSRU in that fiscal year.

$$P(y=1 | x_1, \dots, x_n) = \frac{1}{1 + e^{-(\beta_0 + \sum_{i=1}^n \beta_i x_i)}}$$

Where x_i , $i = 1, \dots, n$ are the predictor variables (e.g., the age of AF, AF location, age of the youngest child), $P(y=1 | x_1, \dots, x_n)$ is the predicted probability of CSRU will obtain a paternity order on the case, $1 - P(y=1 | x_1, \dots, x_n)$ is the predicted probability of CSRU will not obtain a paternity order on the case, and β_i is the coefficients of predictor variables, which can be used to calculate the odds ratio (OR) of the predictor variable. The OR indicate whether a given factor is positively (i.e., OR greater than 1.0) or negatively (i.e., OR less than 1.0) associated with the likelihood of obtaining a paternity order.

² Watanabe, M., & Yamaguchi, K. (Eds.). (2003). *The EM algorithm and related statistical models*. CRC Press.

Using FFY 2011 data, 15 case characteristics (variables) out of 26 were included in a final logistic regression model which predicts with 70.8% accuracy whether or not paternity was established in FY 2011. The final model of the logistic regression is as the following:

$$\ln \left[\frac{\text{prob}(\text{Established by CSRU in FFY 11})}{\text{prob}(\text{Not established by CSRU in FFY 11})} \right] \\ = -.229 - .014 * AF\text{Age} - .434N\#AFisAF + .263 * N\#AFisOR \dots + 1.986 \\ * AccOSMed$$

The FFY 2011 data generate the following regression equation:

$$\beta_0 + \sum_{i=1}^n \beta_i x_i = (-0.229) + (-0.014 \times X_1) + (-0.434 \times X_2) + (0.263 \times X_3) + (-0.369 \times X_4) \\ + (-4.369 \times X_5) + (1.516 \times X_6) + (-1.094 \times X_7) + (-0.683 \times X_8) + (-0.078 \\ \times X_9) + (-0.844 \times X_{10}) + (0.544 \times X_{11}) + (1.024 \times X_{12}) + (0.334 \times X_{13}) \\ + (1.986 \times X_{14}) + (-0.153 \times X_{15})$$

Step 2. Use Historical Model with Current Case Data. The next step involved using the predictive model to estimate establishment probability with current case data when the dependent variable is unknown. Based on the transform of the logistic regression model with the data in FFY 2011, the formula shown below was then used by the CSRU Central Office in FFY 2013 to calculate the probability of paternity establishment for each case in the current (FFY 2013) case file to predict unknown establishment status.

$$\text{Prob}(\text{Established by CSRU in FFY 2013}) \\ = \frac{1}{1 + e^{-(.229-.014*AF\text{Age}-.434N\#AFisAF+.263*N\#AFisOR\dots+1.986*AccOSMed)}}$$

To illustrate application of the predictive formula based on the information from FFY 2011 to new cases in FFY 2013, Table 8 presents the characteristics of two actual cases in FFY 2013. As shown in the table, the alleged father's age in years in FFY 2013 was 36 in Case 1 and 34 in Case 2. The probability of establishment by CSRU was .06 (lower probability) for Case 1 and .63 (higher probability) for Case 2. When evaluated at the end of FFY 2013, the actual outcome for these two cases corresponded with the estimated probability of their establishment: Case 2 was established; Case 1 was not.

Table 5. Applying the FFY 2011 Formula to Two Actual Cases in FFY 2013

Case Characteristics		Case 1	Case 2
X₁	Alleged father (AF) ^a age	36	34
X₂	Number of other cases AF is also an AF	0	0
X₃	Number of cases this AF is a payor	1	0
X₄	Number of possible AFs on case	1	1
X₅	Number of possible unknown AFs on case	0	0
X₆	Whether the AF is located	Yes (1)	Yes (1)
X₇	AF's state of residence is other than Iowa	Yes (1)	No (0)
X₈	No mother's statement and payee sanctioned	No (0)	No (0)
X₉	Age of the youngest child	3	7
X₁₀	Payee is a non-parental caretaker	No (0)	Yes (0)
X₁₁	Family Investment Program (FIP) ^b case	No (0)	No (0)
X₁₂	Out-of-state FIP case	No (0)	No (0)
X₁₃	Medicaid case	No (0)	Yes (1)
X₁₄	Out-of-state Medicaid case	No (0)	No (0)
X₁₅	Number of years the case has been open	13.68	1.08
	Composite value (sum of the above formula)	2.74404	0.54076
	Probability of establishment by CSRU in FFY 2013	0.06	0.63
	Actual establishment status by CSRU in FFY 2013	No	Yes

Note ^a AF stands for alleged father.

^b FIP is Iowa's Temporary Assistance to Needy Families (TANF) program.

Sequentially Updated Modeling Approach

As overall characteristics of the caseload and the external environment change, the predictive model changed from year to year. For example, when we applied the FFY 2011 model to the final FFY 2012 data (where establishment is known), it predicted with 72.2% accuracy. However, a new model using initial FFY 2012 data to predict FFY 2012 outcomes predicted with 73.3% accuracy. The model using the case predictors from FFY 2011 contains 15 case predictors, while the FFY 2012 model includes 12 case predictors. Nine predictors appear in both models, suggesting that our modeling approach generates a fairly stable model with similar factors at play in predicting a paternity order. However, because the model

generated using different years of data varies, we call what we have developed a “sequentially updated modeling approach” that can inform paternity target-setting and case priorities.

The historical data for each federal fiscal year were analyzed separately. Table 6 and 7 display statistically significant case characteristics associated with the likelihood a paternity order would be established for each of four federal fiscal years (FFY 2010, 2011, 2012, and 2013). It also lists the significant case characteristics and the direction (positive or negative) of their association with the outcome variable (paternity establishment).

Table 6. Case Characteristic Predictors and the Direction of Their Association with Paternity Establishment.

Federal Fiscal Year				
Case Characteristic (Variable) ^a	2010	2011	2012	2013
Alleged father (AF) age		(-)		(-)
Number other cases this AF is also an AF	(-)	(-)		(-)
Number cases on which this AF is a payor	(+)	(+)	(+)	(+)
Number possible AFs on this case		(-)	(-)	(-)
Number possible unknown AFs on this case	(-)	(-)	(-)	(-)
Whether the AF is located	(+)	(+)	(+)	(+)
AF's state of residence is other than Iowa	(-)	(-)	(-)	(+)
AF is undocumented citizen	(-)		(-)	(-)
AF in prison	(-)			
Unable to serve AF	(-)			(-)
No mother's statement and payee sanctioned		(-)	(-)	(-)
Age of the youngest child	(-)	(-)	(-)	(-)
Payee is a non-parental caretaker	(-)	(-)	(-)	(-)
Payee is sanctioned by income maintenance	(-)			(+)
Financial Investment Program (FIP) ^b case		(+)		
Non public assistance case	(-)		(-)	
Out-of-state non-public assistance case				(+)
Out-of-state FIP case		(+)		
Medicaid case		(+)		
Out-of-state Medicaid case		(+)		
Number years the case has been open	(-)	(-)	(-)	(-)
Constant	(-)	(-)	(-)	(+)
N of case characteristics in the model	13	15	11	15

^a Note: A plus sign (+) is used to indicate a positive association; a negative sign (-) is used to indicate a negative association. A blank is used to indicate that the variable does not appear in the model of that specific year.

^b FIP is Iowa's Temporary Assistance to Needy Families (TANF) program.

Partnership to Strengthen Families: Mapping the Future of Paternity Establishment through GIS

Table 7 presents the regression coefficient for each characteristic and the accuracy rate for each model within the fiscal year.

Table 7. Logistic Regression Results Predicting Paternity Establishment for the Data Used to Fit the Model

Case Characteristics/Variables	Federal Fiscal Year			
	2010	2011	2012	2013
Alleged father (AF) ^a age		-0.014		-0.015
Number of other cases AF is also an AF	-0.403	-0.434		-0.825
Number of cases this AF is a payor	+0.185	+0.263	+0.130	+0.215
Number of possible AFs on case		-0.369	-0.513	-0.407
Number of possible unknown AFs on case	-4.820	-4.369	-3.027	-0.997
Whether the AF is located	+1.384	+1.516	+1.022	+0.516
AF's state of residence is other than Iowa	-0.636	-1.094	-0.467	+0.909
AF is undocumented citizen	-1.083		-1.164	-1.594
AF in prison	-0.489			
Unable to serve AF	-0.396			-0.511
No mother's statement and payee sanctioned		-0.683	-0.836	-0.692
Age of the youngest child	-0.068	-0.078	-0.069	-0.092
Payee is a non-parental caretaker	-0.782	-0.844	-1.118	-1.357
Payee is sanctioned by income maintenance	-0.470			+0.709
Family Investment Program (FIP) ^b case		+0.544		
Non public assistance case	-0.435		-0.327	
Out-of-state non-public assistance case				+5.730
Out-of-state FIP case		+1.024		
Medicaid case		+0.334		
Out-of-state Medicaid case		+1.986		
Number of years the case has been open	-0.128	-0.153	-0.129	-0.218
Constant	-0.728	-0.229	-0.563	+0.386
Accuracy rate of the model (%) for concurrent FFY	67.9	70.8	73.3	73.2
Number of significant case characteristics in the model	13	15	11	15

Note ^a AF stands for alleged father.

^b FIP is Iowa's Temporary Assistance to Needy Families (TANF) program.

The variables included in the model for a given federal fiscal year (FFY 2010-2013) are calculated based on the information about case paternity establishment status and case characteristic data at the beginning and their establishment status at the end of that year using logistic regression. The coefficients in the table reflect the relationship between each variable and paternity establishment expressed in a log of odds ratio. In the equation, the log of odds ratio is the dependent variable; one unit change in an independent variable will result in the corresponding unit change of regression coefficient in log odds. For example, in the first row, alleged father age, the model in FFY 2011 predicts that for each one-unit increase in the alleged father's age, the expected change in log odds for paternity establishment is -0.014. In other words, the younger an alleged father, the more likely it is CSRU will obtain a paternity order on the case. In the third row, the model in FFY 2011 predicts that a one-unit increase in the number of possible cases this alleged father is a payor, the expected change in log odds for paternity establishment is 0.263. In other words, the more cases associated with an alleged father, the more likely that CSRU will obtain a paternity order on the case.

A total of 26 case characteristics were evaluated each of the four years. Of these, 21 were significant in one or more fiscal year and seven were significant across all four years. The signs in parentheses in each row indicate whether that characteristic is a negative (-) or a positive (+) predictor that paternity would be established. For example, the more cases on which an AF is a payor, the more likely that paternity will be established. The higher the number of possible AFs on a case, the less likely that paternity will be established.

Case characteristics present in all four models are:

- Number of cases on which this AF is a payor (+)
- Number of possible unknown AFs on this case (-)
- Whether the AF is located (+)
- AF's state of residence is state other than Iowa (- / +)
- Age of the youngest child (-)
- Payee is a non-parental caretaker (-)
- Number of years the case has been open (-)

Five of the 26 case characteristics in the historical data sets (FFY 2010, 2011) and the data sets compiled during the course of the project (FFY 2012, 2013) did not significantly predict the likelihood that a paternity order would be established in any of the years. These are:

- Payee age
- Number of PEP children
- AF in military
- Case is an out-of-state, non-public case
- Case where payee no longer wants service

Descriptive Statistics for Paternity Establishment Cases

The averages (or means) of the case characteristics in the paternity pool in FFY 2011 and FFY 2013 were fairly similar (see Table 8). For example, the average age of the alleged father was 29.45 years and 29.29 years, respectively. An exception is that the average number of cases where the alleged father resides in a

state other than Iowa was lower in FFY 2011 (4.6) compared with FFY 2013 (18.4). This information helps to illustrate that although many characteristics of the caseloads may be similar from year to year, other characteristics could vary in ways that affect modeling paternity establishment. For instance, compared with FFY 2011, in FFY 2013 a higher proportion was FIP cases (32.5% vs. 37.3%) and was not able to be served (4.3% vs. 5.1%).

Table 8. Descriptive Statistics for Paternity Establishment Cases

Case Characteristics/Variables	Federal Fiscal Year			
	2011 (N=3785)		2013 (N=2960)	
	Mean	SD	Mean	SD
Alleged father (AF) ^a age	29.45	7.83	29.29	7.44
Number of other cases AF is also an AF	0.04	0.21	0.04	0.21
Number of cases this AF is a payor	0.51	1.04	0.52	1.05
Number of possible AFs on this case	1.09	0.44	1.11	0.50
Number of possible unknown AFs on this case	0.02	0.14	0.03	0.17
Whether AF is located ^c	72.5		75.7	
AF resides in state other than Iowa ^c	4.6		18.4	
AF is undocumented citizen ^c	0.4		1.0	
AF in prison ^c	4		3.3	
Unable to serve AF ^c	4.3		5.1	
No mother's statement and payee sanctioned ^c	9.2		11.2	
Age of the youngest child	3.42	3.93	3.10	3.57
Payee is a non-parental caretaker ^c	7.8		7.6	
Payee is sanctioned by income maintenance ^c	14.2		16.7	
Financial Investment (FIP) ^b case ^c	32.5		37.3	
Non public assistance case ^c	13.2		13.4	
Out-of-state non-public assistance case	0.3		0.1	
Out-of-state FIP case ^c	0.5		0.5	
Medicaid case ^c	52		47.4	
Out-of-state Medicaid case ^c	0.3		0.4	
Number of years case has been open	1.94	2.98	1.74	2.84

Note. ^a AF stands for alleged father.

^b FIP is Iowa's Temporary Assistance to Needy Families (TANF) program.

^c Percentage of cases "Yes."

III.C. Project Objective 3 - Implement the Model and Assess Ongoing Performance

Survey of CSRU Field Staff

Prior to implementing the model, we conducted a survey of all CSRU staff involved in the paternity establishment process from support staff to case workers to supervisors to attorneys. It was important to conduct this survey prior to training and implementation of the new paternity target-setting model because we wanted to know how staff felt about the prior method of setting paternity targets and prioritizing paternity cases before they were aware of a new process. Then, approximately one year later, a follow-up survey was administered to the same staff to gauge assessments of the new model.

To develop the survey, ISU researchers drafted an initial set of items based on project objectives and conversations with CSRU staff. The items and response formats were reviewed by the project team. Next, through an iterative process involving conference calls and email exchanges among team members over a three-month period, a final set of questions was drafted and reviewed by ISU's institutional review board. Prior to sending the surveys to CSRU staff, the CSRU Bureau Chief sent an email to the staff explaining the grant and why participation in the survey was important. The message also conveyed the expectation that all staff would complete the survey. Finally, ISU administered the survey electronically. The individual answers submitted by 132 CSRU field staff from 23 offices in four regions were not known to CSRU Central Office staff involved in paternity training, paternity target setting and paternity order monitoring. This confidentiality assurance allowed staff to feel more freedom in answering the questions without bias. See Appendix C for the full CSRU Paternity Establishment Staff Survey, Baseline – October 2012.

The focus of the CSRU field staff survey was the current paternity target-setting methodology, training and case prioritization tools used, as well as demographic information such as geographic location, length of time with CSRU, and length of time in the paternity establishment process. The baseline survey consisted of 37 opinion/attitude items. The questions asked about the field worker's current experience with the target setting process. The topical areas, with the number of related items, include:

- Current paternity target-setting process which included five items; e.g., "I understand the process used for setting PEP targets."
- Setting priorities which included eight items; e.g., "There is a clear rationale for the method used to identify priority cases."
- Barriers to paternity establishment which included two items; e.g., "I know which barriers will most impede success in establishing paternity." In addition, there were two open-ended items asking field staff to identify three top barriers that impact success in obtaining a paternity order.
- Staff training and resources which included three items; e.g., "I have had sufficient training to carry out my role in the paternity establishment process."
- Worker assessment which included eight items; "I work harder than others to pursue PEP cases."
- Overall evaluation: This area included six contrasting word pairs to assess overall evaluation of the current process using a 5-point scale (e.g., from "useful" to "worthless").

- Respondent characteristics: This area included drop-down boxes used to collect four respondent demographic characteristics; e.g., "Number of years worked in the paternity establishment process."
- Other: In this section, field staff were asked to record any comments about the current system for setting paternity targets.

Training of CSRU Staff

The paternity target-setting model was implemented at the start of FFY 2013. CSRU Central Office staff held face-to-face training for all field staff involved in the paternity process. See the Appendix D for the training documents. Staff were trained on the following:

- Details of the federal grant awarded by OCSE and the partnership with ISU
- Rationale for the project
- Development of the model and the significant case characteristics used to score a case to predict the likelihood CSRU will establish paternity on a case
- "Scoring" generated by the model and how it is used to set paternity targets/how it contrasts to the previous paternity-target setting process
- How the model "scores" cases monthly, information staff can use as a case prioritization tool
- Emphasis that the Central Office will continue to provide monthly feedback on the number of paternity orders established by each office in comparison to the targets

Setting Equitable Office Paternity Targets

To set paternity targets, the model evaluated every active child support case with a child born out-of-wedlock in Iowa who needed paternity established as of September 30, 2012. A "viability score" of 0 to 1 (with 1 indicating greater likelihood an order would be obtained). Cases with a score of 0.50 to 1.00 were considered "viable" cases – more likely CSRU will get a paternity order. Cases with a score of 0 to 0.49 were considered "not-viable" cases – less likely CSRU will get a paternity order. The FFY 2013 PEP targets were set based on only the proportion of the "viable" cases in the PEP pool assigned to an office. The "non-viable" cases were not considered. Once the PEP targets were set, they were not revised.

As shown in Table 12, under the previous methodology, 3,435 children in the PEP pool would have been taken into account when setting paternity targets. Location of the case was the only consideration; it was nearly impossible to set equitable targets and assign resources effectively. Offices generally met their target, but it was not without a great deal of stress and help from other offices. It is not an effective use of resources when staff are "spinning their wheels" trying to establish paternity orders on cases for which they cannot obtain orders due to one reason or another just to meet an arbitrarily-set target.

Table 9. Number of Children in PEP Pool, FFY 2013

FFY 2013 PEP Pool*	
Total number of PEP children	3,435
Total number of PEP children on "non-viable" cases	2,130
Revised total number of PEP children in the PEP pool	1,305

*Note: On September 30, 2012

The new methodology considered children with a “viable” case score. There were 1,305 children in the revised PEP pool for FFY 2013. The paternity targets for FFY 2013 were based on the PEP pool of 1,305 children, which is 38% of the total PEP children. Next, using cases identified as “viable” and the distribution of these cases across the state, the regional managers evaluated resources and designated staffing to best meet the targets in each of their CSRU offices. In addition, the use of electronic filing of court documents and CSRU’s electronic case system allow the staff the flexibility to work cases in other offices.

The table and a series of four maps on the following pages compare the former and new approaches to setting paternity targets. Table 10 presents a comparison of paternity targets for each office and region under the previous method (“old way”) compared with the predictive model (“new way”). The numbers listed in Table 13 were calculated in September 2012 and were used to set the PEP targets for FFY 2013. After the numbers were initially calculated and targets were established, there was a reassignment of counties which changed the PEP numbers for some offices. The recalculated numbers were used for the maps and throughout the rest of this report.

Figure 4 maps the percent of children from the total PEP pool used to set paternity targets for each region in Iowa. For example, the Western region had 781 children in the total PEP pool for FFY 2013, 32% (253) of 781 children were used to set paternity targets based on the predictive model, while 528 of 781 children were not used. The Central region has the highest percentage of 45% while the Western region has the lowest percentage of 32%. The other two regions have a close percentage of 37% for the Eastern region and 39% for the Des Moines region.

The next map (Figure 5) shows the percent of children used to set paternity targets from the total PEP pool for each office in Iowa. For example, the Sioux City office had 298 children in the total PEP pool for FFY 2013, 33% (97) of 298 children were used to set paternity targets based on the predictive model, while 201 of 298 children were not used to set target for Sioux City office. The total PEP pool for each office ranges from 45 in Ankeny to 488 in Cedar Rapids. The percentage of children that were used to set target ranges from 29% in Ankeny, Council Bluffs, and Creston to 50% in Dubuque.

Figure 6 shows the percent change from original targets (not using predictive model) to viable targets (adjusted using the predictive model) for each field office in Iowa. Among the 21 offices shown on the map, 11 have lower targets; the other 10 have higher targets. Most of the offices in Western region have lower targets. In the Des Moines region, three offices have lower targets while four have higher targets. In the Central region, all of the offices have an increase in their targets. And for the Eastern region three offices had a decrease in targets while two had an increase.

Table 10. Comparison of Paternity Targets for FFY 2013 using the Previous Method vs. the Predictive Modeling Approach.

	"Old" Way of Setting Targets Using All Cases			"New" Way of Setting Targets Using the Model & Only "Viable" Cases		
Office	Original PEP Pool	Original Percent of Total Children	Original PEP Target	New PEP Pool	New Percent of Total Children	New PEP Target
Mason City	119	3.46%	65	39	2.99%	56
Spencer	56	1.63%	31	23	1.76%	33
Sioux City	298	8.68%	163	97	7.43%	141
Fort Dodge	111	3.23%	61	35	2.68%	51
Carroll	54	1.57%	30	18	1.38%	26
Council Bluffs	143	4.16%	79	41	3.14%	59
Western Region	781	22.74%	429	253	19.39%	366
Decorah	55	1.60%	30	20	1.53%	29
Marshalltown/Waterloo	380	11.06%	209	171	13.10%	247
Ottumwa	158	4.60%	87	75	5.75%	108
Central Region	593	17.26%	326	266	20.38%	384
Dubuque	72	2.10%	40	36	2.76%	52
Davenport	351	10.22%	192	120	9.20%	173
Cedar Rapids	488	14.21%	268	173	13.26%	250
Burlington	161	4.69%	88	68	5.21%	98
Clinton	69	2.01%	38	26	1.99%	38
Eastern Region	1,141	33.22%	626	423	32.41%	611
Creston	82	2.39%	45	24	1.84%	35
Grimes	153	4.45%	84	56	4.29%	81
Ankeny	45	1.31%	25	13	1.00%	19
Indianola	82	2.39%	45	32	2.45%	46
North Des Moines	178	5.18%	98	74	5.67%	107
South Des Moines	228	6.64%	125	98	7.51%	142
Pleasant Hill	152	4.43%	83	66	5.06%	95
Des Moines Region	920	26.78%	505	363	27.82%	525

Note: Numbers in Table 10 were calculated in Sept. 2012 and used to set PEP targets for FFY 2013; subsequent reassignment of counties changed PEP numbers for some offices.

Percent of Children in the Total PEP Pool Used to Set Paternity Targets, FFY 2013

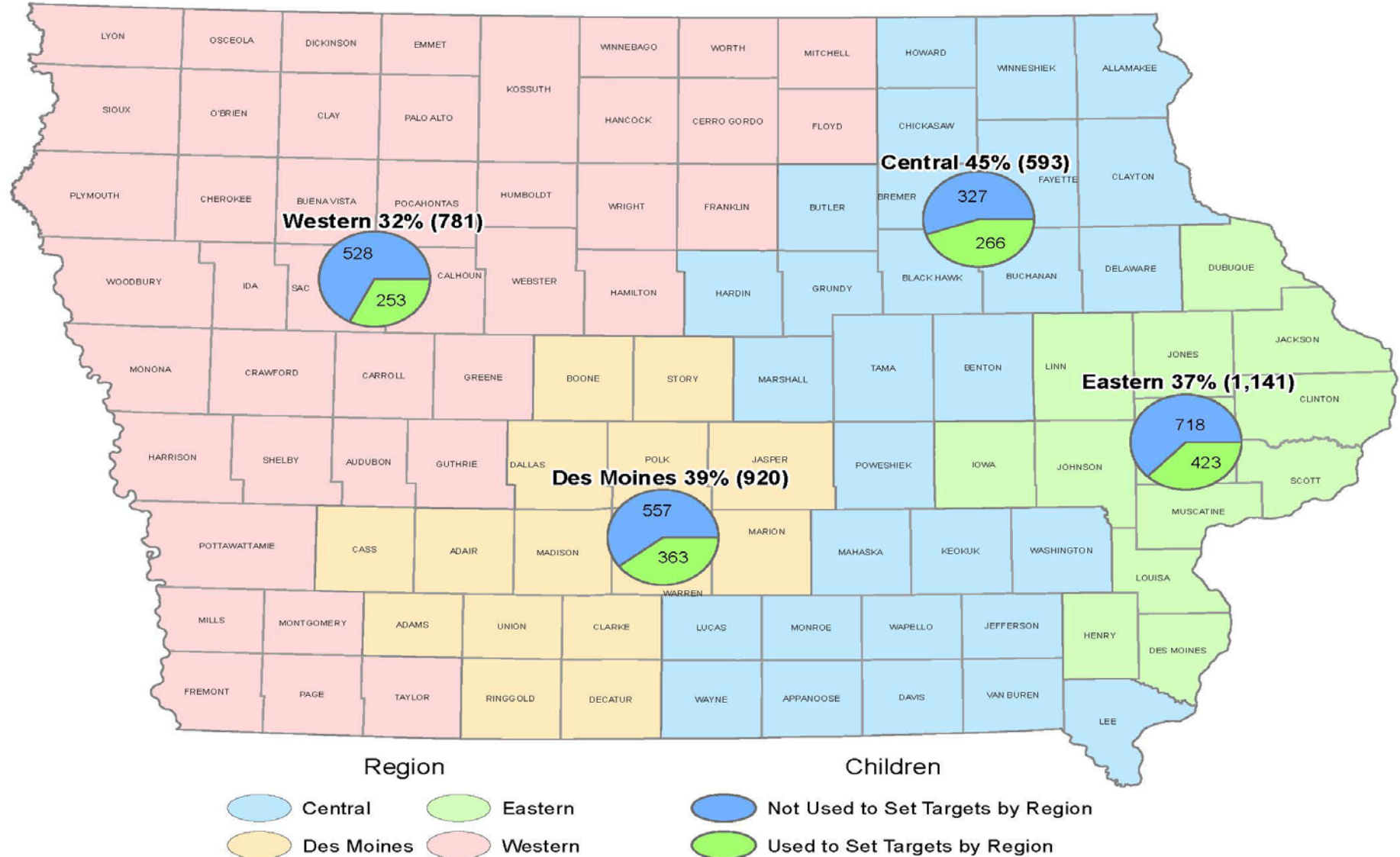


Figure 4. Percent of children in the total PEP pool used to set paternity targets by CSRU Region, FFY 2013.

Percent of Children in the Total PEP Pool Used to Set Paternity Targets, FFY 2013

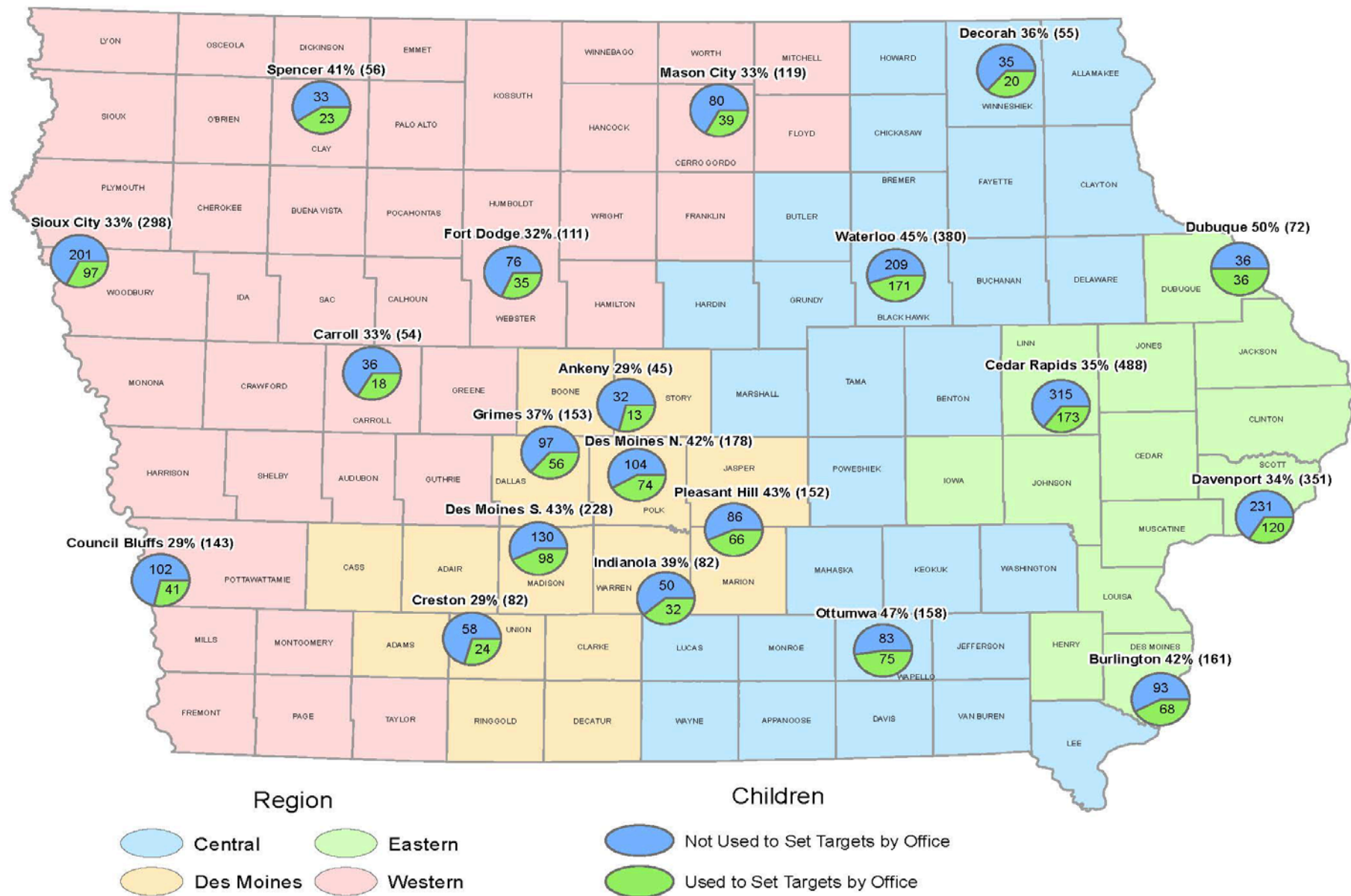
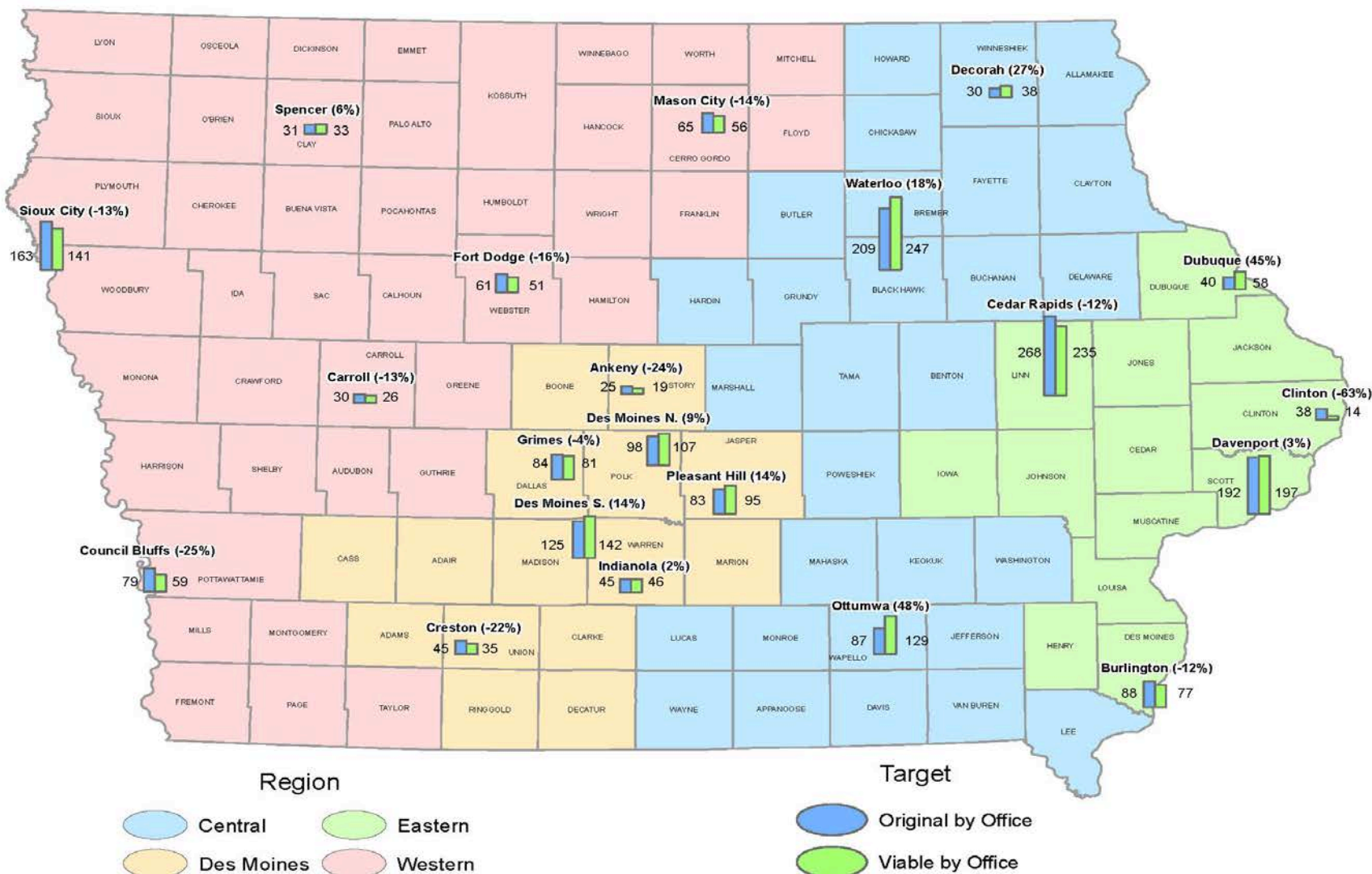


Figure 5. Percent of children in the total PEP pool used to set paternity targets by CSRU Office, FFY 2013.

Percent Change from Original to Viable Target, FFY 2013



* As of 5/2009, Waterloo began processing all of Marshalltown's administrative paternity cases.

Figure 6. Percent change from original to viable targets by CSRU field office, FFY 2013.

Monthly Viability Scoring. Once the paternity targets were set for FFY 2013, the model was also used for monthly case viability scoring. Each month of FFY 2013, prior to staff receiving their paternity cases on their PEP report, CSRU Central Office calculated each case's viability score and added that information to the PEP report. The score ranged from 0 to 1.0. The more "viable" cases are those that scored closer to 1.0. This monthly scoring was an additional tool staff could use to set priorities among their PEP cases and work more efficiently. As information is added or removed from a case, the case's score can change from month to month. Generally, new PEP cases will initially have a lower score until additional information is received. Therefore, the score should improve in subsequent months.

Even though each PEP case was scored every month, the PEP targets did not change. Field workers are required to work all cases, but they can use the monthly case scoring to help them plan and prioritize their work efforts.

Monthly Monitoring. As was done in prior years, CSRU Central Office continued to monitor the actual number of paternity orders obtained by the offices against the office targets to ensure they were on track. CSRU Central Office monitored for external factors such as a change in policy, a change to the Iowa Supreme Court Guidelines, and a realignment of counties served by offices to determine if changes in targets needed to be made. Workgroup meetings were held to discuss field staff feedback regarding the new targets and use of the monthly scoring case prioritization tool. In addition, CSRU continued to monitor the number of paternity affidavits filed by BVR.

Survey of Hospital and Birthing Center Staff

Surveys of hospital and birthing center staff were designed to gather data before and after initiation of new training and outreach efforts to hospitals and birthing centers. The survey items solicited feedback from staff regarding challenges to helping birth parents complete paternity affidavits. ISU emailed the survey link to a central email address for each hospital/birthing center with a request that the survey be distributed to all staff involved in the paternity affidavit process. The baseline survey was conducted October-November 2012. At baseline, the number of respondents per location ranged from one to four. See Appendix F for the survey form administered to hospital staff at baseline.

The baseline electronic survey consisted of 49 items which included:

- 37 opinion/attitude items measured on either a 4- or 5-point Likert-type scale (e.g., "How often do you face each of the following challenges when helping parents complete the paternity affidavit form and only one parent is willing to cooperate?")
- Six true-false knowledge items (e.g., "Completing the paternity affidavit form in the hospital is voluntary for parents.")
- Four demographic items (e.g., "What is your job title?")
- Three open-ended questions (e.g., "List any appropriate community organization we could include in our outreach efforts.")

Paternity Affidavit Outreach and Training

When CSRU applied for this demonstration grant, the intent was to implement a more focused approach to paternity affidavit outreach and training centered on the proportion of children born out-of-wedlock who had paternity affidavits signed in the hospital. However, once the baseline maps and survey data were analyzed, it was clear the project team was not thinking broadly enough. The GIS Mapping identified areas of the state in need of additional outreach. The hospital and staff baseline surveys yielded information on perceived barriers and preferred methods of communication and training.

Previously, the project team did not think about the power of providing outreach to parents prior to the child's birth in addition to during the parent's hospital stay at the time of the child's birth. Therefore, the paternity affidavit outreach and training piece of this grant split into two components: (1) A more focused approach to providing comprehensive training for hospitals and birthing centers with low ratios of paternity affidavits to out-of-wedlock births; and (2) Outreach to community action agencies and birthing clinics.

Outreach to Hospitals

In order to identify the hospitals with lower ratios of paternity affidavits to out-of-wedlock births, each hospital in Iowa was mapped with the following data elements:

- Private or public hospital
- Number of beds
- Number of out-of-wedlock births during 2011
- Number of paternity affidavits signed in the hospital during 2011

In reviewing the map and identifying hospitals with low ratios as compared to like-size hospitals with higher ratios, the project team selected a hospital in Sioux City, Iowa as the first hospital to approach regarding paternity affidavits. ISU staff worked diligently to identify a contact within this hospital and the birthing clinics in the same area. Email and other forms of communication were used but proved unsuccessful. In-person contacts were not made.

Outreach to Agencies and Medical Clinics

In order to provide information to expectant parents prior to the child's birth, we identified medical clinics and community organizations that work with expectant parents. This was a difficult step because a comprehensive list of these clinics and agencies did not exist. Instead, we relied on Internet sources to determine the location of agencies. An additional barrier was not having a specific contact person with the clinics and agencies. It was also unclear if some of the agencies had a main office in one town or county, but additional branches in other towns/counties. Our goal was to reach as many medical clinics and agencies as possible with the resources available.

Table 14 shows the timeline for outreach activities to agencies and medical clinics that were initiated as a result of this project. Once the list of agencies and medical clinics was developed, ISU created and distributed a new brochure (in English and Spanish) that emphasized the importance of identifying the legal father and the acceptable forms of identification needed to complete a paternity affidavit.

Table 11. Timeline for Project-related Outreach Activities

Date	Grant-related Paternity Affidavit Outreach Activity
October 2012	Attempted to make in-person contacts with hospital administration to develop a more coordinated effort between clinics and hospitals in working with expectant parents
September 2013	Began sending out initial paternity affidavit informational brochures and letter to clinics and community organizations (English). Sent additional brochures upon request.
May 2014	The first Spanish-version paternity affidavit informational brochures were mailed

The distribution numbers are as follows:

- Community organizations: The brochure was sent to 462 community organizations and agencies across Iowa. Initially, one brochure was sent to each organization. Later, an additional 1,480 brochures total were requested by 38 community organizations.
- Medical clinics: The brochure was sent to 220 medical clinics across Iowa. Five brochures were sent to each medical clinic initially for a total of 1,100 and 445 additional brochures were sent upon the clinics' requests.

Figure 7 shows the location of the 462 community organizations that were sent initial and follow-up brochures. The counties are color-coded to indicate the number of organizations that were sent brochures; counties coded white have no such organizations. The number in parentheses is the number of out-of-wedlock births during FFY 2013. If there is a second number, this is the number of additional brochures requested. Regional boundaries are indicated by black borders. For example, for Polk county (Central region) brochures were sent to more than 16 organizations, whereas in that same region none were sent to Adair county. Broken down by region, the number of organizations that were sent brochures were: Eastern, 212; Western, 127; Central, 77; and Des Moines, 46.

Paternity Affidavit Outreach to Community Organizations, September - November 2013

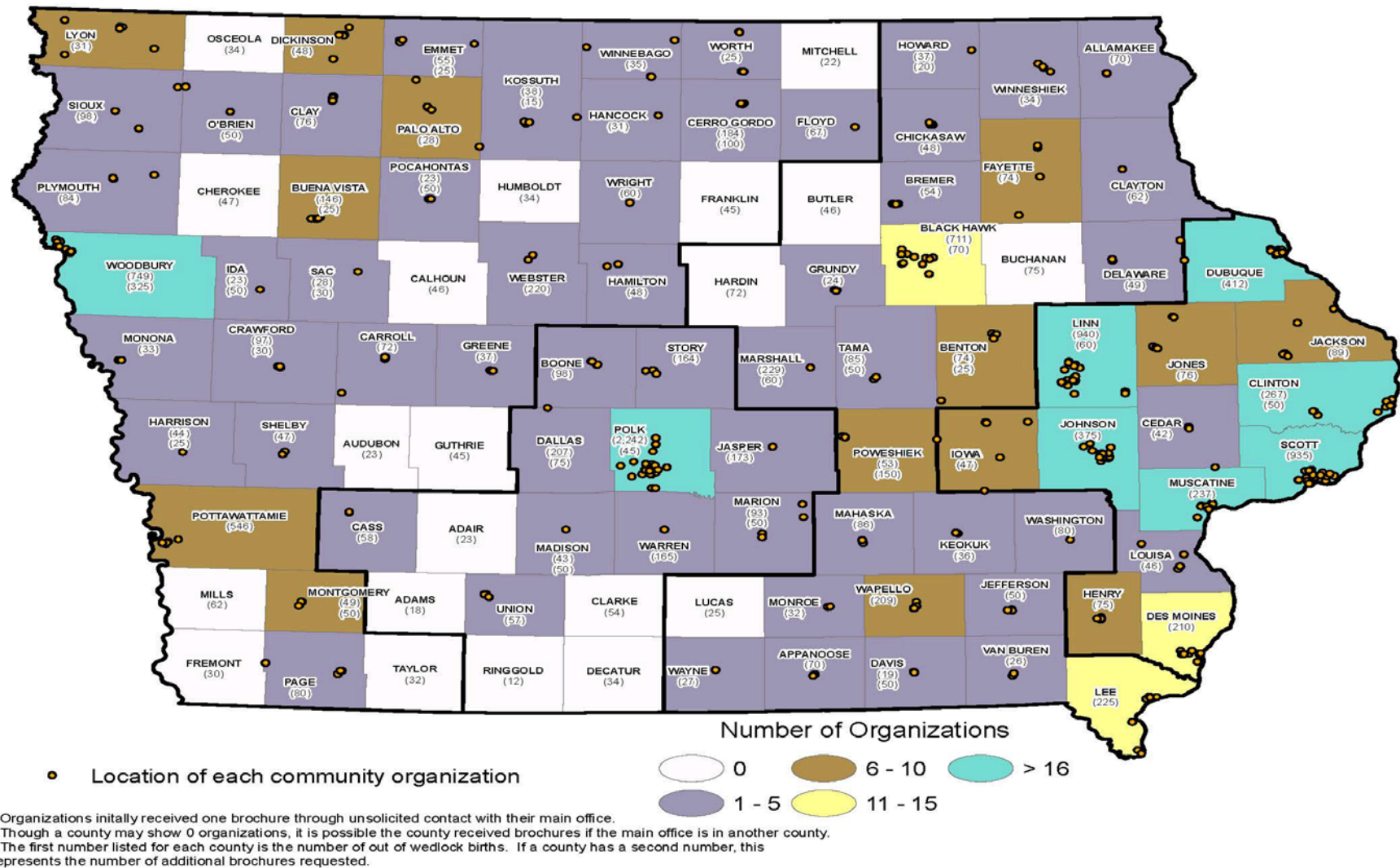
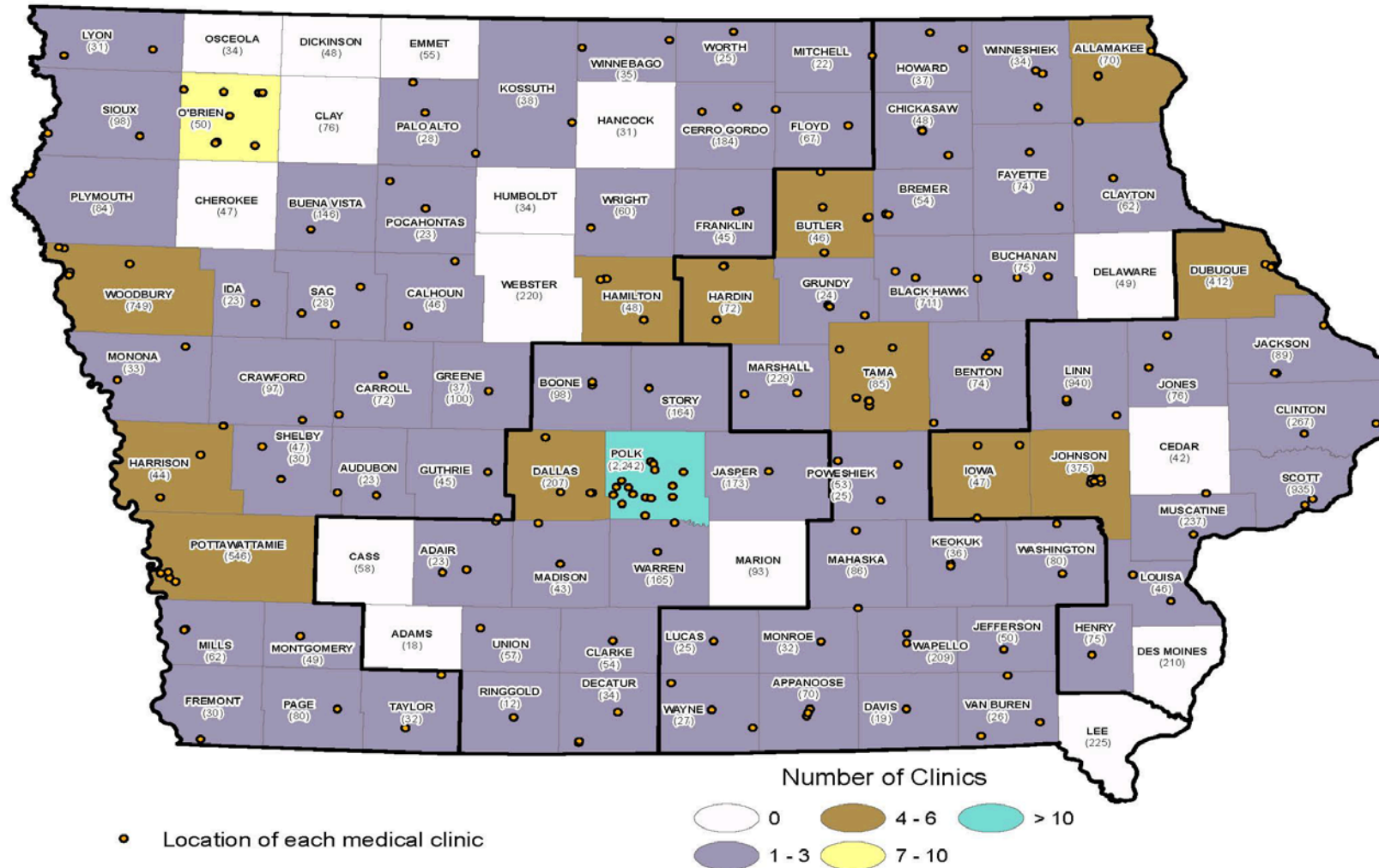


Figure 7. Paternity affidavit outreach to community organizations, September - November 2013.

Figure 8, shows the location of the 220 medical clinics that were sent initial and follow-up brochures. As in the prior map, the counties are color-coded to indicate the number of clinics that were sent brochures and regional boundaries are indicated by black borders. Initially, a total of 1,100 brochures were distributed. Broken down by region, the number of clinics that were sent brochures were Eastern, 34; Western, 77; Des Moines, 40; Central, 69. Later, an additional 445 brochures were requested by clinics.

As of August 2015, a total of 2,055 English brochures had been sent out to hospitals, clinics, and community organizations; and 210 Spanish brochures had been sent out from entities requesting the Spanish version.

Paternity Affidavit Outreach to Medical Clinics, September - November 2013



- Clinics initially received five brochures through unsolicited contact with their main office.
- The first number listed for each county is the number of out of wedlock births. If a county has a second number, this represents the number of additional brochures requested.

Figure 8. Paternity affidavit outreach to medical clinics, September - November 2013.

Prior and Ongoing Hospital Outreach.

Historically, as part of an annually-renewed contractual partnership between ISU and CSRU that began in 1992, paternity affidavit training and information have been provided to hospital and birthing center staff throughout Iowa. In-person trainings and informational brochures were designed for use by hospital staff who administer paternity affidavits in the hospital to the parents of children born out-of-wedlock. However, in general, an ongoing challenge to providing outreach effectively is not having a specific contact person within each hospital. Table 15 shows the timeline for recent new outreach efforts initiated through the annual contract but not part of this demonstration grant.

Table 12. Timeline for Ongoing Outreach Activities

Date	Contract-Related Paternity Affidavit Outreach Activity
January 2013	Rolled out the online version of the Paternity Affidavit training that hospital staff take
March 2013	Began sending out Paternity Affidavit quarterly e-newsletter to hospital staff

Online paternity affidavit training: An online version of paternity affidavit training for hospital staff was implemented in January 2013; it provides a more flexible platform for training for hospital staff. As of August 2015, a total of 105 people had accessed the online training. The online version of the paternity affidavit training provided by the university has received positive feedback. Hospital personnel like that the training is available 24/7. This flexibility allows them to complete the training when it best fits in their busy schedule. When the online training was first rolled out, many hospital personnel involved in the paternity affidavit process took the opportunity to complete the training. The number of hospital staff completing the training now has lessened. Reminders that the online training is available has been put in every newsletter that has been sent out.

Biannual paternity affidavit newsletters: An electronic paternity affidavit newsletter for hospitals and birthing centers was implemented in March 2013 and is being delivered twice a year (April 2013, September 2013, January 2014, August 2014, May 2015 and anticipated sending in fall 2015). The newsletter is sent by the university to 160 contacts, primarily hospital personnel that have a vested interest in paternity establishment processes. The newsletter helps to keep the paternity affidavit process on the forefront for hospital and clinic staff. It provides important information such as:

- Common errors found on Paternity Affidavits
- Upcoming training opportunities
- Iowa statistics related to marital status, birth rates, and parenting

Although these initiatives were initiated as part of the annual contract and were not part of the outreach efforts funded by the demonstration grant, the information gained from the hospital survey reinforces the importance of a comprehensive training and outreach paternity affidavit program.

Hospital personnel appreciate the information being shared related to the paternity affidavit process. As changes occur with the process (e.g., what identification is/is not accepted), hospital personnel rely on the

paternity affidavit training and newsletter to provide current and accurate information. This occurs by updating the training being provided as well as through the newsletter. Hospital personnel know it is a complex

process and having step-by-step instructions to relay to the new parents is helpful so the paternity affidavit form is filled out correctly.

SECTION IV. ANALYZE RESULTS - PROJECT OBJECTIVE 4

IV.A. Comparison of Iowa Paternity Establishment Rates (FFY 2011 vs. FFY 2013)

To accomplish objective 4, the project team used data to compare paternity establishment rates before and after implementation of the model and a more focused approach to paternity affidavit outreach to determine whether expected results of the project have been achieved. This includes data on the total number of children in the PEP pool, the number of paternity affidavits filed, and the number of administrative and judicial paternity orders filed by CSRU. The data from FFY 2011 and FFY 2013 were used to conduct comparisons.

It was anticipated that the ratio of paternity affidavits to out-of-wedlock births would increase between FFY 2011 and FFY 2013. Furthermore, it also was anticipated that the ratio of paternity affidavits to CSRU orders (administrative and judicial) would increase during this period. It is important to note that in FFY 2012, based on OCSE clarifications, the state changed how adoptions were counted in terms of paternity establishment, which reduced the size of the CSRU target. Thus, for comparison purposes between fiscal years, we focus on percentages when we report the project outcomes.

Ratio of Paternity Orders Completed Administratively vs. Judicially by CSRU

A goal of the project was to establish more paternity orders administratively than judicially. Table 13 lists the administrative and judicial establishments within each year. Based on the percentage point changes from FFY 2011 to FY 2013, administrative paternities increased by 4.5 percentage points and judicial paternities decreased by 5.4 percentage points.

Table 13. Ratio of Paternity Orders Completed Administratively vs. Judicially by CSRU.

Fiscal Year	Total Number of Administrative and Judicial Paternity Establishments	Number (percentage) of Judicial Paternities of Total	Number (percentage) of Administrative Paternities of Total
FFY 2011	3,380	924 (27.3%)	2,456 (72.7%)
FFY 2013	2,371	541 (22.8%)	1,830 (77.2%)

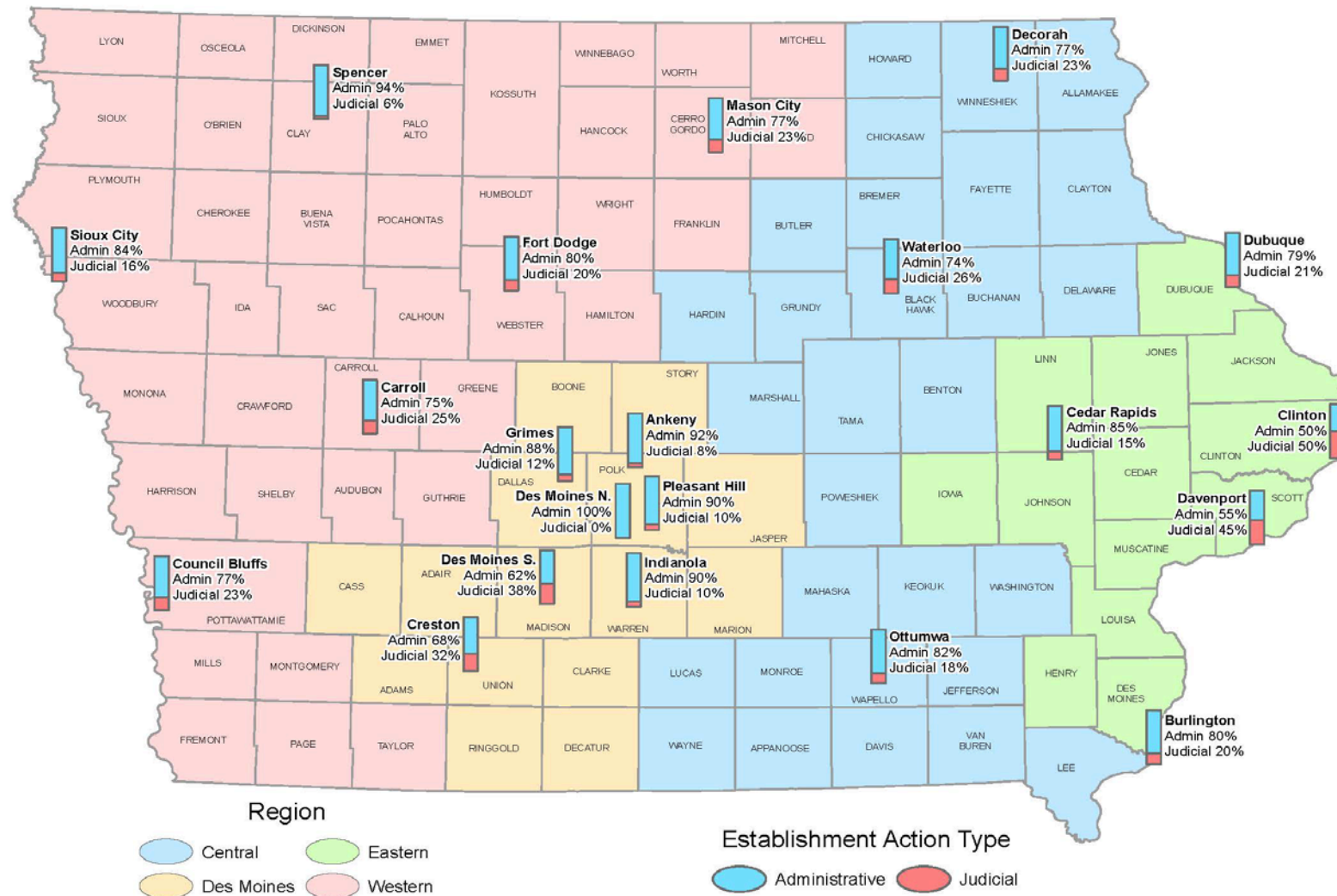
The following maps show the ratio of administrative to judicial establishments by individual offices. All offices have a higher proportion of administrative than judicial rates, but there is variation. This is somewhat determined by local practices. Figure 9 shows the percentage of children for whom paternities were established by administrative vs. judicial process in FFY 2011. Most of the offices used the judicial process to establish paternity for fewer than 30% of the children; however, Council Bluffs (45%), Clinton (43%), Davenport (42%), Pleasant Hill (37%), and Waterloo (33%) had higher percentages.



Figure 10 shows the percentages of children for whom paternitys were established by administrative vs. judicial process in FFY 2013. Most of the offices used the judicial process to establish paternity for fewer than 30% of the children; however, Clinton (50%), Davenport (45%), Des Moines S. (38%), and Creston (32%) all had higher percentages.

There were a total of 21 field offices in FFY 2013. Compared with establishment processes in FFY 2011, the ratio of administrative to judicial establishments in FFY 2013 was higher for 13 offices, lower for seven, and remained the same for one office. For example, Sioux City increased from 79% in FFY 2011 to 84% in FFY 2013, whereas Davenport decreased from 58% to 53%, and Decorah remained at 77%.

Percent Paternity Established by Administrative or Judicial Order, FFY 2013



- As of 5/17/12, CSRU attorneys were reminded to require specific verification when pursuing judicial paternitys.
- As of 5/2009, Waterloo began processing all of Marshalltown's administrative paternity cases.
- Clinton stopped establishing orders after the first half of FFY 2013.

Figure 10. Percent paternity established by administrative or judicial order, FFY 2013.

Change in Proportion of Children Born Out-of-Wedlock that Need vs. Do Not Need Paternity Establishment

If a greater proportion of children born out-of-wedlock have paternity established in the hospital, there will be a lower proportion of children for whom paternity will need to be established after they leave the hospital. As shown in Table 17, compared with FFY 2011, there were nine more out-of-wedlock births and four fewer hospital paternity affidavits signed in FFY 2013. The decrease in four paternity affidavits signed in the Iowa hospitals, represents a very minor decrease of 0.07 percentage points in births that need paternity established.

Table 14. Proportion of Children Born Out-of-Wedlock that Need vs. Do Not Need Paternity Establishment after Leaving the Hospital.

Fiscal Year	Number of Out-of-Wedlock Births	Number of Paternity Affidavits Signed in the Hospital	Percentage of Children Born Out-Of-Wedlock with Paternity Established in Hospital
FFY 2011	13,171	7,180	54.51%
FFY 2013	13,180	7,176	54.45%
Change			-0.07%

Next, to better understand the distribution of children born out-of-wedlock with paternity affidavits signed in Iowa hospitals in 2011 and 2013, we created three maps using State Fiscal Year (SFY) data. Note that the percentages in the maps differ slightly from those in Tables 16 and 17 because we use FFY data for the table and SFY data for the maps.

Figure 11 shows the percentage of children born out-of-wedlock with paternity affidavits signed in Iowa hospitals in SFY 2011. The overall average for SFY 2011 was 55.2%. Public hospitals had an average percentage of 56.8, while the percentage for private hospitals was 53.7. For public hospitals, the percentages ranged from 25 to 82.3; for private hospitals, the percentages ranged from 20 to 80.6.

Figure 12 shows the percentage of children born out-of-wedlock with paternity affidavit signed in Iowa hospitals in SFY 2013. The overall average for SFY 2013 was 55.1%. Public hospitals had an average percentage of 56.89, while the percentage for private hospitals was 53.2. The percentages ranged from 34 to 77.8 for public hospitals and 26 to 66.7 for private hospitals.

Figure 13 shows the comparison between SFY 2011 and SFY 2013. The average percentage of children born out-of-wedlock with paternity affidavit signed in Iowa dropped slightly from 55.21 in SFY 2011 to 55.07 in SFY 2013. The percentage signed in public hospitals increased from 56.76 to 56.89; the percentage signed in private hospitals decreased from 53.67 to 53.24.

Overall, results throughout the state are mixed with no discernable pattern of increase or decrease from SFY 2011 to SFY 2013. The largest increase in the percentage of out-of-wedlock births with hospital paternity affidavits was a private hospital in Emmet county (67%). The largest increases in public hospitals were in Jasper and VanBuren counties (both 20%).

Percent of Children Born Out-of-Wedlock with a Paternity Affidavit Signed in the Hospital, SFY 2011

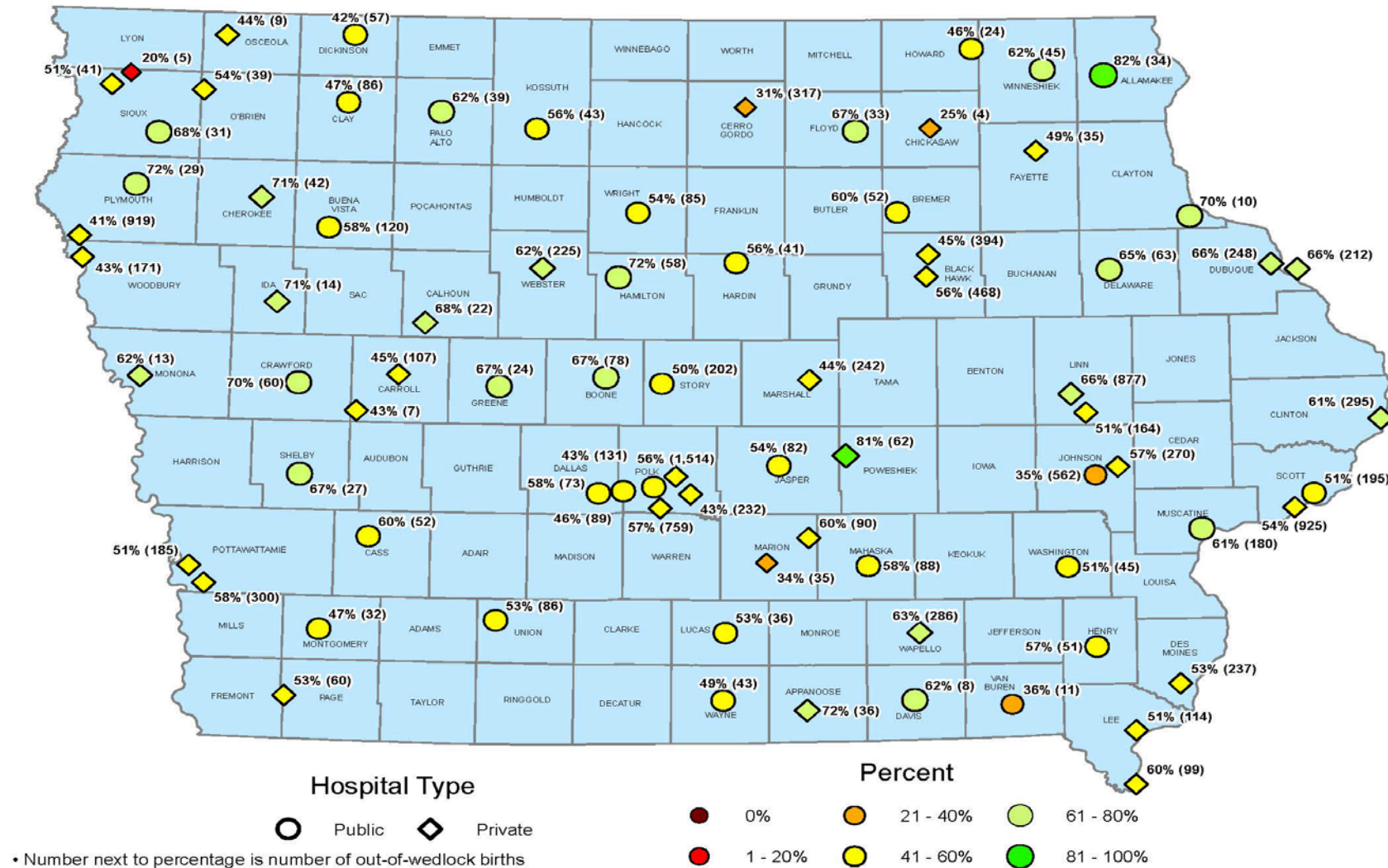


Figure 11. Percent of children born out-of-wedlock with a paternity affidavit signed in the hospital, SFY 2011.

Percent of Children Born Out-of-Wedlock with a Paternity Affidavit Signed in the Hospital, SFY 2013

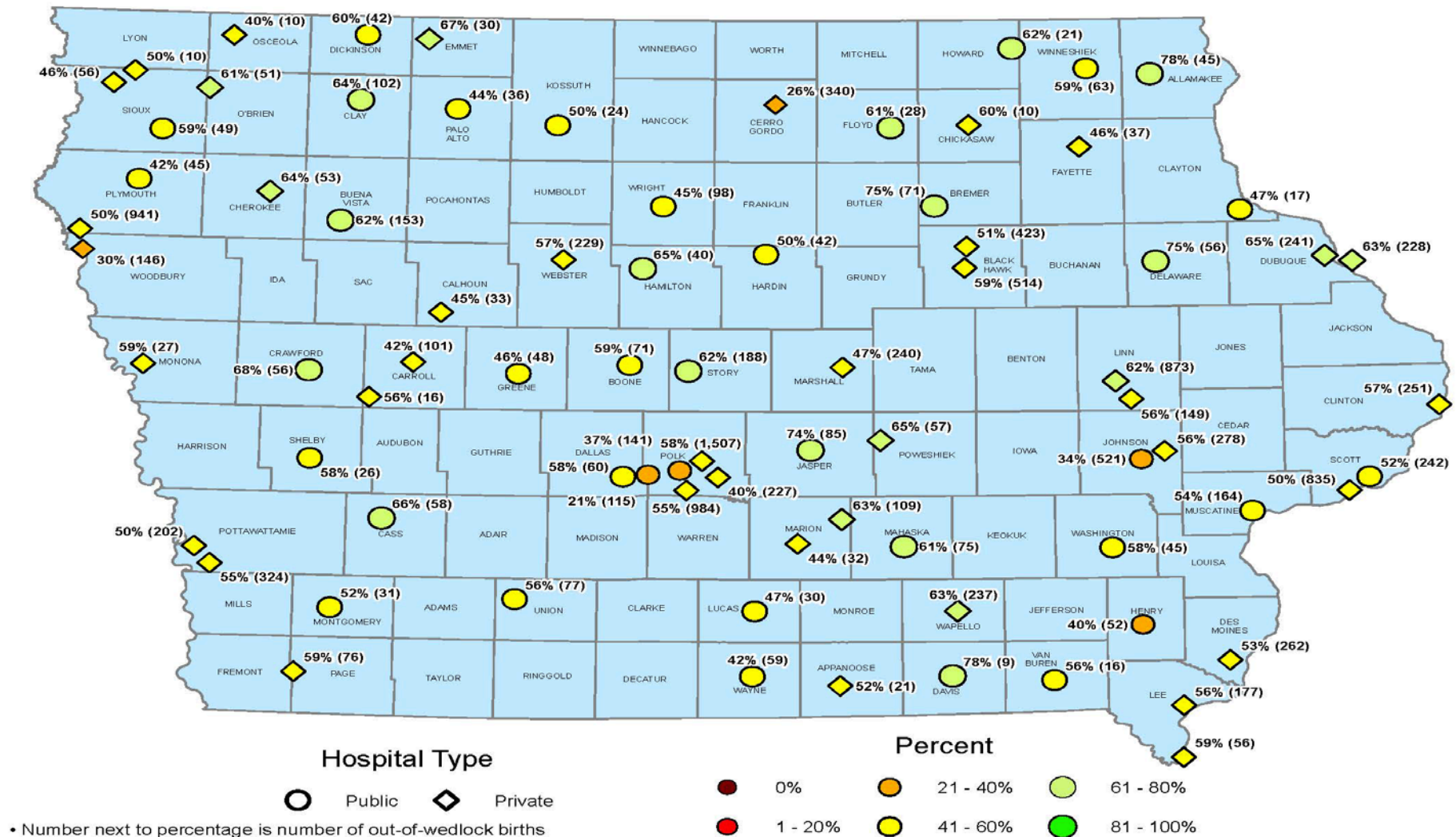


Figure 12 shows the percentage of children born out-of-wedlock with paternity affidavit signed in Iowa hospitals in SFY 2013



As previously discussed, the actual number of paternity affidavits completed in hospitals decreased slightly from FFY 2011 to FFY 2013. However, as the total number of establishment orders decreased from 10,560 in FFY 2011 to 9,547 in FFY 2013, the overall percentage of paternity affidavits signed in the hospital increased by seven percentage points from 68% to 75% (see Table 18).

Table 15. Change in Paternity Affidavits Completed in Hospitals compared with all Paternity Establishments

Fiscal Year	Number of Paternity Affidavits Signed in the Hospital	Number of CSRU Orders (Administrative Plus Judicial)	Total Paternity Establishments	Percentage of all Paternity Establishments by Paternity Affidavits Signed in the Hospital
FFY 2011	7,180	3,380	10,560	68%
FFY 2013	7,176	2,371	9,547	75%
Change				+7%

Change in the Number of CSRU Offices That Meet Their Paternity Establishment Target

A goal was to increase the percentage of offices that met their targets. As shown in the Table 19, the percentage of offices that met their paternity establishment targets was 68.8% in FFY 2011, compared with 81% in FFY 2013. This is an increase of 12.2 percentage points in the offices that met their targets.

Table 16. Number and Percentage of Offices that Met PEP Targets

Fiscal Year	Total Number of Offices with Targets to Meet	Number (percent) that <u>Did not</u> Meet Target ("No")	Number (percent) that <u>Did</u> meet Target ("Yes")
FFY 2011	16*	5 (31.2%)	11 (68.8%)
FFY 2013	21**	4 (19%)	17 (81%)
Change			+12.2%

* Creston completed establishment for entire Des Moines Region in 2011

**Excludes Indianola which worked on establishment cases for first six months of FFY 2013, then switched to an interstate office.

Table 17 shows by office the success rates in meeting paternity targets in FFY 2011 and FFY 2013. Excluding the Indianola office which only worked on establishment cases for six months before they switched to an interstate office, three of six offices in the Des Moines Region met their PEP target in FFY 2013. There was some time during FFY 2013 where staff were struggling with how to balance their paternity establishment and child support establishment caseloads as efficiently as possible in order to meet their monthly targets.

Table 17. PEP Target Success per Office in FFY 2011 and FFY 2013

	FFY 2011			FFY 2013		
Office	Target Number	Actual Number	Met Target	Target Number	Actual Number	Met Target
Decorah	58	64	Y	38	48	Y
Marshalltown	75	122	Y	35	80	Y
Waterloo	322	353	Y	212	239	Y
Ottumwa	186	190	Y	129	142	Y
Central						
Mason City	111	123	Y	56	92	Y
Spencer	56	62	Y	33	37	Y
Sioux City	322	269	N	141	186	Y
Ft. Dodge	122	94	N	51	87	Y
Carroll	67	65	N	26	45	Y
Council Bluffs	199	202	Y	59	81	Y
Western						
Dubuque	86	105	Y	58	66	Y
Davenport	327	334	Y	197	284	Y
Cedar Rapids	150	163	Y	235	285	Y
Burlington	241	268	Y	77	168	Y
Clinton	144	125	N	14	7	N
Linn County	306	293	N	NA	NA	NA
Eastern						
Creston	942	57		35	71	Y
Ankeny		135		19	26	Y
DSM North		119		107	93	N
DSM South		142		142	161	Y
Grimes		111		81	67	N
Indianola**		51		46	39	N
Pleasant Hill		110		95	91	N
<i>Foster Care</i>		9		NA	NA	NA
Des Moines						
State						Y

*Creston completed establishment for entire Des Moines Region in FFY 2011

**Indianola only worked on establishment cases for the first six month of FFY 2013, then switched to an interstate office.

Change in the Number of Paternity Orders Filed by CSRU in Comparison to the Total Number of Children in the PEP Pool

Initially, this demonstration grant aimed to evaluate the percentage of increase or decrease in the number of paternity orders filed by CSRU in comparison to the total number of children in CSRU's target. However, factors beyond the control of CSRU impact these results. One of those factors is the size of CSRU's caseload and the second is the counting of adoptions in FFY 2013 and not in FFY 2011 which made a huge difference between the targets for the two years. Therefore, instead of reporting the number of total paternity orders established to the total number of children in the PEP pool, we provide information about the number of paternity orders established by CSRU in a given federal fiscal year in relation to the target for that federal fiscal year.

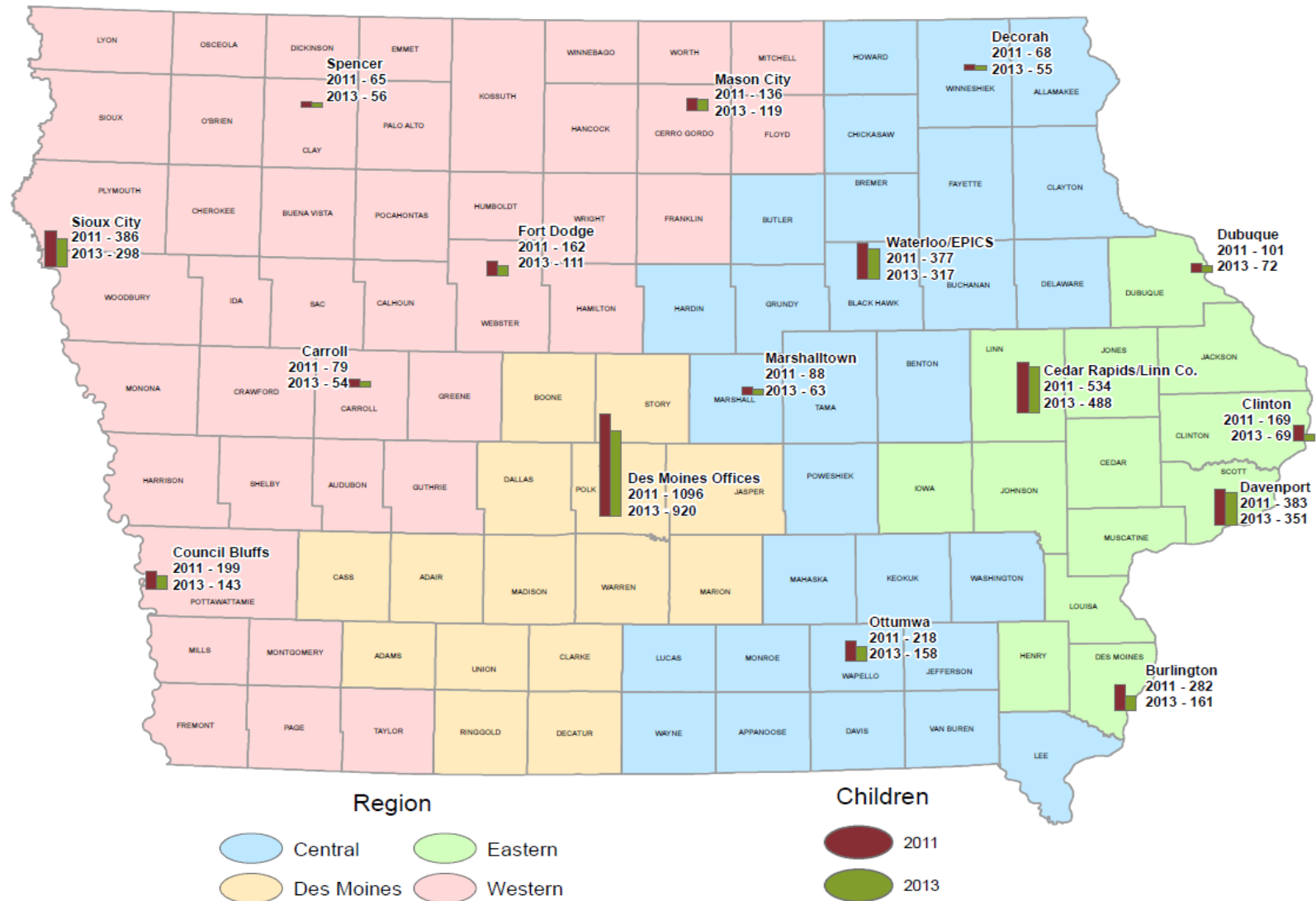
Compared with the number of children in the PEP pool, the number and percentage of CSRU paternity orders (judicial plus administrative) was lower in FFY 2013 (2,371, 69.02%) than in FFY 2011 (3,380, 77.68%). As shown in Table 18, this represents a percentage point decrease of 8.66%. The number of children in the PEP pool was significantly lower in FFY 2013 than in FFY 2011, largely due to changes in the way in which adoptions were counted when setting CSRU targets.

Table 18. Number of Paternity Orders Filed by CSRU Compared with Total Number of Children in the PEP Pool

Fiscal Year	Total Number of Children in PEP Pool	Number of Judicial Paternity Orders	Number of Administrative Paternity Orders	Total Number (Percentage) of Paternity Orders filed by CSRU (Judicial Plus Administrative)
FFY 2011	4,351	924	2,456	3,380 (77.68%)
FFY 2013	3,435	541	1,830	2,371 (69.02%)
Change				-8.66%

Figure 14 shows by office the total number of children needing paternity establishment on CSRU caseloads in FFY 2011 and FFY 2013. All of the offices show a decrease from FFY 2011 to FFY 2013, with the largest decreases in Clinton (169 to 69, 59.2%) and Burlington (282 to 161, 42.9%) and the smallest decreases in Davenport (383 to 351, 8.4%) and Cedar Rapids (543 to 488, 10.1%).

Number of Children That Needed Paternity Established on CSRU Caseload by Office



- Clinton stopped establishing administrative paternity orders after the first half of FFY 2013.
- Linn County merged with the Cedar Rapids office on 7/1/12.

Figure 14. Number of children that needed paternity established on CSRU caseload by office in FFY 2011 and FFY 2013.

IV.B. Survey Results

CSRU Field Staff Survey Baseline and Follow-Up Results

The CSRU field staff survey was administered before and after implementation of the new model for setting field-office targets and prioritizing cases each month. The survey focused on opinions and attitudes toward the present paternity establishment performance and methods used by the field worker, as well as demographic information such as geographic location and job titles. The baseline survey was sent in October-November 2012 (see Appendix C). The follow-up survey conducted in November 2013-February 2014 included additional questions regarding the implementation of the new target-setting approach (see Appendix E). The response framework for the survey questions ranged from 1 “strongly disagree” to 5 “strongly agree.” Responses were submitted by 132 staff at baseline and 109 staff at follow-up. Of these, 101 staff responded on both occasions.

At baseline, a majority of respondents agreed or strongly agreed that “I understand the process used for setting PEP targets” (62%) and “There is a clear rationale for the method used to identify priority cases” (55%). Fewer respondents agreed that “Central office sets priority establishment targets/priorities on solid information/sound data” (35%) and “Central office provides clear guidance for setting priorities” (25%). The largest regional differences centered on targets being attainable, current processes, and targets being equitable. From these baseline results, we concluded that field staff did not view the “old” approach to target setting as based on solid data nor did they have clear guidance for prioritizing cases. Also, the survey findings documented regional variations which may reflect differences in situations and realities throughout the state, supporting the concept of “one size does not fit all.”

Target Setting & Case Prioritizing. Compared with reports at baseline, at follow-up the respondents said that the new model produced:

- more equitable PEP targets
- more attainable PEP targets
- help for staff to meet PEP goals and targets

They perceived the new model to:

- be based on solid information and data
- require less time to identify priority cases
- provide more consistency in statewide priority setting

Opinion & Knowledge. Compared with reports at baseline, at the follow-up survey the respondents reported:

- fewer cases that involve multiple barriers
- less difficulties in meeting PEP targets
- increased support and guidance from Central Office/resources help meet targets

They also said that:

- Iowa’s work to establish paternity is effective
- The new case scoring process is more satisfying and flexible

Detailed results for the baseline and follow-up CSRU field staff survey (i.e., t-test comparison of follow-up survey and baseline survey results) are shown in Table 28 and Table 29 in Appendix H.

Hospital Staff Survey Baseline and Follow-Up Results

The survey of hospital staff was designed to gather data before and after initiation of new training and outreach efforts. The survey items solicited feedback from hospital staff regarding challenges to helping birth parents complete paternity affidavits. The university emailed the survey link to a central email address for each hospital with a request that the survey be distributed to all staff involved in the paternity affidavit process. The baseline hospital staff survey was administered in October-November 2012 and is in Appendix F; the follow-up survey was conducted approximately one year later November 2013-February 2014 and is in Appendix G. We received responses from 91 staff at baseline and 53 staff at follow-up. Because respondents could not to be matched, the baseline and follow-up responses were analyzed using non-paired comparisons.

Responses to a set of true or false knowledge items were coded as correct or incorrect. Other items were measured on a 4-point scale (never, seldom, sometimes, or often); higher scores represent a greater challenge. For purposes of this report, the categories “sometimes” and “often” were combined.

At baseline, staff report that parental challenges to the completion of a paternity affidavit in the hospital include: “parents lack knowledge about parental rights and responsibilities” (80%) and “parents lack required form of identification in hospital” (69%). Staff report that “parents do not want to disclose personal information (34%) and “only one parent is willing to cooperate” (24%). Staff also reported on challenges they face, which included only one parent being present in the hospital (63%) and a lack of time to explain paternity establishment to new parents (9%).

Analysis of baseline data also indicated that trained hospital staff have greater knowledge about paternity establishment, nurses’ knowledge levels are not different from other staff, and knowledge levels are not different across regions and number of roles. However, the more roles a respondent filled at their hospital (e.g., nurse, notary, etc.), the more knowledgeable he/she was regarding the paternity establishment process.

From the baseline results we concluded that some of the key challenges reported by hospital staff could be addressed by increasing outreach to expectant parents to increase their knowledge about their rights and responsibilities, knowledge about identification forms needed at the time a child is born, and importance of both parents being present at the hospital at the time of birth. Also, hospital staff training to increase their knowledge about paternity establishment is needed.

The follow-up hospital survey results were similar to the baseline results. The respondents viewed establishing paternity as a priority; staff apathy or resistance is not an issue. Highlights of both the baseline and follow-up survey results for two major topics (barriers and staff knowledge/opinion) are summarized below.

Barriers to paternity establishment identified by hospital staff at baseline and follow-up:

- Parents lack knowledge
- Parents lack required IDs
- Only one parent at hospital
- Language barrier
- Determining acceptable types of IDs needed to notarize form (*reported at follow-up only*)

Knowledge and opinion of hospital staff at baseline and follow-up:

- Paternity establishment is viewed as very important
- Staff trained in paternity establishment had more knowledge about paternity establishment than untrained staff
- Staff who have more roles had more knowledge about paternity establishment
- Hospital size was not associated with knowledge (*reported at follow-up only*)

Detailed results for the baseline and follow-up surveys of hospital staff are shown in Appendix I.

SECTION V. OUTCOMES

The project team reviewed survey findings and trends in affidavit filings, compared targets and actual orders, and reflected on each aspect of the work in order to assess the overall project outcomes. The modeling approach narrowed the original PEP pool of paternity establishment cases significantly, allowing more efficient use of field workers' time. CSRU staff report a much better understanding of the target-setting process. Hospital staff survey results reinforce the need to concentrate outreach to unmarried couples prior to arriving at the hospital at the time of the birth. The use of GIS technologies was helpful for better understanding paternity establishment data and highlighting geographic differences. And the modeling approach for setting paternity establishment targets has the potential for transference to other states.

V.A. Success in Achieving Expected Outcomes

Goal 1. Develop a Model to Identify a More Viable PEP Pool and Set Targets More Effectively Based on Case Characteristics

A goal was to increase the proportion of offices that met their targets. The expectation was that 100% of the CSRU offices will meet their paternity establishment. Targets As shown in the Table 19, 68.8% of the offices that met their paternity establishment targets in FFY 2011, compared with 81% in FFY 2013. Although this does not meet the goal of 100%, this is a 12.2 percentage point increase in the number of offices that succeeded in meeting their targets. In each year, the state paternity establishment goal was met.

Table 19. Percentage of CSRU Offices that Met PEP Targets

Fiscal Year	Total Number of Offices with Targets to Meet	Number (percent) that <u>Did not</u> Meet Target ("No")	Number (percent) that <u>Did</u> meet Target ("Yes")
FFY 2011	16*	5 (31.2%)	11 (68.8%)
FFY 2013	21**	4 (19.0%)	17 (81.0%)
Change			+12.2%

Goal 2. Increase Paternity Affidavits Signed In Hospitals and Birthing Centers.

The expectation was that the number of paternity affidavits filed through hospitals would increase by 10%. There was basically no change from FFY 2011 to FFY 2013 in the number of paternity affidavits filed through hospitals (see Table 20). The number of paternity affidavits signed in Iowa hospitals dropped slightly from 7,180 in FFY 2011 to 7,176 in FFY 2013. The number of out-of-wedlock births in the state increased 0.07% (or nine births) from 13,171 in FFY 2011 to 13,180 in FFY 2013. Overall, the change in the percentage of out-of-wedlock births with paternity affidavits filed through hospitals was -0.07 percentage points.

Table 20. Number of Paternity Affidavits Filed through Hospitals

Fiscal Year	Out-of-Wedlock Births in Iowa	Number of Hospital Paternity Affidavits	Percentage of Out-of-Wedlock Births with Paternity Affidavits filed through Hospitals
FFY 2011	13,171	7,180	54.51%
FFY 2013	13,180	7,176	54.44%
Change	+9	-4	-0.07%

Goal 3. Increase Paternity Establishment Rates.

The expectation was that the ratio of judicial to administrative paternity orders filed by CSRU will decrease by 10%. As shown in Table 21, from FFY 2011 to FFY 2013, the ratio of judicial to total CSRU orders dropped by 4.5 percentage points (from 27.3% to 22.8%). While this decrease falls short of the 10% goal, it represents an important achievement for the CSRU field office staff and signifies reduced costs associated with judicial processing of paternity cases.

Table 21. Ratio of Judicial to Administrative Paternity Orders Filed by CSRU

Fiscal Year	Total CSRU Orders (Administrative plus Judicial)	Number (percent) of Administrative Paternities of Total	Number (percent) of Judicial Paternities of Total
FFY 2011	3,380	2,456 (72.7%)	924 (27.3%)
FFY 2013	2,371	1,830 (77.2%)	541 (22.8%)
Change			-4.5%

Goal 4. Decrease Paternity Costs by Increasing the Ratio of Hospital Paternity Affidavits to CSRU Orders.

It was expected that the ratio of paternity affidavits completed in hospitals to CSRU orders would increase by 5%. As shown in Table 22, in FFY 2011, there were 7,180 paternity affidavits and 3,380 CSRU orders (judicial plus administrative orders). In FFY 2013, there were 7,176 paternity affidavits and 2,371 CSRU orders (judicial plus administrative orders). While the number of CSRU orders dropped, the number of paternity affidavits remained relatively stable. Thus, the proportion of hospital paternity affidavits to the total number of paternity affidavits and CSRU orders filed in FFY 2011 and 2013 increased from 68% to 75%, a relative increase of 7 percentage points.

Table 22. Ratio of Paternity Affidavits to CSRU Orders

Fiscal Year	Number of Hospital Paternity Affidavits	CSRU Orders (Judicial and Administrative)	Total Number of Hospital Paternity Affidavits plus CSRU Orders
FFY 2011	7,180 (68%)	3,380 (32%)	10,560
FFY 2013	7,176 (75%)	2,371 (25%)	9,547
Change	(+7%)		

SECTION VI. EVALUATION, CONCLUSIONS, AND RECOMMENDATIONS

VI.A. Strengths of Program Components

In summary, this project was both informative and enlightening for CSRU and ISU staff. Some hypotheses CSRU had when writing the application did not prove true causing the path of this project to change slightly. This serves to validate how thorough research and careful data analysis can shape decisions made and lead to a more successful child support program. Many strong components of the project were vital to its success. They include:

- The university/child support partnership
- The structure and use of the workgroup
- Use of field and hospital staff surveys

University/Child Support Partnership

An important aspect of this project was the partnership between ISU and CSRU. Each entity brought different perspectives, knowledge and strengths to the project. For example, CSRU field staff had initial ideas about the types of case characteristics that could make a difference in obtaining a paternity order such as no location of the payor, the payor is incarcerated, the payee is a non-parental caretaker, etc. Most of these items were very case-specific characteristics that could hinder a child support worker's ability to establish paternity for a child on a daily basis. However, ISU staff suggested additional case characteristics that were more common among cases rather than to the paternity establishment process such as age of the payee, number of children on the case, or how long the case had been open.

In addition to different perspectives, the two entities also brought different tools to the project that the other did not have. Specifically, CSRU staff are familiar with the kinds of data collected in a child support case, how the paternity establishment process works and the types of challenges encountered by the field staff. ISU brought knowledge about GIS mapping and statistical modeling, as well as insights from the child support literature regarding other potentially important variables.

Also, although the project team did not set out to create a procedure for monthly prioritization of cases, the iterative and cooperative work of the CSRU staff and university researchers led to an approach that is being used for monthly case scoring. The field workers are required to work all cases, but they can use the monthly case scoring to help them plan and prioritize their work efforts.

Structure and Use of the Workgroup

Another important aspect was the use of a workgroup that made specific decisions on details throughout the project. This workgroup contained representatives from CSRU's Central Office, field management, office supervisors, line staff and IT, and ISU research and GIS staff. Including staff from all areas of CSRU and ISU/GIS from the very beginning of the project allowed for a wide range of ideas to be generated through the brainstorming process. It also allowed for sound decision making and input from all levels.

Use of Field and Hospital Staff Surveys

In addition to gathering data from the IV-D system, there is also a wealth of information that can be gleaned from talking with individuals involved in all aspects of the process. While the goal of the project was to increase paternity establishments in Iowa, it was also important to develop a “before and after” picture of staff views of the old and new processes and how these processes relate to their abilities to perform their job duties and to overall job satisfaction. If staff understood the project and how it could positively affect their daily work, the project would be more successful.

VI.B. Assessing Program Effects

Lessons Learned

As with any project, we learned things we either did not think about early in the project or that had an effect on the overall evaluation of the project. Those lessons include:

- Value in university partnership as detailed above.
- Change in the mindset of staff takes time: In Iowa, this was the first project where we used data analytics to predict outcomes and to help staff prioritize cases. Because staff are so accustomed to using their knowledge and the tools CSRU has had in place for so long and because staff work hard to meet their goals, it was hard “trust” a data-driven model to assist in their case processing and prioritization. We continue to work with staff so they have a better understanding of how the model works and the data it uses to determine case viability and prioritization. It is also important for staff to understand the model is a tool that should be used in addition to their knowledge and previous system tools.
- Identifying the appropriate contacts in hospitals, medical clinics and community action agencies is difficult. Also, research with other state IV-D agencies is needed to determine the best way to contact these facilities. Mailing brochures worked with many agencies, but additional in-person contact is needed to ensure the process is clear so they can best meet the needs of their clients.
- Change in performance takes time: It is important that all staff understand that it takes time to see a change in performance. Because a major change in performance doesn’t happen immediately, staff may see the project as a failure when in reality at least two years may be needed to see the actual change.
- Identifying the appropriate data set is important: Subsequent modeling analyses suggested that using data from all cases that entered the pool during that year yields a more robust model compared to data sets that include only cases on file at the beginning of the fiscal year.

Impact on Iowa’s IV-D Program

CSRU continues to use the model to establish paternity targets for staff and to prioritize cases monthly. CSRU also continues to monitor paternity orders established monthly and provides that data to staff.

ISU continues to provide training to hospital staff and to distribute brochures and the electronic newsletter. In SFY 2016, ISU is hiring an Outreach Coordinator through the existing master contract with CSRU. This person will be solely dedicated to paternity affidavit outreach which will include the following duties:

- Research the best way to interact with hospitals, medical clinics and community agencies.
- Identify the appropriate contacts.
- Make in-person visits with these contacts.
- Act as a liaison between these entities and the Bureau of Vital Records.
- Work to bring expectant parents paternity affidavit information as early in the pregnancy as possible.

In addition, since CSRU has always been interested in ways to use data to improve performance and to serve families as efficiently as possible, we are expanding the use of predictive analytics to child support collections. For example, CSRU is currently investigating how this analytical approach may be incorporated into processes workers use in the enforcement of child support orders. Next steps include distinguishing barriers to payment of support and designing intervention points to help ensure consistent payment of support. In SFY 2016, ISU has hired a full-time Research Analyst and will continue to involve PhD-level graduate research assistants through the existing contract with CSRU.

External Factors

A number of policy and organizational changes occurred during the project period and may have influenced paternity establishment targets and outcomes. The inclusion of adoptions in meeting targets, the reorganization of caseloads in the Iowa field offices, and policy changes that reduced the use of judicial orders undoubtedly affected the paternity establishment processes. Also, CSRU experienced a change to the Supreme Court Guidelines which slowed down the establishment of paternity orders for a short period of time. We were not able to parse the impacts of these external influences.

VI.C. Transferability to Other State IV-D Programs

Approach to Modeling

All state IV-D agencies have the ability to complete this or a similar project since all states have certified computer systems and the same performance requirements. This project is applicable to small and large states alike. When determining if this project would benefit a state's IV-D program, the size of the caseload and number of staff cannot be looked at independently. Instead, it is important, when comparing across states, to look at the cases-to-staff ratio. While Iowa has a relatively small caseload, when comparing the ratio of cases to staff to states with larger caseloads, the ratio is very similar.

The modeling approach developed and implemented through this project illustrates that while the particular case characteristics in the model may vary, the modeling process would still be relevant. ISU developed a manual for use by CSRU Central Office staff that outlines the step-by-step procedure for applying the modeling process to establish targets for each successive federal fiscal year and for monthly scoring. This manual, referenced below, is available from Iowa's CSRU.

Zhang, D., Peng, C., Melby, J., Fletcher, C., (2013, April). *Instruction Manual for Target-setting Model*. Unpublished instruction, Department of Human Development and Family Studies, Iowa State University, Ames, United States.

Information Disseminated

There has been a great deal of national interest in this project and team members have been invited to speak at a number of professional meetings and conferences. Citations are as listed below in order of presentation date.

Forcier, C., Melby, J., & Thill, S. (2012, October 9). *Mapping the future of paternity establishment through GIS (Geographic Information Systems)*. Paper presented at the university partnership meeting, Office of Child Support Enforcement. University of Washington, Evans School of Public Affairs, Seattle, WA.

Melby, J., Fletcher, C. N., Prins, C., Peng, C., Zhang, D., & Obrecht, J. (2013, April 4). An Innovative Agency-University Partnership to Improve Paternity Establishment in Iowa. Poster presented at the Society for Research in Child Development Special Topic Meeting: *Strengthening Connections among Child and Family Research, Policy and Practice*. Alexandria, VA.

Forcier, C. & Melby, J. (2013, May 14). *Mapping the future of paternity establishment through GIS (Geographic Information Systems): Iowa Partnership Grant*. Invited webinar presented at the Office of Child Support Enforcement Training Workgroup—Change Makers Series.

Melby, J., Fletcher, C. N., Prins, C., Zhang, D., Peng, C., & Obrecht, J. (2013, May 30). *Improving paternity establishment using multiple methods*. Paper presented at the ACF/OPRE Welfare Research and Evaluation Conference, Washington, DC.

Peng, C., Zhang, D., Fletcher, C., Melby, J., & Forcier, C. (2013, August 21). Improving child support enforcement through paternity establishment – A modeling approach. In C. Durham (Chair), *Using innovative methods to improve child support programs*. Panel presented at the National Association for Welfare Research & Statistics, Chicago, IL.

Fletcher, C. N., Melby, J., Forcier, C., Peng, C., Zhang, D., & Obrecht, J. (2013, November 9). Using multiple methods to improve paternity establishment in Iowa. In L. Nepomnyaschy (Chair), *Innovative approaches to child support enforcement: Evidence from field research*. Panel presented at the Association for Public Policy Analysis and Management, Washington, DC.

Prins, C. & Melby, J. (2014, August 13). *Come explore the ever evolving issue of paternity*. Workshop presented at the 2014 National Child Support Enforcement Annual Conference and Exposition. Portland, OR.

- Prins, C. & Fletcher, C. (2014, October 20). *Mapping the future of paternity establishment through GIS*. Invited paper presented at the Illinois Family Support Enforcement Association Annual Conference. Bloomington, IL.
- Fletcher, C., Melby, J., Prins, C., Zhan, D., Peng, C., & Obrecht, J. (2014, Nov. 8). Increasing paternity establishment in Iowa using multiple methods. In L. Berger (Chair), *New Approaches to the challenges of paternity establishment and child support collection and their impact*. Panel presented at the Association for Public Policy Analysis and Management. Albuquerque, NM.
- Forcier, C., Melby, J. & Fletcher, C. (2015, February). Using Predictive Data Analytics and Geographic Information System (GIS) Mapping to Increase Paternity Establishment Rates in Iowa. *OCSE (Office of Child Support Enforcement) Newsletter*.
- Zhang, D., Peng, C., Melby, J., Fletcher, C. N., & Prins, C. (2015, August 24). *Enhancing paternity establishment: Results and implications from a 2011-2015 University Partnership Project*. Paper presented at the National Association for Welfare Research and Statistics, Atlanta, GA.
- Prins, C. & Melby, J. (2015, September 2). Paternity establishment modeling. In *Achieve with Analytics! NCSEA Data Analytics Web-talk*. Invited webinar presented to the National Child Support Enforcement Association (NCSEA).

VI.D. Concluding Statement

This project has improved Iowa's paternity establishment efforts on several fronts. We have identified the need to better educate expectant parents and the community organizations and hospitals that work with them. It is very important to reach expectant parents at the beginning and during the entire prenatal process so they are more informed about paternity when the child is born. It is imperative that individuals reaching out to hospitals and agencies make in-person contacts rather than relying on written and electronic forms of communication. This information has helped CSRU form strategies around future paternity affidavit outreach efforts.

With the joint effort of data gathering and analysis, we have gained a much greater understanding of our paternity caseload and the case characteristics that have an impact on the ability to establish a paternity order. Having this knowledge allowed us to establish PEP targets based on sound data which yielded greater efficiencies for staff and helped them in their effort to reach their PEP targets.

It is clear that the project has yielded outcomes that neither entity—ISU or CSRU—could have accomplished on its own. It has been through a true collaborative partnership that we have generated new knowledge that has the potential for positive impacts on the lives of children and families.

APPENDICES

Appendix A. Project Team

Table 23. Project Team Member Names and Roles.

Team Member	Affiliation	Title	Role
Shayla Auten	CSRU Central Office	Policy Unit Clerk Specialist	Documentation
Carol Eaton	CSRU Central Office	Bureau Chief	Steering Committee Member
Joe Finnegan	CSRU Central Office	Policy Unit Manager	Central Office Management Representative
Cynthia Fletcher*	Iowa State University	Professor	ISU Representative
Carla (Forcier) Prins*	CSRU Central Office	Management Analyst III on BEAP Team (Budget, Evaluation, Audit and Performance)	CSRU Project Lead
Kate Goudy-Haht	Iowa State University	Training Supervisor with Child Welfare Research and Training Project	Child Support Training Contract Manager
Gong-Soog Hong	Iowa State University	Chair, Department of Human Development & Family Studies	Steering Committee Member
Kevin Kane	Iowa State University	Geographic Information Systems (GIS) Facility Director	GIS Representative
Ranae McIntosh	CSRU Central Office	Regional Collections Administrator	Field Management Representative
Robin McNeely*	Iowa State University	Geographic Information Systems (GIS) Analyst/Lab Manager	GIS Representative
Janet Melby*	Iowa State University	Director, Child Welfare Research and Training Project	ISU Project Lead
Cathy Tesar*	CSRU Central Office	Policy Unit Program Planner II	Policy Unit Representative
Shannon Thill*	CSRU Central Office	Program Planner Ii on BEAP Team (Budget, Evaluation, Audit and Performance)	Data Analyst
Scott VanDerHeyden	CSRU Central Office (Division of Data Management)	Information Technology Team Lead	Information Technology Representative
Janet Van Winkle	CSRU Eastern Region	Executive Officer 1	Field Coordinator
Dong Zhang*	Iowa State University	Graduate Research Assistant	Data Analyst
Cheng Peng*	Iowa State University	Graduate Research Assistant	Data Analyst
Josh Obrecht*	Iowa State University	Systems Analyst II	GIS Mapping Expert

*Note: Contributed to preparation of final project report.

Appendix B. Variable List for CSRU Data.

Table 24. Variable List for CSRU Data

Variable Name	Explanation			
REGION	This is the CSRU region where the case is located.			
OFFICE	This is the CSRU office where the case is located.			
CASE OPEN DATE	This is the date the case was opened.			
ACCOUNT TYPE	This field displays the current account type for the case.			
	11 - FIP (Cash benefit)	12 – Non–Public Assistance (Never received cash benefit or Medicaid)	15 - Out of state Non–Public Assistance (Payee lives in another state and has never received a cash benefit or Medicaid in that state. AF lives in Iowa.)	14 Out of state FIP (Payee lives in another state and is receiving a cash benefit in that state. AF lives in Iowa.)
	17 - Payee no longer wants CSRU services, but money is still due to the state.	18 - Medicaid only (Payee is receiving Medicaid)	19 - Out of state Medicaid only (Payee lives in another state and is receiving Medicaid in that state. AF lives in Iowa.)	
PAYEE AGE AF LOC* AF STATE* AF UCIT *	This is the age of the payee. Whether CSRU has an address or an employer for this alleged father. The two-digit state code in which the alleged father currently resides. This field displays 'XX' when the state in which the alleged father lives is not known. Whether the alleged father is an undocumented citizen			
AF AGE*	This field displays the age of the alleged father. When the alleged father is under 18, CSRU does not pursue the case as the alleged father is a minor. When the date of birth of the alleged father is not known, this field displays "NA".			

AF IN PRISON*	Whether the alleged father is incarcerated (in Iowa or another state)
AF IN MIL*	Whether the alleged father is currently in the military. This column displays "NA" for FFY '09 as this data was not available for this FFY.
NUMBER OF OTHER CASES ON WHICH THIS AF IS ALSO AN AF*	This field displays the count of other open cases this alleged father is an alleged father (<i>count does not include this case.</i>) If CSRU does not have a social security number or a date of birth for the alleged father, this field displays 'NA' as CSRU is not able to determine if this person has another case.
NUMBER OF CASES ON WHICH THIS AF IS A PAYOR*	This field displays the count of open cases on which this alleged father is a payor. If CSRU does not have a social security number or a date of birth for the alleged father, this field displays 'NA' as CSRU is not able to determine if this person has another case.
NUMBER OF CASES ON WHICH THIS AF IS A PAYEE*	This field displays the count of open cases on which this alleged father is a payee. If CSRU does not have a social security number or a date of birth for the alleged father, this field displays 'NA' as CSRU is not able to determine if this person has another case.
PAYEE IS SANCTIONED	This field displays a "Y" when the payee has been referred to or is sanctioned by income maintenance for failing to do one or more actions required to establish or enforce a support obligation or the payee is not cooperating with CSRU and income maintenance has reduced the payee's FIP grant by 25%. Generally, the payee is sanctioned for not providing the mother's statement. Blank means the payee is not currently referred for or sanctioned on this case.
MOTHER'S STATEMENT NOT RETURNED AND PAYEE SANCTIONED	This field displays a "Y" when the mother is referred for or is sanctioned to the Income Maintenance Unit in the Department of Human Services to have her monthly FIP benefit (cash) sanctioned (amount decreased or totally taken away) for not returning the mother's statement which CSRU needs to start a paternity action. Blank means this item is a non-issue for the case. Either mom has already cooperated and given us the mother's statement, or the mother is still within the proper timeframe to return it to us, or we haven't even sent it to her yet. This column displays "NA" for FFY '09 as this data was not available for this FFY.
PAYEE IS CT	This field displays a "Y" when the payee is not the legal parent of at least one child on the case. This field displays "Blank" when the payee is the legal parent to all the children on the case.

NUMBER OF PEP KIDS	This field displays the number of minor children with paternity at issue and born in Iowa on the case. These are PEP kids. (FFY '11 File = 4,343 PEP Kids) (FFY '10 File = 6,222 PEP Kids) (FFY '09 File = 6,996 PEP Kids)
AGE PEP CHILD (1,2,3,4, 5, 6, 7)	These fields display the ages of the PEP children. When the child is under the age of one, a 'B' (baby) displays. (When the 1 st , 2 nd , 3 rd , 4 th etc., column displays "NA", it means CSRU reviewed the case and determined a child was not listed correctly on the case and therefore, removed from the case.)
UNABLE TO SERVE AF	This field displays "SRVN" when CSRU has not been able to obtain service on the alleged father on the current establishment paternity action. Either we didn't have the correct address or he is trying to "hide" from us. Blank means this item is a non-issue for the case. Either CSRU hasn't tried to serve him with the paperwork yet or we already did and are proceeding with the next steps in getting a paternity order.
NUMBER OF POSSIBLE AFS ON THIS CASE	This column displays "NA" for FFY '09 as this data was not available for this FFY. This field displays the number of alleged fathers on the case for who the mother has submitted a full, probable name. When this field displays '0', the mother has not provided any full, probable name to CSRU.
NUMBER OF POSSIBLE UNKNOWN AFS ON THIS CASE	This field displays the number of alleged fathers on the case for who the mother has NOT submitted a full, probable name. (Ex. The payee only knows the first name of the alleged father, does not know any name, only knows a nickname, etc.) When this field displays '0', the mother has not provided any unknown alleged fathers to CSRU.
COURT ORDER DATE	<u>If</u> there was a court order action entered on the case, this field displays the date of the court action. When the field is blank, there is not a court order established for the children in this PEP pool. <i>THIS INFORMATION IS NOT ON THE CASE DATE FILE DATED 2/22/12 SINCE PATERNITY ORDERS HAVE NOT BEEN OBTAINED FOR THOSE CHILDREN YET. THIS INFORMATION IS PROVIDED ON THE HISTORICAL FILE IN ORDER TO SHOW WHICH CASES NOW HAVE A COURT ORDER FOR THE PEP CHILDREN IN THE POOL.</i>

<p>HOW AF SERVED</p>	<p><u>If</u> there was a court order action entered on the case, this field displays how the alleged father was successfully served notice of the action (if the information was available).</p> <table border="1" data-bbox="776 468 1323 898"> <tr> <td data-bbox="776 468 979 632"> A = Alleged father accepted service on his own </td> <td data-bbox="979 468 1149 632"> Y = Alleged father was served by a process server or sheriff. </td> <td data-bbox="1149 468 1323 632"> G = Alleged father was served by certified mail. </td> </tr> <tr> <td data-bbox="776 632 979 898"> Blank = There is no order on the case or we do not have any information on the method of successful service. </td> <td data-bbox="979 632 1149 898"></td> <td data-bbox="1149 632 1323 898"></td> </tr> </table> <p><i>THIS INFORMATION IS NOT ON THE CASE DATE FILE DATED 2/22/12 SINCE PATERNITY ORDERS HAVE NOT BEEN OBTAINED FOR THOSE CHILDREN YET. THIS INFORMATION IS PROVIDED ON THE HISTORICAL FILE IN ORDER TO SHOW HOW SERVICE WAS SUCCESSFULLY OBTAINED ON THE ALLEGED FATHER FOR THE COURT ORDER DATED ABOVE.</i></p>			A = Alleged father accepted service on his own	Y = Alleged father was served by a process server or sheriff.	G = Alleged father was served by certified mail.	Blank = There is no order on the case or we do not have any information on the method of successful service.		
A = Alleged father accepted service on his own	Y = Alleged father was served by a process server or sheriff.	G = Alleged father was served by certified mail.							
Blank = There is no order on the case or we do not have any information on the method of successful service.									
<p>CERT MAIL ATTEMPT</p>	<p>Some field staff stated using certified mail can be a barrier to establishing a court order on a case.</p> <p><u>If</u> there was a court order action entered on the case and the type of successful service listed shows the alleged father was NOT served by certified mail, this field displays:</p> <table border="1" data-bbox="776 1476 1323 1904"> <tr> <td data-bbox="776 1476 946 1904"> Y = CSRU attempted to use certified mail to serve the alleged father prior to the successful service method. </td> <td data-bbox="946 1476 1133 1904"> N = CSRU does not have any information documenting certified mail was attempted to serve the alleged father prior to the successful service method. </td> <td data-bbox="1133 1476 1323 1904"> NA = The successful service listed above was certified mail so there was no unsuccessful attempt for certified mail. </td> </tr> </table>			Y = CSRU attempted to use certified mail to serve the alleged father prior to the successful service method.	N = CSRU does not have any information documenting certified mail was attempted to serve the alleged father prior to the successful service method.	NA = The successful service listed above was certified mail so there was no unsuccessful attempt for certified mail.			
Y = CSRU attempted to use certified mail to serve the alleged father prior to the successful service method.	N = CSRU does not have any information documenting certified mail was attempted to serve the alleged father prior to the successful service method.	NA = The successful service listed above was certified mail so there was no unsuccessful attempt for certified mail.							

	<p>Blank = There is no order on the case or CSRU no longer has the information on the method of successful service. This means CSRU does not have information on the type of service attempts.</p> <p><i>THIS INFORMATION IS NOT ON THE CASE DATE FILE DATED 2/22/12 SINCE PATERNITY ORDERS HAVE NOT BEEN OBTAINED FOR THOSE CHILDREN YET. THIS INFORMATION IS PROVIDED ON THE HISTORICAL FILE IN ORDER TO SHOW IF CERTIFIED MAIL WAS ATTEMPTED AS A SERVICE METHOD ON THE ALLEGED FATHER FOR THE COURT ORDER DATED ABOVE.</i></p>				
Date Paternity Established for PEP Child (1,2,3,4, 5, 6, 7)	<p>These fields list the date paternity was established for the child. When the field is blank it means paternity has not been established yet for the child.</p> <p><i>THIS INFORMATION IS NOT ON THE CASE DATE FILE DATED 2/22/12 SINCE PATERNITY ORDERS HAVE NOT BEEN OBTAINED FOR THOSE CHILDREN YET. THIS INFORMATION IS PROVIDED ON THE HISTORICAL FILE IN ORDER TO SHOW WHICH PEP CHILDREN NOW HAVE PATERNITY ESTABLISHED.</i></p>				
How Paternity Was Established for PEP Child (12,3,4, 5, 6, 7)	<p>These fields list how paternity was established for the child. When the field is blank it means paternity has not been established yet for the child.</p> <p>The four types of paternity establishment that count towards the number of actual PEP children for an office/region are:</p> <table border="1" data-bbox="776 1661 1321 1919"> <tr> <td data-bbox="776 1661 1057 1776"> PATAFF – Paternity was established by Iowa Paternity Affidavit </td><td data-bbox="1057 1661 1321 1776"> Private – Paternity was established by an Iowa private order. </td></tr> <tr> <td data-bbox="776 1776 1057 1919"> ADPAT – Paternity was established by CSRU in the Administrative Paternity Process. </td><td data-bbox="1057 1776 1321 1919"> Judicial – Paternity was established by CSRU in the Judicial Paternity Process. </td></tr> </table>	PATAFF – Paternity was established by Iowa Paternity Affidavit	Private – Paternity was established by an Iowa private order.	ADPAT – Paternity was established by CSRU in the Administrative Paternity Process.	Judicial – Paternity was established by CSRU in the Judicial Paternity Process.
PATAFF – Paternity was established by Iowa Paternity Affidavit	Private – Paternity was established by an Iowa private order.				
ADPAT – Paternity was established by CSRU in the Administrative Paternity Process.	Judicial – Paternity was established by CSRU in the Judicial Paternity Process.				

	<p>After a case is initially set up, a CSRU worker reviews the case. Sometimes, upon reviewing the information, it is determined the paternity was already established for the child. This could be done by another state, due to the parents being married, or due to maternity. These types of paternity establishment do NOT count towards the number of actual PEP children for an office/region. In fact, when this information is determined, these children are no longer PEP children. We left this information on the file so you could see how this information then lowers the PEP pool.</p> <table border="1" data-bbox="776 583 1323 1050"> <tr> <td data-bbox="776 583 1047 840">Other State – Paternity was established by another state.</td><td data-bbox="1047 583 1323 840">Married – The parents were married at the time of birth and/or conception of the child, therefore, paternity does not need to be established by CSRU.</td></tr> <tr> <td data-bbox="776 840 1047 1050">Maternity – The payor is the mother of the child, therefore, paternity does not need to be established by CSRU.</td><td data-bbox="1047 840 1323 1050"></td></tr> </table> <p><i>THIS INFORMATION IS NOT ON THE CASE DATE FILE DATED 2/22/12 SINCE PATERNITY ORDERS HAVE NOT BEEN OBTAINED FOR THOSE CHILDREN YET. THIS INFORMATION IS PROVIDED ON THE HISTORICAL FILE IN ORDER TO SHOW WHICH PEP CHILDREN NOW HAVE PATERNITY ESTABLISHED.</i></p>	Other State – Paternity was established by another state.	Married – The parents were married at the time of birth and/or conception of the child, therefore, paternity does not need to be established by CSRU.	Maternity – The payor is the mother of the child, therefore, paternity does not need to be established by CSRU.	
Other State – Paternity was established by another state.	Married – The parents were married at the time of birth and/or conception of the child, therefore, paternity does not need to be established by CSRU.				
Maternity – The payor is the mother of the child, therefore, paternity does not need to be established by CSRU.					
History	<p>There are some cases on the FFY '09 and FFY '10 historical files for which CSRU no longer has data. This is because the case was closed and has been archived. These cases are indicated by an "H" displaying in the 'History' column at the end of the file. They are also highlighted in yellow.</p> <p><i>THIS INFORMATION IS NOT ON THE CASE DATE FILE DATED 2/22/12 NOR THE FFY '11 FILE AS NONE OF THE CASES ON THESE TWO FILES HAVE BEEN ARCHIVED.</i></p>				

Appendix C. CSRU Paternity Establishment Field Staff Baseline Survey

Field Staff Baseline Survey – October 2012

Description of current process

The current system for setting an office's Paternity Establishment Percentages (PEP) target for the annual 157 Report is based solely on the office's percentage of the total state's PEP pool as of September 30th. For example, if the office has 5% of the total state's number of children in the PEP pool, then that office's target becomes 5% of the total number of paternities CSRU must establish during that federal fiscal year. Consideration is not given to the types of cases in an office's PEP pool.

Introduction

Thinking about the **current system** for setting targets for Paternity Establishment Percentages (PEP), please respond to each statement below on a 5-point scale from 1 = strongly agree to 5 = strongly disagree (use 6 if you do not know or have no opinion).

(1)	(2)	(3)	(4)	(5)	(6)
Strongly Agree	Agree	Neutral/Mixed	Disagree	Strongly Disagree	Don't know / No opinion

Targets

1. I understand the process used for setting PEP targets.
2. The process of dividing PEP targets among offices is equitable.
3. The PEP targets set are attainable.
4. The current process for setting targets helps staff meet PEP goals and targets.
5. Central Office sets targets and priorities for -paternity establishment cases based on solid information and sound data.

Setting priorities

The following questions ask your opinion about identification of priority cases, those defined as more likely for CSRU to get a paternity order.

1. There is a clear rationale for the method used to identify priority cases.
2. There is consistency in the way my office identifies priority cases.
3. I am primarily responsible for determining which cases in my caseload should be pursued first.
4. I know the process for determining which cases should be pursued first.
5. I am satisfied with the process for determining which cases should be pursued first.
6. A lot of time is spent on analyzing individual cases in order to identify priority cases.
7. The Central Office provides clear guidance for prioritizing cases.
8. There is consistency in the method used statewide to identify priority cases.

Barriers to paternity establishment

1. I encounter multiple barriers that impede success in establishing paternity on the cases I work.
2. I know which barriers will most impede success in establishing paternity.
3. List the top 3 barriers that most impede your ability to obtain a paternity order.
 - a. _____

- b. _____
c. _____

Staff training and resources

1. I have had sufficient training to carry out my role in the paternity establishment process.
2. The resources provided by Central Office (training, technical support, printed materials, etc.) help local offices meet their PEP targets.
3. Local offices have sufficient staffing resources dedicated to the PEP process based on caseload.

Worker assessment

1. It is difficult for my office to meet the PEP targets set by Central Office.
2. I work harder than others to pursue PEP cases.
3. Staff in my office work harder than staff in other offices to pursue PEP cases.
4. I have sufficient support and guidance from Central Office to do my job.
5. I have sufficient support and guidance from my supervisor to do my job.
6. I find personal satisfaction in doing my job.
7. Paternity establishment is very important for Iowa's children.
8. Overall, Iowa's work with unwed parents to establish paternity is effective.

Overall evaluation

We are interested in your overall evaluation of the current system for setting targets and priorities for paternity establishment. Listed below are several pairs of words; each word in a pair is at the opposite end of a continuum. For each pair, read the word at both ends and check the box that most closely matches your own assessment of the current process for setting targets and priorities for paternity establishment.

- | | | | | | | |
|----------------|-----|-----|-----|-----|-----|-------------|
| 1. Frustrating | ___ | ___ | ___ | ___ | ___ | Satisfying |
| 2. Useful | ___ | ___ | ___ | ___ | ___ | Worthless |
| 3. Beneficial | ___ | ___ | ___ | ___ | ___ | Detrimental |
| 4. Inefficient | ___ | ___ | ___ | ___ | ___ | Efficient |
| 5. Flexible | ___ | ___ | ___ | ___ | ___ | Inflexible |
| 6. Helpful | ___ | ___ | ___ | ___ | ___ | Unhelpful |

Respondent characteristics

1. My job responsibility and role in the paternity establishment process (select from CSRU-generated drop-down list)
2. My region location (select from CSRU-generated drop-down list)
3. Number of years worked at CSRU (select from CSRU-generated drop-down list)
4. Number of years worked in the paternity establishment process (enter actual based on CSRU drop-down box).

Other

Please record any comments you may have about the current system for setting targets for PEP.

Appendix D. Documents for PEP Training for CSRU Field Staff

PEP Training – 157 Report

October/November 2012

Federal Grant – “Mapping the Future of Paternity Establishment through GIS”

CSRU applied for and received a federal grant from the federal Office of Child Support Enforcement in September 2011 entitled, “*Mapping the Future of Paternity Establishment through GIS*.” The grant period is from September 1, 2011 through August 31, 2014. The grant required a university partnership so CSRU is working closely with Iowa State University (ISU).

There are many reasons CSRU feels this project is important:

- There are many long-term benefits of paternity establishment to children, from the sense of belonging that comes from knowing both parents to the ability of families to be self-sufficient because of receipt of child support and medical support.
- There are strong fiscal incentives for states to perform well on the 157 Report as all states and territories are competing for the incentive money which is based on performance.
- Because of the current economic conditions, many states including Iowa have seen budget constraints and decreasing resources. On the 157 Report, Iowa saw nearly a 12% decline in staff from FFY 2009 to FFY 2010. Regardless of the number of resources, states still must maintain a high level of performance.
- CSRU’s paternity-target setting methodology utilized prior to FFY 2013 treated every case the same but we know we cannot establish a paternity order on every case due to circumstances often beyond our control, e.g., paternity is established by the private courts or by paternity affidavit, the alleged father cannot be located, or the payee may not cooperate. These external factors can “shrink” an office’s PEP pool making it difficult for offices to meet the PEP target. The “one size fits all” approach is not always appropriate and through this project, we want to see if analysis of the characteristics of the cases in the PEP pool warrants a different approach to setting PEP targets.

Project Workgroup Members:

A joint workgroup made up of staff from ISU, ICAR, field and Central Office meet regularly to make decisions for this project. Those members are:

ISU – College of Human Sciences: Jan Melby, Cindy Fletcher, Dong Zhang, Cheng Peng, Dr. Gong-Soog Hong, Kate Goudy-Haht

ISU – GIS Services (Geographic Information Systems) – Kevin Kane, Robin McNeely, Josh Obrecht

Field - Connie Chase, Jim Cruchelow, Dave Dalton, Sarah Enarson, Sarah Kalkwarf, Renae McIntosh, Luann Pugh, Laurie Runyan-Kathman, Keith Zeigler, Janet Van Winkle

ICAR/Central Office – Carol Eaton, Joe Finnegan, Scott Vanderheyden, Mary Walker, Cathy Tesar, Shannon Thill, Carla Forcier

There is also a steering committee of managers that meets regularly to ensure the project is proceeding as expected.

Goals & Expected Outcomes of the Grant:

Goals	Expected Outcomes
Develop a model to more accurately determine the PEP pool and set targets more effectively based on case characteristics.	100% of CSRU offices will meet their PEP targets.
Increase paternity affidavits filed through hospitals and birthing centers.	Number of paternity affidavits completed in hospitals and birthing centers will increase by 10%.
Increase paternity establishment rates and decrease	Ratio of judicial paternitys to administrative

Partnership to Strengthen Families: Mapping the Future of Paternity Establishment through GIS

paternity establishment costs.	paternities will decrease by 10%.
	Ratio of hospital and birthing center paternity affidavits to CSRU orders will increase by 5%.

GIS – Geographic Information Systems:

A large part of the work in this project involves GIS. GIS is:

- A system of tools to capture, store, manage, analyze and communicate geographic data;
- Hardware and software that people and organizations use to collect, filter, process, create and distribute data.
- All data in GIS is referenced to a location on a map, e.g., CSRU office coverage area.

PEP Target-setting Model:

We gave ISU the PEP pool for the last three federal fiscal years, FFY 2009, FFY 2010 and FFY 2011, for analysis. Included in the files was the data from the Worker Caseload Report and additional barriers to paternity establishment identified by the workgroup. It also included things like the age of the children and the total number of cases an AF has on ICAR. Two graduate students from ISU analyzed the data and developed a model that scores each case based on the following 15 statistically significant case barriers/predictors:

- Age of the AF (-)
 - Older the AF, less likely to get an order.
- Number of cases where the AF is an AF (-)
 - More cases the AF is an AF, less likely to get an order.
- Number of cases where the AF is a payor (+)
 - More cases the AF is a payor, more likely to get an order.
- Age of the youngest child (-)
 - The older the youngest child, less likely to get an order.
- Number of AFs on the case (-)
 - More AFs on the case, less likely to get an order.
- Number of unknown AFs on the case (-)
 - More unknown AFs on the case, less likely to get an order. An unknown AF means the payee has given no name or only partial names.
- Number of years the case has been open (-)
 - The longer the case has been open, less likely to get an order.
- Whether the AF is located (+)
 - If the AF is located, more likely to get an order.
- AF's state of residence is a state other than Iowa (-)
 - If AF does not live in Iowa, less likely to get an order.
- Mother's statement has not been returned and the payee is sanctioned (-)
 - If the non-cooperative payee has been sanctioned, less likely to get an order.
- If payee is a caretaker (-)
 - If the payee is a non-parental caretaker, less likely to get an order.
- If case is a FIP case (+)
 - If an 11 account type case, more likely to get an order.
- If case is an out-of-state FIP case (+)
 - If a 14 account type case, more likely to get an order.
- If case is a Medicaid case (+)
 - If an 18 account type case, more likely to get an order.
- If case is an out-of-state Medicaid case (+)
 - If a 19 account type case, more likely to get an order.

By incorporating the above factors into a standardized statistical model, we can predict with 70.7% accuracy whether or not CSRU will obtain a paternity order on the case.

Using the PEP Model to Set FFY 2013 PEP Targets:

In October, each case in the PEP pool as of September 30, 2012 was assigned a score. Cases with a score of 0.50 to 1.00 were considered “viable” cases – more likely CSRU will get a paternity order. Cases with a score of 0 to 0.49 were considered “not-viable” cases – less likely CSRU will get a paternity order. The FFY 2013 PEP targets were set based on only the “viable” cases in the PEP pool. The “non-viable” cases were not considered.

FFY 2013 PEP Pool	
Total number of PEP children on September 30, 2012	3,435
Total number of PEP children on “non-viable” cases	2,130
Revised total number of PEP children in the PEP pool	1,305

Note: Even though only the “viable” cases in the PEP pool were considered when setting the FFY 2013 PEP targets, it does NOT mean you cannot work the “non-viable” cases and attempt to establish paternity orders. It just means they weren’t used in the target setting process.

Partnership to Strengthen Families: Mapping the Future of Paternity Establishment through GIS

FFY 2013 PEP Targets – Iowa needs to establish paternity on 11,955 children in FFY 2013.

Target for Bureau of Vital Records (BVR) in FFY 13 – 8,369 paternity affidavits

Target for adoptions in FFY 13 – 1,700 adoptions

Target for CSRU in FFY 2013 = 1,886 paternity orders

	“Old” Way of Setting Targets Using All Cases			“New” Way of Setting Targets Using the Model & Only “Viable” Cases		
Office	Original PEP Pool	Original Percent of Total Children	Original PEP Target	New PEP Pool	New Percent of Total Children	New PEP Target
Mason City	119	3.46%	65	39	2.99%	56
Spencer	56	1.63%	31	23	1.76%	33
Sioux City	298	8.68%	163	97	7.43%	141
Fort Dodge	111	3.23%	61	35	2.68%	51
Carroll	54	1.57%	30	18	1.38%	26
Council Bluffs	143	4.16%	79	41	3.14%	59
Western Region	781	22.74%	429	253	19.39%	366
Decorah	55	1.60%	30	20	1.53%	29
Marshalltown/Waterloo	380	11.06%	209	171	13.10%	247
Ottumwa	158	4.60%	87	75	5.75%	108
Central Region	593	17.26%	326	266	20.38%	384
Dubuque	72	2.10%	40	36	2.76%	52
Davenport	351	10.22%	192	120	9.20%	173
Cedar Rapids	488	14.21%	268	173	13.26%	250
Burlington	161	4.69%	88	68	5.21%	98
Clinton	69	2.01%	38	26	1.99%	38
Eastern Region	1,141	33.22%	626	423	32.41%	611
Creston	82	2.39%	45	24	1.84%	35
Grimes	153	4.45%	84	56	4.29%	81
Ankeny	45	1.31%	25	13	1.00%	19
Indianola	82	2.39%	45	32	2.45%	46
North Des Moines	178	5.18%	98	74	5.67%	107
South Des Moines	228	6.64%	125	98	7.51%	142
Pleasant Hill	152	4.43%	83	66	5.06%	95
Des Moines Region	920	26.78%	505	363	27.82%	525

Monthly Case Scoring:

Each month during FFY 2013, the MA2s will provide you with a score for each case on the PEP report. This score will be determined by the scoring program used to determine viability of cases for setting the PEP targets. This score will display in a column in the PEP report for every case. The scale is from 0 to 1.0 with 1.0 meaning the most “viable” case or most likely that CSRU will get a paternity order. This monthly scoring is a way to help set priority of your PEP cases. A case’s score could change from month to month, especially new PEP cases that may start out with a lower score because you haven’t put all the information on the case yet but then as you do, the score improves in later months.

Note: Even though every PEP case will be scored every month, your PEP targets will not change. The monthly scoring is a case prioritization tool and does not affect office targets.

Monthly Monitoring of PEP Targets:

As has been done in the past, the PEP targets and actual number of PEPs obtained by the offices each month will be monitored. This will be done to ensure the targets set by the new model are being met. If they aren’t being met, then analysis needs to take place to determine why. Is it because of the model or some other external factor? If it is because of the model, then adjustments may need to be made. Also being monitored will be staffing resources and allocation, impact of external factors such as a policy change that impacts your ability to meet your PEP target, significant changes to the size of the PEP pool, caseload shifts and the number of paternity affidavits received.

Paternity Affidavit Outreach:

ISU has analyzed and plotted data regarding the percent of children born out-of-wedlock by hospital/birthing center where the parents signed a paternity affidavit in the hospital during 2006 through 2011. ISU is also having hospital and birthing center staff complete a pre-model survey in October 2012 and a post-model survey in October 2013 regarding the paternity affidavit process. Based on the feedback from the pre-model surveys and the data from 2006 through 2011, ISU will enhance their current outreach materials. Also, ISU and CSRU will develop a training plan for ISU to do increased outreach to hospitals and birthing centers in an effort to increase the number of paternity affidavits filed in Iowa. Increasing the number of paternity affidavits signed in hospitals is better for families. It also impacts CSRU because PEP targets will be lower and more cases will come to CSRU with paternity already established.

Evaluation of the Model:

At the end of FFY 2013, ISU will analyze the model and map out data using GIS to determine the impact of the model. We will determine if any gains were made in performance through improved PEP target-setting, improved management of data, and better utilization of existing staff resources. We will also attempt to pinpoint which change has the most impact on increasing paternity establishment in Iowa (increased paternity affidavit outreach, more administrative orders than judicial orders, etc.). We will also try to determine if the “one size does not fit all” approach to setting PEP targets had an impact on the ability to meet the targets and how it can be used in other aspects of CSRU’s work.

Types of analysis that will occur through this process will include:

- Feedback from CSRU pre and post-model surveys on satisfaction of the PEP target setting procedures;
- Feedback from hospital/birthing center surveys on satisfaction of the paternity affidavit process;
- GIS mapping and comparison of pre and post-model data;
- Impact of non-model external factors such as number of cases referred to CSRU, legislative or policy changes, etc.

Paternity Information on ICAR

Paternity information is recorded in the BORN OUT OF WEDLCK, PATERNITY ESTABLISHED and HOW fields on the CHILD screen. Entries in these fields are used on the 157 Report to determine paternity information about the children on our caseload. The federal government evaluates CSRU on the accuracy of the entries in these fields, so it is important to correctly complete these fields. You must also keep correct documentation in the Paperless Office Document System (PODS) to show how paternity was established as recorded in the HOW field on the CHILD screen.

When children are born out-of-wedlock, use this guide to help you determine how to complete the BORN OUT OF WEDLCK, PATERNITY ESTABLISHED, and HOW fields and to determine what documentation to keep in PODS.

The 157 Report PEP programs count children born out-of-wedlock in Iowa with paternity established by one of the following codes in the HOW field on the CHILD screen. These programs do NOT use entries in the ADPAT2 screen or narratives when counting children for PEP. As explained later in this document, it does use entries on the ADPAT2 screen and narratives when determining which worker gets credit for the PEP.

- Adoption (AD); (2,074 in FFY 12)
- Administrative Paternity Order Filed by CSRU (AO) (1,777 in FFY 12)
- Judicial Paternity Order Filed by CSRU (CO) (750 in FFY 12)
- Paternity Affidavit Filed in Iowa (PA) (7,941 in FFY 12)
- Judicial Review (JR) (106 JRs, OCs, POs, and OTs in FFY 12)
- Open Statement in Court in Iowa (OC)
- Private Paternity Order Filed in Iowa Court (PO)
- Other (OT).

CODES COUNTED IN PEP – Actions Filed in Iowa Courts for Children Born Out-of-wedlock in Iowa

1) Paternity Established by Adoption (AD):

Enter “AD” in the HOW field on the CHILD screen when paternity is established by adoption, i.e. the payor and payee are the child’s adoptive parents. Keep a copy of the adoption order in PODS for proof of how paternity was established. Request a copy of the adoption order from one of the parents. If the parents do not provide you a copy, you may contact the Clerk of Court for a copy of the adoption order if it was filed through the Department of Human Services (DHS). See Iowa code, section 232.147(4). Copies of all private adoption orders are maintained in Central Office. You do not need to place a copy in PODS.

Do not enter “AD” in the HOW field when the child’s name changes on ICAR or if you receive a copy of an updated birth certificate without proof of the finalized adoption order. Do not enter “AD” even when the father’s name is listed on the birth certificate without further proof of an adoption, a paternity affidavit or a private paternity order.

Note: Effective with FFY 2011, all adoptions filed in Iowa are counted on the 157 Report. This includes children born out-of-wedlock, born of a marriage, born in Iowa, and born in another state. These children do not have to be on our caseload.

On case 111, Child 1 does not have paternity established. You receive a copy of a changed birth certificate from the CP with the child’s new last name. You contact the CP to determine why the child’s name changed. The CP explains that the CP’s current spouse adopted the child. This adoption order was filed on 1/4/2011. Ask the CP for a copy of the adoption order so that CSRU can update their records. Update the paternity established fields *after* you receive a copy of the adoption order as follows:

BORN OUT OF WEDLCK: Y PATERNITY ESTABLISHED: Y 01 04 2011 HOW: AD
COMMENTS: CORRECTION RUN DATE

Note: You can also use “AD” if the adoption order is filed in another state. If you verify that paternity is **established** by an out-of-state adoption order, but you are unable to get a copy of that order, narrate clearly how paternity is established and update the CHILD screen to record the child’s paternity establishment by adoption.

Question: Do you use the code “AD” for a child on a CSRU case with the biological parents? **Answer:** No since the payor and payee are not the adoptive parents. Instead make the appropriate entries in the establishment bypass fields on the CHILD2 screen and close the case, if appropriate.

2) Paternity Established by Administrative Paternity Order (AO):

ICAR automatically enters “AO” in the HOW field when you enter “D,” “C” or “A” in the PATERNITY ESTABLISHED field on the ADPAT2 screen. Keep a copy of the administrative order in PODS.

There should not be an “AO” in the HOW field unless an administrative paternity order was filed with the court by CSRU. The worker should not enter “AO” on a case where an ADPAT process was completed and an order was filed with the court. The worker may need to enter “AO” in the HOW field on a caretaker/dad case where paternity was established by an administrative paternity order on the mom/dad case.

On case 222, CSRU files an administrative paternity and support order on 1/5/2011 for Child 2. Update the PATERNITY ESTABLISHED (D/H/C/A) field and the remaining fields on the ADPAT2 screen *after* you receive a file-stamped copy of the administrative order from the clerk of court. ICAR automatically updates the paternity fields on the CHILD screen as follows:

BORN OUT OF WEDLCK: Y	PATERNITY ESTABLISHED: Y 01 05 2011 HOW: AO
COMMENTS:	CORRECTION RUN DATE

Note: If CSRU files an administrative order for paternity only but plans to enter an administrative order for support later, as soon as you enter the “D,” “C,” or “A” in the PATERNITY ESTABLISHED (D/H/C/A) field on the ADPAT2 screen and ICAR automatically updates the paternity established fields on the CHILD screen, the case is counted towards your PEP target on the 157 Report. It does not matter that the administrative support order has not been entered yet or that the ADPAT2 screen is still active (e.g. not process ended).

3) Paternity Established by Iowa CSRU Judicial Court Order (CO):

ICAR automatically enters “CO” in the HOW field on the CHILD screen when you enter an “H” in the PATERNITY ESTABLISHED field on the ADPAT2 screen or when you enter a “D,” “H,” or “S” in the C.O. PATERNITY ESTABLISHED field on the PATEST3 screen. Enter “CO” in the HOW field when CSRU establishes paternity for one or more of the children and modifies support through a judicial modification. Keep a copy of the judicial order in PODS.

There should not be a “CO” in the HOW field unless a judicial order was filed with the court by CSRU. The worker should not enter “CO” on a case where an ADPAT or PATEST process was completed and an order was filed with the court. The worker may need to enter “CO” in the HOW field on a caretaker/dad case where paternity was established by a judicial paternity order on the mom/dad case or when paternity is established through a judicial modification.

Do not enter “CO” when paternity has been established in another state or when paternity is established through a private Iowa court order or dissolution of marriage.

On case 333, CSRU files a judicial paternity and support order on 1/6/2011 for Child 3 after a hearing was held in the administrative paternity process. Update the PATERNITY ESTABLISHED (D/H/C/A) field with an “H” and the remaining fields on the ADPAT2 screen *after* you receive a file-stamped copy of the judicial order from the clerk of court. ICAR automatically updates the paternity fields on the CHILD screen as follows:

BORN OUT OF WEDLCK: Y PATERNITY ESTABLISHED: Y 01 06 2011 HOW: CO
COMMENTS: CORRECTION RUN DATE

4) Paternity Established by IOWA Paternity Affidavit (PA):

Enter “PA” in the HOW field when you search the Iowa Paternity Affidavit Registry (IPAR) and add a paternity affidavit for a child listed on a case. ICAR enters “PA” when it automatically matches a paternity affidavit to a child. It is not necessary to keep a copy of the Iowa paternity affidavit in the CSRU case file as copies are maintained in Central Office.

Do not use “PA” when paternity is established by a paternity affidavit filed in another state.

On case 555, the CP tells CSRU that she and the AF signed a paternity affidavit for Child 5. You search IPAR, find a paternity affidavit for the child, and add it to the case for that child. Record the child’s paternity information on the CHILD screen as follows:

BORN OUT OF WEDLCK: Y PATERNITY ESTABLISHED: Y 12 15 2010* HOW: PA
COMMENTS: CORRECTION RUN DATE

*Date from the DATE PAT AFFID COMPLETE field on the PATAFF1 screen.

For more information on paternity affidavits, see Employees’ Manual 10-C, ***PATERNITY BY AFFIDAVIT***.

Note: If you start a paternity action and then discover a paternity affidavit is filed, see Employees’ Manual 10-A, ***ADMINISTRATIVE PATERNITY ESTABLISHMENT***, for instructions on how to proceed.

Paternity affidavits must be approved and filed with BVR before paternity is legally established by paternity affidavit. Do not enter “PA” in the HOW field on the CHILD screen until the paternity affidavit is entered on IPAR.

Questions Regarding Identity & Paternity Affidavits Completed in Hospitals

I received a request for clarification on the following. I obtained this information from BVR.

- “What do the hospitals use as proof of identification? We have seen some paternity affidavit matches where there is no SSN listed for the father (can find no proof he is a documented citizen), or the father listed an SSN he is using for job purposes when it is clearly not a valid SSN for him. As a notary, we thought you had to provide a U.S. issued identification as proof of identity. Please clarify.”
 - Proof of identity includes a current government-issued picture ID, Mexican Voters Registration Card, or Mexican Matricula Consular ID with two bills that he gets through the mail.
 - An SSN is required if the party was born in the United States. If the party was not born in the United States, providing an SSN is not required.
 - They do not verify if the SSN provided is the SSN for that party.

Note: For more information on identity documents, see PD 12-03, ***Paternity Affidavit Processing Change***.

Partnership to Strengthen Families: Mapping the Future of Paternity Establishment through GIS

- What happens if we didn't know a paternity affidavit was filed and both the paternity affidavit and the ADPAT or PATEST order are added to ICAR in the same month?
 - The paternity affidavit takes the credit for the PEP, and the CSRU office does not get credit for the paternity order, even if you change the "PA" to "AO" or "CO." This does not happen very often.
- What happens if we add an ADPAT or PATEST order to a case in one month and then a paternity affidavit for the same child gets added to the case in a subsequent month?
 - If I've given your office credit for the PEP in the month you put the order on ICAR, I don't take that PEP child out of your count in that subsequent month the paternity affidavit is added to the case. However, the paternity affidavit also gets credit for the PEP in that subsequent month. So technically, that child is counted twice in the monthly PEP reports. When the official PEP programs run at the end of the FFY, that child only gets counted one time. This does not happen very often.

5) Paternity Established by Judicial Review (JR) – THIS CODE IS OBSOLETE:

Workers previously entered "JR" (judicial review from the administrative process) when paternity was established by hearing. Now, ICAR automatically enters "CO" in this situation and "JR" is no longer used. When you previously entered "JR," continue to keep a copy of the judicial order in PODS. **Do not continue to use this code.**

6) Paternity Established by Open Statement in Court in Iowa (OC):

Enter an "OC" in the HOW field when the father admits paternity in court and the mother agrees. Keep a copy of the order in the CSRU file that recorded the father's open statement and the mother's agreement of paternity.

Do not enter "OC" if the father admits outside of court that he is the father of the child.

Child 1 was born on 1/5/1999. The father petitioned the district court for visitation rights and admitted during the visitation hearing that he is the father. The mother agreed to the father's statement at the same hearing. The district court entered an order on 5/15/2000 granting the father visitation and recording the open statement of paternity. Record the child's paternity information on the CHILD screen as follows:

BORN OUT OF WEDLCK: Y PATERNITY ESTABLISHED: Y 05 15 2000 HOW: OC
COMMENTS: CORRECTION RUN DATE

7) Paternity Established by Private Order Filed in IOWA Court (PO):

Enter a "PO" in the HOW field when paternity is established by a private order in the state of Iowa. Keep a copy of the order in PODS. Do not enter "PO" for private orders entered in another state or for a paternity only order entered by CSRU in an administrative or judicial paternity action.

The AF and CP contact private attorneys to obtain a paternity order. CSRU receives a copy of the private order establishing paternity filed in Webster County Iowa on 4/17/2011. Record the child's paternity information on the CHILD screen as follows:

BORN OUT OF WEDLCK: Y PATERNITY ESTABLISHED: Y 04 17 2011 HOW: PO
COMMENTS: CORRECTION RUN DATE

Note: If CSRU intervenes on dissolution of marriage or private orders, paternity is still established by a private order; update the appropriate entry for a private order entered in Iowa or in another state.

See the following memo below issued by Carol Eaton on 2/27/2012 with clarification regarding juvenile court orders or admissions to establish paternity and termination of parental rights orders:

Date: 2/7/12

To: All CSRU staff

From: Carol Eaton, Bureau Chief

Re: Use of juvenile court orders or admissions to establish paternity and termination of parental rights

Use of Juvenile Court Orders or Admissions to Establish Paternity

Background:

From time to time you may find juvenile court documents or juvenile court orders that might appear to establish paternity pursuant to Iowa Code section 252A.3(8) by (a)(court order) or by (b)(an admission of the father, concurrence of the mother and addresses marital status). However, it appears that many juvenile court orders or statements of admission of paternity in juvenile court appear to fail to meet the strict statutory requirements, as the focus of juvenile court is care of the child, not paternity establishment.

General instructions:

To continue to ensure accuracy of our records, staff must seek attorney review prior to recording juvenile court documents or juvenile court orders as establishing paternity. An attorney must review the documents and if compliance with the statute is in doubt, you should seek an order establishing paternity (via 252A or 252F).

Specific instructions:

- Chapter 232 or district court orders

If staff find juvenile court documents or juvenile court orders, filed under Iowa Code chapter 232 (juvenile court action initiated by DHS), that might appear to establish paternity, forward these to an office attorney for review. In addition, if staff find district court orders with unclear paternity provisions, forward these to the office attorney for review.

If compliance with the statute is in doubt, you should seek an order establishing paternity (via 252A or 252F).

- Chapter 600A

If staff find juvenile court documents or juvenile court orders, filed under Iowa Code chapter 600A (private actions to terminate parental rights; not initiated by DHS), that might appear to establish paternity, do not forward these for attorney review. Some statutory language in chapter 600A may bar or put in question the use of this code chapter to establish paternity, so these will not be considered by CSRU as establishing paternity.

More information:

See Iowa Code section 252A.3 (8) (a) and (b); 600A.1 (last sentence – chapter does not apply to actions to establish paternity).

A memo containing more detailed legal analysis has been made available to CSRU attorneys and is located at [\\Hoovr3s2\agbrief\Misc](#).

Termination of Parental Rights:

In the past, you may have entered a “PO” in the HOW field on the CHILD screen when you received a Termination of Parental Rights (TPR) order if paternity had not been previously established for the child. The logic for this practice was, for the court to terminate a father’s parental rights; paternity had to also be established. For children born in Iowa, you received PEP credit for these orders.

Effective immediately, please follow these revised procedures when you receive a TPR order:

- **The TPR order names a specific man and, based on your office attorney's review, meets the conditions outlined in this memo above to establish paternity:**
 - Enter "PO" in the HOW field on the CHILD screen to indicate the child's paternity is established but do not pursue an order for support against him since his parental rights were also terminated.
 - Review the case for closure.
- **The TPR order names a specific man but does not address paternity establishment or does not meet the conditions outlined in this memo above to establish paternity:**
 - Do not enter "PO" in the HOW field on the CHILD screen since the TPR does not establish paternity.
 - Do not pursue an order for paternity and support against the named father since his parental rights were terminated.
 - Review the case for closure.

8) Paternity Established by Other (OT):

Enter "OT" in the HOW field when paternity is established and the way paternity is established does not fit any other valid code. Use this code only when absolutely necessary. Also, document clearly how paternity was established in the narrative.

The alleged father and mother sign an agreement in another state that the alleged father is the biological father of the child. You contact the other state's IV-D agency and verify that this written agreement legally establishes paternity in that state. Record the child's paternity information on the CHILD screen as follows:

BORN OUT OF WEDLCK: Y PATERNITY ESTABLISHED: Y 04 20 2011 HOW: OT
COMMENTS: CORRECTION RUN DATE

When you enter an "OT" in the HOW field of the CHILD screen, it is important that you clearly narrate how paternity was established in this narrative.

Note: You can also use "OT" for actions filed in other states.

When the 157 programs run each month, only those children born out-of-wedlock in Iowa with paternity established by one of the above codes are counted for PEP.

Note: The father's name listed on the birth certificate is not proof that paternity is established. While a father's name should not be listed on the birth certificate unless paternity is established, situations occur when the mother may give incorrect information at the hospital. CSRU needs actual documentation of how paternity is established.

Determination of the Worker ID That Gets Credit for a PEP

Once ICAR counts a child for PEP, ICAR does the following to determine the worker ID to give credit to for that PEP:

- “AO” or “CO”
 - ADPAT - ICAR uses the worker ID in the SIGNATURE ID field of the ADPAT screen. Should that field be blank, ICAR uses the worker ID of the narrative issued from the entry in the PATERNITY ESTABLISHED (D/H/C/A) field on the ADPAT2 screen.
 - PATEST – ICAR uses the worker ID in the SIGNATURE ID field of the PATEST screen. Should that field be blank, ICAR uses the worker ID of the narrative issued from the entry in the C.O. PATERNITY ESTABLISHED (D/H/S) field on the PATEST3 screen.

Question #1: Does it matter if the date the court order was filed is different than the month the court order was added to ICAR?

Answer: No, as long as the court order was filed during the current FFY and the court order is added to ICAR before the end of the FFY.

Question #2: Does it matter if the worker updating the PATERNITY ESTABLISHED field on the process screen is different than the worker ID in the SIGNATURE ID field on the process screen?

Answer: No. If there is a worker ID in the SIGNATURE ID field, that worker gets credit for the PEP. If there isn't, the worker that updates the PATERNITY ESTABLISHED field on the process screen gets credit for the PEP.

Question #3: Does it matter if the worker adding the final court order to ICAR is different than the worker ID in the SIGNATURE ID field on the process screen?

Answer: No. If there is a worker ID in the SIGNATURE ID field, that worker gets credit for the PEP. If there isn't an entry in that field, the worker that updates the PATERNITY ESTABLISHED field on the process screen gets credit for that PEP.

- “AD,” “OC,” “OT,” “PO,” or “JR”
 - ICAR uses the worker ID of the narrative issued from the entry in the HOW field on the CHILD screen.

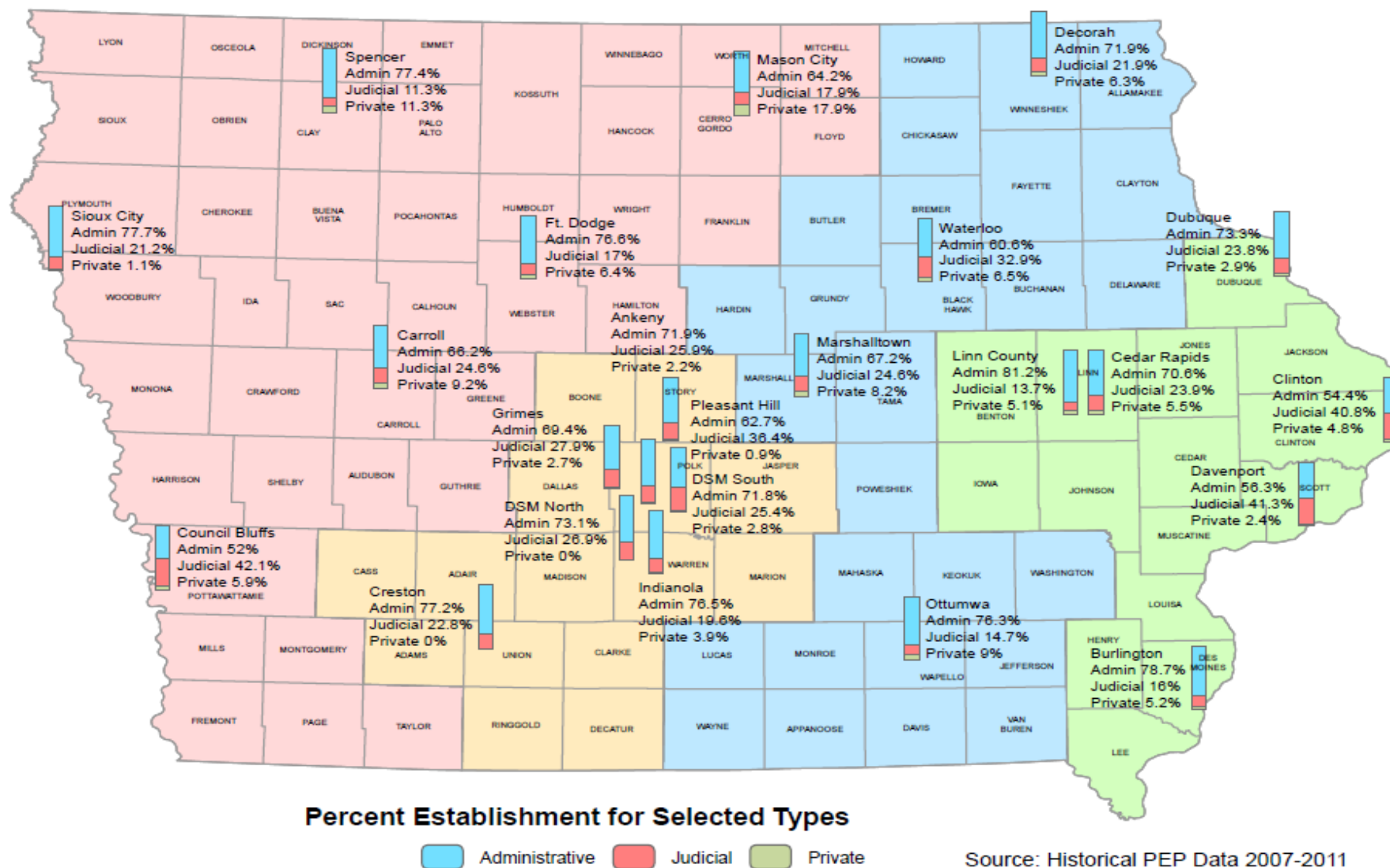
CODES NOT COUNTED IN PEP

- OS – Other state's IV-D agency
- PI – Out-of-state paternity affidavit
- PS – Out-of-state private action
- MA – Child born of the marriage
- MC – Child's parents were married at time of conception
- MO – The mother is the payor.

The above codes are not counted in PEP because a state other than Iowa established the child's paternity (OS, PI, and PS) or the child was born of the marriage (MA, MC, and MO).

For a child to be counted in PEP, the child must have been born out-of-wedlock in Iowa and must have paternity established in Iowa by CSRU, the private courts, or by paternity affidavit. In the case of adoptions, the child does not have to be born out-of-wedlock and does not have to be born in Iowa. However, the adoption order must be filed in Iowa.

PERCENT OF PEP CASES WHERE PATERNITY ESTABLISHED BY ADMINISTRATIVE ORDER, JUDICIAL PROCESS AND PRIVATE ACTION DURING FFY 2011



PEP Training PowerPoint Slides

PEP TRAINING

"Mapping the Future of Paternity Establishment through GIS"

Carla Forcier
Shannon Thill

October/November 2012

Federal Grant

- ▣ Grant period – 9/1/11 through 8/31/14
- ▣ Partnership with Iowa State University (ISU)
- ▣ Workgroup Members:
 - ISU: Jan Melby, Cindy Fletcher, Dong Zhang, Cheng Peng, Dr. Gong Soog-Hong, Kate Goudy-Haht
 - ISU – GIS: Kevin Kane, Robin McNeely, Josh Obrecht
 - Field: Connie Chase, Jim Cruchelow, Dave Dalton, Sarah Enarson, Sarah Kalkwarf, Renae McIntosh, Luann Pugh, Laurie Runyan-Kathman, Keith Zeigler, Janet Van Winkle
 - Central Office: Carol Eaton, Joe Finnegan, Scott Vanderheyden, Mary Walker, Cathy Tesar, Shannon Thill, Carla Forcier

2

Importance of the Project

- ▣ Long-term benefits of paternity establishment to children;
- ▣ Strong fiscal incentives for states;
- ▣ Budget constraints and decreasing resources;
- ▣ Change to paternity target-setting model – “One-size does not fit all” approach.

3

Goals & Outcomes of the Grant

Goals	Expected Outcomes
Develop a model to more accurately determine the PEP pool and set targets more effectively based on case characteristics.	100% of CSRU offices will meet their PEP targets.
Increase paternity affidavits filed through hospitals and birthing centers.	Number of paternity affidavits completed in hospitals and birthing centers will increase by 10%.
Increase paternity establishment rates and decrease paternity establishment costs.	Ratio of judicial paternities to administrative paternities will decrease by 10%. Ratio of hospital and birthing center paternity affidavits to CSRU orders will increase by 5%.

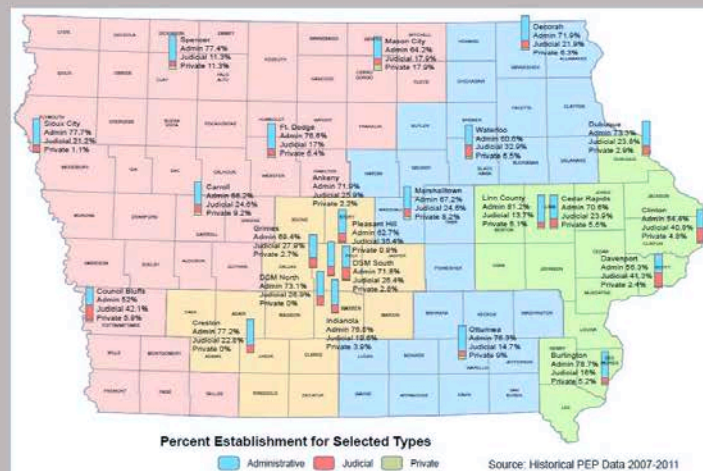
4

What is GIS – Geographic Information System?

- ▣ A system of tools to capture, store, manage, analyze and communicate geographic data;
- ▣ Hardware and software that people and organizations use to collect, filter, process, create and distribute data.
- ▣ All data in GIS is referenced to a location on a map, e.g., CSRU coverage area.

10

Percent of PEP Cases where Paternity Established by Administrative Order, Judicial Process and Private Action During FFY 2011



Source: Historical PEP Data 2007-201

10

Target-setting Model: 15 Statistically Significant Predictors

- ▣ Age of the AF (-): Older the AF, less likely to get an order.
- ▣ Number of cases where the AF is an AF (-): More cases, less likely.
- ▣ Number of cases where the AF is a payor (+): More cases, more likely.
- ▣ Age of the youngest child (-): Older the child, less likely.
- ▣ Number of AFs on the case (-): More AFs, less likely.
- ▣ Number of unknown AFs on the case (-): More unknown AFs, less likely.
- ▣ Number of years the case has been open (-): Longer case is open, less likely.
- ▣ Whether the AF is located (+): Have location, more likely.
- ▣ AF's state of residence is a state other than Iowa (-): Less likely.
- ▣ Mother's statement has not been returned/payee is sanctioned (-): Less likely.
- ▣ If payee is a caretaker (-): Less likely.
- ▣ If case is a FIP case (+): More likely.
- ▣ If case is an out-of-state FIP case (+): More likely.
- ▣ If case is a Medicaid case (+): More likely.
- ▣ If case is an out-of-state Medicaid case (+): More likely.

7

Using Model to Set Targets

- ▣ All PEP cases as of 9/30/12 were assigned a score by the model.
 - Cases with a score of 0.50 and higher – “viable”
 - Cases with a score of 0.49 and lower – “not viable”
- ▣ Only “viable” cases were considered when setting targets.

FFY 2013 PEP Pool	
Total number of PEP children on 9/30/12	3,435
Total number of PEP children on “non-viable” cases	2,130
Revised total number of PEP children in the PEP pool	1,305

8

FFY 2013 PEP Targets – 11,955 children

- BVR's target = 8,369 paternity affidavits
- Adoptions = 1,700 adoption orders
- CSRU's target = 1,886 paternity orders

Office	"Old" Way of Setting Targets Using All Cases			"New" Way of Setting Targets Using the Model & Only "Viable" Cases		
	Original PEP Pool	Original Percent of Total Children	Original PEP Target	New PEP Pool	New Percent of Total Children	New PEP Target
Madison City	220	0.68%	65	58	2.09%	58
Spencer	54	1.58%	15	33	3.78%	33
Stacy City	298	0.88%	88	97	7.18%	97
Fort Dodge	111	0.20%	31	35	2.68%	51
Corral	54	1.55%	10	38	3.18%	28
Central Falls	307	4.38%	79	41	1.18%	53
Western Region	788	22.74%	420	238	19.88%	866
Des Moines	55	1.88%	10	30	1.58%	29
Marshalltown/Winona	380	11.04%	209	171	11.38%	187
Osceola	298	6.88%	87	75	5.78%	808
Central Region	588	17.28%	326	266	20.88%	808
Osage	72	2.58%	40	38	2.28%	56
Des Moines	311	10.28%	111	110	9.28%	211
Center Region	488	12.78%	263	175	11.38%	260
Burlington	181	6.88%	30	88	5.18%	98
Critian	88	2.58%	15	38	1.58%	15
Eastern Region	1,341	31.28%	426	423	32.41%	611
Critian	82	2.58%	45	48	1.88%	15
Grimes	111	4.48%	84	58	4.28%	31
Arklay	45	1.31%	25	33	1.08%	39
Indle Hill	82	2.38%	45	32	2.18%	48
North East Monroe	170	5.18%	90	78	5.48%	107
South East Monroe	208	6.88%	125	50	7.58%	182
Pleasant Hill	251	4.41%	11	88	5.08%	98
Des Moines Region	508	26.78%	585	363	27.82%	525

Monthly Case Scoring

- Each month, cases in the Worker Caseload Report with PEP children will be scored by the model just as was done when setting the PEP targets.
- Scale is from 0 to 1.0 with 1.0 being the most "viable" case.
- Monthly score will help set priority of cases to work.
- Monthly score for a case can change but this will not change the annual office target.

10

Monthly Monitoring

- ▣ PEP actuals to targets
- ▣ Staffing resources and allocation
- ▣ External factors that affect ability to meet targets such as a policy or legislative change
- ▣ Significant changes to the size of the PEP pool
- ▣ Number of paternity affidavits and adoptions received

11

Paternity Affidavit Outreach

- ▣ Plotted data received from BVR of the number of paternity affidavits filed from 2006 through 2011 by hospital and birthing center.
- ▣ All hospitals and birthing centers are completing pre and post-model surveys regarding paternity affidavit process.
- ▣ Focused paternity affidavit outreach will be provided based on above data and feedback from surveys.

12

Evaluation of the Model

- ▣ Mapping of data from ICAR and BVR using GIS to determine the impact of the model;
- ▣ Determination if any gains were made through improved PEP target setting and better use of staff resources;
- ▣ Attempt to pinpoint which change has the most positive effect on PEP;
- ▣ What is the impact of a “one-size does not fit all” approach on PEP and can it be used in other aspects of CSRU’s work?

13

Types of Analysis Used in Evaluation

- ▣ Feedback from CSRU and hospital pre and post-model surveys;
- ▣ GIS mapping and comparison of data;
- ▣ Impact of non-model external factors such as number of cases referred to CSRU, legislative or policy changes, etc.

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Paternity Information on ICAR

- ▣ The 157 Report program counts children born out-of-wedlock in Iowa with paternity established by one of the following codes entered in the HOW field on the CHILD screen (not from the ADPAT2 screen):
 - Adoption (AD)
 - 2,074 in FFY 12
 - Administrative paternity order filed by CSRU (AO)
 - 1,777 in FFY 12
 - Judicial paternity order filed by CSRU (CO)
 - 750 in FFY 12
 - Paternity affidavit filed in Iowa (PA)
 - 7,941 in FFY 12
 - Judicial review (JR)
 - Open statement in court (OC)
 - Private paternity order filed in an Iowa court (PO)
 - Other (OT)
 - 106 JRs, OCs, POs, and OTs in FFY 12

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Documentation of Paternity

- ▣ Keep a copy of the document that establishes the child's paternity in the PODS system. Exceptions are Iowa paternity affidavits and private adoption orders. Copies of these documents are kept in Central Office.
- ▣ Do not update the HOW field when the child's name changes or if you receive a birth certificate with the father's name. You must have the document that establishes paternity.

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Appendix E. CSRU Paternity Establishment Field Staff Follow-up Survey

Field Staff Follow-up Survey – November 2013

Description of PEP Grant process for FFY 2013

A new system for setting an office's Paternity Establishment Percentages (PEP) target for the annual 157 Report was implemented October 1, 2012 for FFY 2013. This **target setting** system is based on a model where certain characteristics of the cases in the state's total PEP pool as of September 30th are analyzed to determine the cases for which CSRU is more likely to establish an order. The cases deemed "not likely for CSRU to establish an order" were removed from the office's PEP pool for target-setting purposes; however, they were not removed from the set of cases to draw from to establish paternity orders. Targets were established based on an office's percentage of the state's total number of children in the newly-established PEP pool. In addition, each month as information on new cases and existing cases are added to the pool, each case receives a **viability score** regarding the likelihood that CSRU will establish a paternity order.

Introduction

Thinking about the FFY 2013 PEP **Grant process** for setting targets for Paternity Establishment Percentages (PEP), please respond to each statement below on a 5-point scale from 1 = strongly agree to 5 = strongly disagree (use 6 if you do not know or have no opinion).

(1)	(2)	(3)	(4)	(5)	(6)
Strongly Agree	Agree	Neutral/Mixed	Disagree	Strongly Disagree	Don't know / No opinion

Targets

1. I understand the process used for setting PEP targets.
2. The process of dividing targets among offices is equitable.
3. The PEP targets set are attainable.
4. The process for setting targets helps staff meet PEP goals and targets.
5. Central Office sets targets and priorities for paternity establishment cases based on solid information and sound data.

Setting priorities

The following questions ask your opinion about the FFY 2013 PEP Grant process for identification of priority cases, those defined as more likely for CSRU to get a paternity order.

1. There is a clear rationale for the method used to identify priority cases.
2. There is consistency in the way my office identifies priority cases.
3. I am primarily responsible for determining which cases in my caseload should be pursued first.
4. I know the process for determining which cases should be pursued first.
5. I am satisfied with the process for determining which cases should be pursued first.
6. A lot of time is spent on analyzing individual cases in order to identify priority cases.
7. The Central Office provides clear guidance for prioritizing cases.
8. There is consistency in the method used statewide to identify priority cases.
9. I understand how the PEP Grant scoring system both establishes the PEP targets and helps prioritize PEP cases monthly.

10. I use the PEP case scores to help decide which cases to pursue.
11. I find it useful to receive monthly PEP case scores in the Worker Caseload Report.
12. The time it takes to prioritize cases has been reduced.

Barriers to paternity establishment

1. I encounter multiple barriers that impede success in establishing paternity on the cases I work.
2. I know which barriers will most impede success in establishing paternity.
3. List the top 3 barriers that most impede your ability to obtain a paternity order.
 - a. _____
 - b. _____
 - c. _____
4. I find it takes less time to establish paternity due to the PEP Grant process for setting targets and prioritizing cases than it did in previous years.

Staff training and resources

1. I have had sufficient training to carry out my role in the paternity establishment process.
2. The resources provided by Central Office (training, technical support, printed materials, etc.) help local offices meet their PEP targets.
3. Local offices have sufficient staffing resources dedicated to the PEP process based on caseload.

Worker assessment

1. It is difficult for my office to meet the PEP targets set by Central Office.
2. I work harder than others to pursue PEP cases.
3. Staff in my office work harder than staff in other offices to pursue PEP cases.
4. I have sufficient support and guidance from Central Office to do my job.
5. I have sufficient support and guidance from my supervisor to do my job.
6. I find personal satisfaction in doing my job.
7. Paternity establishment is very important for Iowa's children.
8. Overall, Iowa's work with unwed parents to establish paternity is effective.
9. I was able to perform more non-PEP related work activities during FFY 2013 than in previous years. (YES/NO/cannot recall)—*if no or cannot recall, skip next question and go to Overall Evaluation section.*
10. (If answered "yes" to Q9) What additional non-PEP related work activities were you able to perform more during FFY 2013 (list up to 3)?
 - a. _____
 - b. _____
 - c. _____

Overall evaluation

We are interested in your overall evaluation of the FFY 2013 PEP Grant process for setting targets and priorities for paternity establishment. Listed below are several pairs of words; each word in a pair is at the opposite end of a continuum. For each pair, read the word at both ends and check the box that most closely matches your own assessment of the FFY 2013 PEP Grant process for setting targets and priorities for paternity establishment.

- | | | | | | | |
|----------------|-----|-----|-----|-----|-----|-------------|
| 1. Frustrating | ___ | ___ | ___ | ___ | ___ | Satisfying |
| 2. Useful | ___ | ___ | ___ | ___ | ___ | Worthless |
| 3. Beneficial | ___ | ___ | ___ | ___ | ___ | Detrimental |
| 4. Inefficient | ___ | ___ | ___ | ___ | ___ | Efficient |
| 5. Flexible | ___ | ___ | ___ | ___ | ___ | Inflexible |
| 6. Helpful | ___ | ___ | ___ | ___ | ___ | Unhelpful |

Respondent characteristics

1. My job responsibility and role in the paternity establishment process (select from CSRU-generated drop-down list)
2. My region location (select from CSRU-generated drop-down list)
3. Number of years worked at CSRU (select from CSRU-generated drop-down list)
4. Number of years worked in the paternity establishment process (enter actual based on CSRU drop-down box).
5. I attended the FFY 2013 PEP Grant model implementation in-person training presented by Carla Forcier and Shannon Thill in fall 2012. (yes/no/cannot recall)

Other

Please record any comments you may have about the FFY 2013 PEP Grant system for setting targets and prioritizing cases.

Appendix F. Hospital Baseline Survey

Hospital Staff Baseline Survey - October 2012

Introduction: Iowa State University, in collaboration with the Bureau of Collections Child Support Recovery Unit, is conducting a survey to gather information about your experiences with paternity establishment for unwed parents. You are receiving this survey because you have been identified by your hospital as someone who is involved in the paternity affidavit process.

It will take approximately 8 to 10 minutes to complete this survey. Your feedback will assist Iowa State University in developing improved outreach and training activities in the future. Your individual responses will remain anonymous.

1. In your opinion, how often is each of the following a challenge for parents completing the Paternity Affidavit form?

Never	Seldom	Sometimes	Often	Don't know
-------	--------	-----------	-------	------------

- a. Parents lack knowledge about parental rights and responsibilities
- b. Parents do not want to disclose personal information
- c. Parents lack the required forms of identification to have the affidavit notarized at the hospital
- d. Only one parent is willing to cooperate
- e. Only one parent is present at the hospital
- f. Language barriers make it difficult to communicate
- g. Other (please explain)

2. How often do you work with expectant unwed parents about documenting a child's paternity?

Never	Seldom	Sometimes	Often
-------	--------	-----------	-------

3. How confident are you when working with parents to complete the Paternity Affidavit form?

Very confident	Somewhat confident	Not at all confident
----------------	--------------------	----------------------

4. How often do you work with parents to complete the Paternity Affidavit form? (*If "never" skip to 6d below.*)

Never	Seldom	Sometimes	Often
-------	--------	-----------	-------

5. How often do you face each of the following challenges when helping parents complete the Paternity Affidavit form?

Never	Seldom	Sometimes	Often	Doesn't apply
-------	--------	-----------	-------	---------------

- a. Only one parent is willing to cooperate

- b. Only one parent is present at the hospital
 - c. Determining what type of identification can be used for notarizing the Paternity Affidavit.
 - d. One or both parents lack the required forms of identification to have the affidavit notarized at the hospital
 - e. Language barriers make it difficult to communicate.
 - f. Lack of availability of a Notary Public makes it impossible to finalize the affidavit
 - g. Lack of time to explain paternity establishment in detail to parents may cause them to hesitate and wait to complete the affidavit
 - h. The process is difficult to understand
 - i. Other (please explain)
6. Please respond to each of these statements about completing the Paternity Affidavit form.
- a. When I talk with parents about completing the Paternity Affidavit form, I feel like I am doing something important for them.

Strongly Agree Neutral Disagree Strongly Disagree
 - b. I am not comfortable talking to parents about paternity establishment because it is a sensitive subject.

Strongly Agree Agree Neutral Disagree Strongly Disagree
 - c. I am able to contact someone when I need to and get answers to my questions about the Paternity Affidavit process.

Strongly Agree Agree Neutral Disagree Strongly Disagree
 - d. Completing the Paternity Affidavit form is a high priority in my hospital.

Strongly Agree Agree Neutral Disagree Strongly Disagree
 - e. Most hospital staff members view completing the form as important.

Strongly Agree Agree Neutral Disagree Strongly Disagree
 - f. I believe helping parents complete the form should not be part of my responsibilities.

Strongly Agree Agree Neutral Disagree Strongly Disagree
 - g. Some of the other hospital staff members think that helping parents complete the form should not be a part of their job responsibilities.

Strongly Agree Agree Neutral Disagree Strongly Disagree

- h. The process of ordering Paternity Affidavit materials (e.g., additional Paternity Affidavit forms, Establishing Paternity by Affidavit brochures and the Power of Two DVD) is smooth and without problems.

Strongly Agree Agree Neutral Disagree Strongly Disagree

- i. Paternity establishment is very important for Iowa's children.

Strongly Agree Agree Neutral Disagree Strongly Disagree

- j. Overall, Iowa's work with unwed parents to establish paternity is effective.

Strongly Agree Agree Neutral Disagree Strongly Disagree

7. Please answer the following true/false statements.

- a. Completing the Paternity Affidavit form in the hospital is voluntary for parents.
- ☐ True
 - ☐ False
 - ☐ Don't know
- b. Hospitals are required to give unmarried parents information about paternity establishment.
- ☐ True
 - ☐ False
 - ☐ Don't know
- c. Hospital staff can receive paternity affidavit training from Iowa State trainers.
- ☐ True
 - ☐ False
 - ☐ Don't know
- d. The Paternity Affidavit form must be notarized before being submitted.
- ☐ True
 - ☐ False
 - ☐ Don't know
- e. Hospitals can order free paternity affidavit materials from the state to share with parents.
- ☐ True
 - ☐ False

- Don't know
 - f. Hospitals can receive reimbursement for each Paternity Affidavit form submitted.
 - True
 - False
 - Don't know
- 8. Have you ever received training on the paternity affidavit program?
 - Yes
 - No (*skip to question #12*)
 - Unsure (*skip to question #12*)
- 9. (*If answered yes to question #8*) Did you find the training helpful?
Very helpful Somewhat helpful Not at all helpful
- 10. (*If answered yes to question #8*) To the best of your recollection, what features of the training were useful? Check all that apply.
 - Print materials (brochures, forms)
 - Video (Power of Two)
 - Power point presentation
 - Q&A time
 - Don't recall
- 11. What suggestions do you have for improving training?
- 12. How would you like to receive paternity affidavit training in the future? Please indicate your 1st choice, 2nd choice and 3rd choice.
 - In-person training at my worksite
 - Self-instructional online training
 - Webinar
- 13. How frequently would you like to receive the training?
One time once a year as changes occur upon my request never
- 14. When there are new hires in your type of job, is paternity affidavit training part of their orientation?
 - Yes
 - No
 - Don't know
- 15. Would you find it helpful to have a script or talking points to use as you work with parents to complete the Paternity Affidavit form?

- ☐ Yes
- ☐ No

We hope to expand outreach about the importance of paternity establishment. If parents can learn about paternity establishment well before the birth of their child, they may be more likely to understand the process, be willing to participate, and come to the hospital with the necessary identification materials.

16. List any appropriate community organizations we could include in our outreach efforts.

17. Do you have any suggestions for improving outreach to new and expectant parents?

Please answer the following questions about your role in the paternity affidavit process.

18. What is your job title?

- ☐ Nurse
- ☐ Social worker
- ☐ Supervisor/Administrator
- ☐ Other (please describe)

19. What is your role in the process of completing the paternity affidavit form? Check all that apply.

- ☐ I supervise staff members who work with parents to complete the form.
- ☐ I provide information to new parents before they fill out the affidavit.
- ☐ I work directly with parents to fill out the form.
- ☐ I notarize the form.
- ☐ Other (please describe)

20. In what county is your office located?

21. What is the name of the hospital or birthing center where you are employed?

22. In the box below, please report any other comments you would like to make about the paternity affidavit program.

Thank you for completing this survey!

Appendix G. Hospital Staff Follow-up Survey

Hospital Staff Follow-up Survey – November 2013.

Introduction: In collaboration with the Bureau of Collections Child Support Recovery Unit, Iowa State University (ISU) is conducting a survey to gather information about your experiences with paternity establishment for unwed parents. You are receiving this survey because you have been identified by your hospital as someone who is involved in the paternity affidavit process. You may have completed a similar survey in the past. This current survey asks for your feedback at this point in time.

It will take approximately 8 to 10 minutes to complete this survey. Your feedback will assist Iowa State University in developing improved outreach and training activities in the future. Your individual responses will remain anonymous.

1. In your opinion, how often is each of the following a challenge for parents completing the Paternity Affidavit form?

Never	Seldom	Sometimes	Often	Don't know
-------	--------	-----------	-------	------------

 - a. Parents lack knowledge about parental rights and responsibilities
 - b. Parents do not want to disclose personal information
 - c. Parents lack the required forms of identification to have the affidavit notarized at the hospital
 - d. Only one parent is willing to cooperate
 - e. Only one parent is present at the hospital
 - f. Language barriers make it difficult to communicate
 - g. Other (please explain)
2. How often do you work with expectant unwed parents about documenting a child's paternity?

Never	Seldom	Sometimes	Often
-------	--------	-----------	-------
3. How confident are you when working with parents to complete the Paternity Affidavit form?

Very confident	Somewhat confident	Not at all confident
----------------	--------------------	----------------------
4. How often do you work with parents to complete the Paternity Affidavit form? (*If "never" skip to 6d below.*)

Never	Seldom	Sometimes	Often
-------	--------	-----------	-------
5. How often do you face each of the following challenges when helping parents complete the Paternity Affidavit form?

Never	Seldom	Sometimes	Often	Doesn't apply
-------	--------	-----------	-------	---------------

 - a. Only one parent is willing to cooperate

- b. Only one parent is present at the hospital
 - c. Determining what type of identification can be used for notarizing the Paternity Affidavit.
 - d. One or both parents lack the required forms of identification to have the affidavit notarized at the hospital
 - e. Language barriers make it difficult to communicate.
 - f. Lack of availability of a Notary Public makes it impossible to finalize the affidavit
 - g. Lack of time to explain paternity establishment in detail to parents may cause them to hesitate and wait to complete the affidavit
 - h. The process is difficult to understand
 - i. Other (please explain)
6. Please respond to each of these statements about completing the Paternity Affidavit form.
- a. When I talk with parents about completing the Paternity Affidavit form, I feel like I am doing something important for them.

Strongly Agree Agree Neutral Disagree Strongly Disagree
 - b. I am not comfortable talking to parents about paternity establishment because it is a sensitive subject.

Strongly Agree Agree Neutral Disagree Strongly Disagree
 - c. I am able to contact someone when I need to and get answers to my questions about the Paternity Affidavit process.

Strongly Agree Agree Neutral Disagree Strongly Disagree
 - d. Completing the Paternity Affidavit form is a high priority in my hospital.

Strongly Agree Agree Neutral Disagree Strongly Disagree
 - e. Most hospital staff members view completing the form as important.

Strongly Agree Agree Neutral Disagree Strongly Disagree
 - f. I believe helping parents complete the form should not be part of my responsibilities.

Strongly Agree Agree Neutral Disagree Strongly Disagree
 - g. Some of the other hospital staff members think that helping parents complete the form should not be a part of their job responsibilities.

Strongly Agree Agree Neutral Disagree Strongly Disagree

- h. The process of ordering Paternity Affidavit materials (e.g., additional Paternity Affidavit forms, Establishing Paternity by Affidavit brochures and the Power of Two DVD) is smooth and without problems.

Strongly Agree Agree Neutral Disagree Strongly Disagree

- i. Paternity establishment is very important for Iowa's children.

Strongly Agree Agree Neutral Disagree Strongly Disagree

- j. Overall, Iowa's work with unwed parents to establish paternity is effective.

Strongly Agree Agree Neutral Disagree Strongly Disagree

7. Please answer the following true/false statements.

- a. Completing the Paternity Affidavit form in the hospital is voluntary for parents.

☐ True
☐ False
☐ Don't know

- b. Hospitals are required to give unmarried parents information about paternity establishment.

☐ True
☐ False
☐ Don't know

- c. Hospital staff can receive paternity affidavit training from Iowa State trainers.

☐ True
☐ False
☐ Don't know

- d. The Paternity Affidavit form must be notarized before being submitted.

☐ True
☐ False
☐ Don't know

- e. Hospitals can order free paternity affidavit materials from the state to share with parents.

☐ True
☐ False
☐ Don't know

- f. Hospitals can receive reimbursement for each Paternity Affidavit form submitted.
- True
 - False
 - Don't know
8. Have you **ever** received training on the paternity affidavit program?
- Yes
 - No (*skip to question #12*)
 - Unsure (*skip to question #12*)
9. (*If answered yes to question #8*) Did you find the training helpful?
- Very helpful Somewhat helpful Not at all helpful
10. (*If answered yes to question #8*) To the best of your recollection, what features of the training were useful? Check all that apply.
- Print materials (brochures, forms)
 - Video (Power of Two)
 - Power point presentation
 - Q&A time
 - Don't recall
11. What suggestions do you have for improving training?
-
12. How would you like to receive paternity affidavit training in the future? Please indicate your 1st choice, 2nd choice and 3rd choice.
- In-person training at my worksite
 - Self-instructional online training
 - Webinar
13. How frequently would you like to receive the training?
- One time once a year as changes occur upon my request never
14. When there are new hires in your type of job, is paternity affidavit training part of their orientation?
- Yes
 - No
 - Don't know
15. Would you find it helpful to have a script or talking points to use as you work with parents to complete the Paternity Affidavit form?
- Yes
 - No

16. In the **past 12 months**, have you received the Paternity Affidavit e-newsletter from ISU?

- a. Yes
- b. No (*skip to Q18*)
- c. Don't know (*skip to Q18*)

17. (*If answered yes to Q16*) Have you found the Paternity Affidavit e-newsletter helpful?

Very helpful somewhat helpful not at all helpful

18. In the **past 12 months**, what types of training (if any) did you receive to assist parents in completing the paternity affidavit form (*ask staff to "check all that apply"*)?

- ☐ None in the past 12 months (*skip to Q 20*)
- ☐ ISU webinar
- ☐ ISU self-instructional online training
- ☐ Workplace staff shared knowledge
- ☐ Informal self-study
- ☐ Other (please specify)

19. (*If answered Q18 with any answer other than "none"*) Did you find the training during the **past 12 months** helpful?

Very helpful somewhat helpful not at all helpful

We hope to expand outreach about the importance of paternity establishment. If parents can learn about paternity establishment well before the birth of their child, they may be more likely to understand the process, be willing to participate, and come to the hospital with the necessary identification materials.

20. List any appropriate community organizations we could include in our outreach efforts.

21. Do you have any suggestions for improving outreach to new and expectant parents?

Please answer the following questions about your role in the paternity affidavit process.

22. What is your job title (*use categories identified in pre-survey – drop-down box – check all that apply*)?

- ☐ Nurse
- ☐ Social worker
- ☐ Supervisor/Administrator
- ☐ Secretary
- ☐ Notary
- ☐ Health information specialist
- ☐ Other (please describe)

23. What is your role in the process of completing the paternity affidavit form? Check all that apply.

- ☐ I supervise staff members who work with parents to complete the form.
- ☐ I provide information to new parents before they fill out the affidavit.
- ☐ I work directly with parents to fill out the form.
- ☐ I notarize the form.
- ☐ Other (please describe)

24. In what counties do you currently work? *(Add a drop-down list; ask staff to check “all that apply”.)*

25. What is the name of the hospital or birthing center where you are currently employed?
(Add a drop-down list; also add other; ask staff to check “all that apply”.)

26. How long have you been employed in your present position?

27. How long have you been involved in the paternity affidavit process?

28. In the box below, please report any other comments you would like to make about the paternity affidavit program.

29. To help ISU in providing paternity affidavit information to the right person at your hospital, if you know the name and email address of the Paternity Affidavit Liaison at your hospital, please provide that information here:

- a. Name _____
- b. E-mail address _____

Thank you for completing this survey!

Appendix H. CSRU Field Staff Survey Results.

Table 25. CSRU Field Staff Views on the Paternity Establishment Process. (N=101)

Survey Items	Baseline Mean	Follow-up Mean	Mean diff.	N	p-value
The PEP* targets are attainable.	3.36	3.88	.518	85	.000***
The current process for setting targets helps staff meet PEP goals and targets.	3.31	3.83	.526	78	.000***
Central Office sets targets and priorities for paternity establishment cases based on solid information and sound data.	3.28	3.69	.405	74	.000***
A lot of time is spent on analyzing individual cases in order to identify priority cases.	3.13	2.87	-.269	67	.033**
There is consistency in the method used statewide to identify priority cases.	2.91	3.37	.463	54	.001***
I encounter multiple barriers that impede success in establishing paternity on the cases I work.	3.68	3.26	-.425	73	.002**
It is difficult for my office to meet the PEP targets set by Central Office.	3.92	3.47	-.453	75	.000***
Overall, Iowa's work with unwed parents to establish paternity is effective.	3.81	4.19	.378	90	.001***

*Note. The Paternity Establishment Pool (PEP) is the total number of child that need paternity establishment through CSRU.

p<.01, *p<.001

Response framework: 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, 5 = strongly agree

Table 26. CSRU Field Staff Survey: t-Test Comparison of Follow-Up Survey and Baseline Survey Results. (101 respondents who answered both surveys).

Category	Que. Num	Question Detail	Follow-up Mean	Baseline Mean	Mean diff.	N	p-value	Summary (Staffs agree more on the statement that...)
Targets	Q1	Thinking about the FFY 2013 PEP Grant Process for setting targets for Paternity Establishment Percentages (PEP), please respond to each statement below on a 5-point scale from strongly agree to strongly disagree.						
	Q1-1	I understand the process used for setting PEP targets.	3.73	3.84	-.11	91	.191	
	Q1-2	The process of dividing PEP targets among offices is equitable.	3.63	3.39	.24	75	.069*	The process of dividing targets among offices is equitable
	Q1-3	The PEP targets are attainable.	3.88	3.36	.518	85	.000***	The PEP targets set are attainable
	Q1-4	The current process for setting targets helps staff meet PEP goals and targets.	3.83	3.31	.526	78	.000***	The process for setting targets helps staff meet PEP goals and targets
	Q1-5	Central Office sets targets and priorities for paternity establishment cases based on solid information and sound data.	3.69	3.28	.405	74	.000***	Central Office sets targets and priorities for paternity establishment cases based on solid information and sound data
Setting priorities	Q2	The following questions ask your opinion about the FFY 2013 PEP Grant process for identification of priority cases, those defined as more likely for CSRU to get a paternity order.						
	Q2-1	There is a clear rationale for the method used to identify priority cases.	3.53	3.51	.026	77	.868	
	Q2-2	There is consistency in the way my office identifies priority cases.	3.89	3.92	-.026	76	.823	
	Q2-3	I am primarily responsible for determining which cases in my caseload should be pursued first.	3.57	3.67	-.101	69	.389	
	Q2-4	I know the process for determining which cases should be pursued first.	4.06	4.10	-.038	79	.671	

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	Q2-5	I am satisfied with the process for determining which cases should be pursued first.	3.78	3.80	-.014	74	.914	
	Q2-6	A lot of time is spent on analyzing individual cases in order to identify priority cases.	3.13	2.87	.269	67	.033**	Less time is spent on analyzing individual cases in order to identify priority cases
	Q2-7	Central Office provides clear guidance for prioritizing cases.	3.40	3.22	.179	67	.103	
	Q2-8	There is consistency in the method used statewide to identify priority cases.	3.37	2.91	.463	54	.001***	There is consistency in the method used statewide to identify priority cases
	Q2-9 N	Il understand how the PEP Grant scoring system both establishes the PEP targets and helps prioritize PEP cases monthly.	3.77	N/A		78		
	Q2-10 N	I use the PEP case scores to help decide which cases to pursue.	2.82	N/A		66		
	Q2-11 N	I find it useful to receive monthly PEP case scores in the Worker Caseload Report.	2.91	N/A		66		
	Q2-12 N	The time it takes to prioritize cases has been reduced.	3.02	N/A		61		
Barriers to paternity establishment	Q3	The following questions ask your opinion about barriers to paternity establishment.						
	Q3-1	I encounter multiple barriers that impede success in establishing paternity on the cases I work.	3.26	3.68	-.425	73	.002**	Encounter less multiple barriers that impede success in establishing paternity on the cases I work
	Q3-2	I know which barriers will most impede success in establishing paternity.	4.12	4.12	0	73	1	
	Q5an	I find it takes less time to establish paternity due to the PEP Grant process for setting targets and prioritizing cases than it did in previous years.		2.97		64		
Staff training and resources	Q5	The following questions ask your opinion about staff training and resources.						
	Q5-1	I have had sufficient training to carry out my role in the paternity establishment process.	4.20	4.20	0	90	1	
	Q5-2	The resources provided by Central Office (training, technical support, printed materials, etc.) help local offices meet their PEP targets.	3.81	3.61	.2	75	.062*	The resources provided by Central Office help local offices meet their PEP targets

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	Q5-3	Local offices have sufficient staffing resources dedicated to the PEP process based on caseload.	3.49	3.43	.067	75	.599	
Worker assessment	Q6	The following questions ask your opinion about worker assessment.						
	Q6-1	It is difficult for my office to meet the PEP targets set by Central Office.	3.92	3.47	.453	75	.000***	It is less difficult for my office to meet the PEP targets set by Central Office
	Q6-2	I work harder than others to pursue PEP cases.	2.95	2.81	.143	42	.279	
	Q6-3	Staff in my office work harder than staff in other offices to pursue PEP cases.	2.71	2.44	.268	41	.117	
	Q6-4	I have sufficient support and guidance from Central Office to do my job.	3.69	3.51	.171	70	.077*	I have sufficient support and guidance from Central Office to do my job
	Q6-5	I have sufficient support and guidance from my supervisor to do my job.	4.02	4.05	-.024	83	.775	
	Q6-6	I find personal satisfaction in doing my job.	4.27	4.24	.033	91	.650	
	Q6-7	Paternity Establishment is very important for Iowa's children.	4.63	4.68	-.052	96	.438	
	Q6-8	Overall, Iowa's work with unwed parents to establish paternity is effective.	4.19	3.81	.378	90	.001***	Overall, Iowa's work with unwed parents to establish paternity is effective
	Q7 N	I was able to perform more non-PEP related work activities during FFY 2013 than in previous years.	21.8% (N)	23.8% (Y)	3 (missing)			
	Q21 N	I attended the FFY 2013 PEP Grant model implementation in-person training presented by Carla Forcier and Shannon Thill in Fall 2012.	11.9% (N)	76.2% (Y)	2 (missing)			
Overall evaluation (recoded 2,3 into 2 and 5,6 into 4)	Q10-15	Overall evaluations of the PEP grant process for setting targets and priorities for paternity establishment (note: 1-7 scale at baseline, 1-5 scale at follow-up)						
	Q10	[Frustrating-Satisfying]	3.38	3.13	.244	90	.055*	More satisfying
	Q11-R	[Worthless-Useful]	3.34	3.62	-.278	90	.016**	
	Q12-R	[Detrimental-Beneficial]	3.45	3.67	-.218	87	.048**	
	Q13	[Inefficient-Efficient]	3.34	3.36	-.011	87	.930	
	Q14-R	[Inflexible-Flexible]	3.26	2.93	.333	87	.006**	More flexible

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	Q15-R	[Unhelpful-Helpful]	3.32	3.55	-.230	87	.072*	
Overall <i>evaluation</i> (recoding using formula)	Q10-15	Overall evaluations of the PEP grant process for setting targets and priorities for paternity establishment (<i>note: 1-7 scale at baseline, 1-5 scale at follow-up</i>)						
	Q10	[Frustrating-Satisfying]	4.57	4.21	.356	90	.063*	More satisfying
	Q11-R	[Worthless-Useful]	4.52	4.93	-.417	90	.022**	
	Q12-R	[Detrimental-Beneficial]	4.67	5.01	-.339	87	.048**	
	Q13	[Inefficient-Efficient]	4.52	4.52	0	87	1	
	Q14-R	[Inflexible-Flexible]	4.40	3.93	.466	87	.009**	More flexible
	Q15-R	[Unhelpful-Helpful]	4.48	4.80	-.322	87	.097*	

Appendix I. Hospital Staff Survey Results.

Table 27. Hospital Staff Views on Challenges Faced when Completing Paternity Affidavits (% sometimes or often).

Survey Items	Baseline (N=91)	Follow-up (N=53)
<i>In your opinion, how often is each of the following a challenge for parents completing the paternity affidavit form?</i>	Percentage answering sometimes or often	
Parents lack knowledge about parental rights and responsibilities	80%	77%
Parents do not want to disclose personal information	34%	33%
Parents lack the required forms of identification to have the affidavit notarized at the hospital	69%	64%
Only one parent is willing to cooperate	24%	19%
Only one parent is present at the hospital	62%	51%
Language barriers make it difficult to communicate	42%	45%
<i>How often do you face each of the following challenges when helping parents complete the paternity affidavit form?</i>	Percentage answering sometimes or often	
Only one parent is willing to cooperate	28%	18%
Only one parent is present at the hospital	63%	42%
Determining what type of identification can be used for notarizing the Paternity Affidavit	38%	52%
One or both parents lack the required forms of identification to have the affidavit notarized at the hospital	56%	59%
Language barriers make it difficult to communicate	44%	32%
Lack of availability of a Notary Public makes it impossible to finalize the affidavit	16%	24%
Lack of time to explain paternity establishment in detail to parents may cause them to hesitate and wait to complete the affidavit	9%	4%
The process is difficult to understand	15%	14%

Note. Response framework: never, seldom, sometimes, often

Table 30. Hospital Staff Responses to Paternity Affidavit Knowledge Check and Training Preferences.

Survey Items	Baseline (N=91)	Follow-up (N=53)
<i>Paternity affidavit knowledge test (true or false)</i>	Percentage answering question correctly	
Completing the paternity affidavit form in the hospital is voluntary for parents.	93.4%	92.5%
Hospitals are required to give unmarried parents information about paternity establishment.	74.7%	77.4%
Hospital staff can receive paternity affidavit training from Iowa State trainers.	78.0%	84.9%
The paternity affidavit form must be notarized before being submitted.	100%	98.1%
Hospitals can order free paternity affidavit materials from the state to share with parents.	84.6%	90.6%
Hospitals can receive reimbursement for each paternity affidavit form submitted.	47.3%	60.4%
	Baseline (N=90)	Follow-up (N=53)
<i>How frequently would you like to receive the training?</i>	Percentage selected	
One time	5.6%	5.7%
Once a year	23.3%	24.5%
As changes occur	62.2%	60.4%
Upon my request	8.9%	9.4%
Never	0.0%	0.0%
	Baseline (N=74)	Follow-up (N=49)
<i>How would you like to receive paternity affidavit training in the future?</i>	Percentage ranking method as first choice	
In-person	45%	37%
Self online	43%	50%
Webinar	12%	20%

DEFINITIONS

Administrative paternity

Iowa Code Chapter 252F gives the Iowa Child Support Recovery Unit (CSRU) legal authority to administratively establish paternity when the child's paternity is at issue. Welfare reform legislation encouraged States to utilize administrative methods to establish paternity. These practices rely solely on the actions and authority of the child support agency, or are quasi-administrative methods which, though primarily relying on child support, also allow limited court involvement.

Agency

An organization established to provide a particular service/services. In this report, agency refers to the Iowa Child Support Recovery Unit (CSRU).

Bureau of Vital Records (BVR)

The state-level governmental unit responsible for maintaining records of life events, including birth certificates, marriage licenses, and death certificates. Paternity affidavits are filed and maintained by this entity.

Case

A case refers to a combination of mother/caretaker and alleged father(s) where paternity is not yet legally established for one or more children.

Central office

Relative to field offices, central office refers to the Child Support Recovery Unit's statewide administrative office of the Department of Human Services located in Des Moines.

CSRU (Child Support Recovery Unit)

Child Support Recovery Unit (CSRU) is responsible for assisting families to achieve and maintain economic self-sufficiency by establishing paternity, enforcing child and medical support orders, and processing support payments.

Federal fiscal year (FFY)

The federal fiscal year is the accounting period for the federal government which begins on October 1 and ends on September 30.

Field office

Field offices refers to county-based offices across Iowa that provide child support services at a local level.

GIS (geographic information systems)

A geographic information system (GIS) is designed to capture, store, manipulate, analyze, manage, and present all types of spatial or geographical data. It helps visualize and interpret data to understand relationships, patterns, and trends.

ISU (Iowa State University)

The land-grant institution located in Ames Iowa that is the university partner in this demonstration project.

IV-D Case

A parent (mother, father, or putative father) who is now or eventually may be obligated under law for the support of a child or children receiving services under the state Title IV-D program. A parent is reported as a separate IV-D case for each family with a dependent child or children that the parent may be obligated to support.

Judicial paternity

The process of paternity establishment that relies mainly on court involvement with limited actions and authority of the child support agency.

Logistic regression

A statistical method for analyzing a dataset in which there are one or more independent variables that determine an outcome. The outcome is measured with a dichotomous variable (in which there are only two possible outcomes), which in this project is whether or not paternity is established by CSRU in the specific federal fiscal year.

Mapping

Mapping refers to the use of GIS technology to display information based on the geographic locations of data in the form of maps.

Modeling approach

The process of using regression-based statistical methods to develop an equation to predict the likelihood of paternity establishment for a given federal fiscal year.

Monthly scoring

Refer to the process of calculating a probability score for each case based on the regression model and the case characteristics.

OCSE (Office of Child Support Enforcement)

The federal office within the U.S. Department of Health and Human Services responsible for assuring that assistance in obtaining support (both financial and medical) is available to children through locating parents, establishing paternity and support obligations, and enforcing those obligations.

OCSE 157 Report

State officials are required to use the OCSE-157 to report statistical and some financial information on their Child Support Enforcement (CSE) program to the Department of Health and Human Services (HHS). This information will enable the Secretary of HHS to comply with sections 409, 452(a) and (g), 458, and 469 of the Social Security Act (the Act). The Act requires the Secretary to

establish standards for an effective Child Support Enforcement program, to establish minimum organization and staffing requirements, and to make an Annual Report to the Congress on program activities. Information submitted by states will also enable HHS to compute individual state incentive, penalty, and outcome measures to be used in evaluating state performance in running a CSE program. The authority to collect this information is also set forth in regulations at 45 CFR 302.15(a).

Out-of-wedlock

Child born out of wedlock is a child born to a woman who was not married from the conception to the date of birth of the child, or a child that was born during a marriage, but the court has disestablished the legal father.

Outreach

Systematic efforts to inform and educate targeted groups such as hospital staff and expectant parents.

Paternity affidavit

A paternity affidavit is a document that provides parents with a way to voluntarily and legally establish paternity.

Paternity establishment

A mother and father can legally establish paternity by signing a voluntary acknowledgement of paternity, or a paternity affidavit. All states have programs under which birthing hospitals give unmarried parents of a newborn the opportunity to legally establish the paternity of the child. States must also help parents establish paternity up until the child's eighteenth birthday through vital records offices or other offices designated by the state.

Paternity can also be established by a court or administrative order or by default order if the man was served notice of a paternity action but did not take part in the action. Parents are not required to apply for child support enforcement services when acknowledging paternity using the paternity affidavit. A voluntary paternity affidavit becomes a legal finding of paternity. Either parent can complete a Recision of Paternity Affidavit within 60 days to nullify a paternity affidavit.

This project focuses on paternity affidavits signed at hospitals and the establishment of administrative orders and judicial orders.

PEP (paternity establishment pool)

All children born out of wedlock in Iowa on CSRU caseload where paternity is at issue.

Region

In Iowa, there are four regions (Eastern, Central, Des Moines and Western) that contain 23 child support offices.

SPSS

SPSS Statistics is a software package used for statistical analysis. The software name originally stood for Statistical Package for the Social Sciences (SPSS), and the current versions (2015) are officially named IBM SPSS Statistics after IBM acquired the company in 2009.

SFY (State fiscal year)

The state fiscal year in Iowa begins July 1 and ends on June 30.

Target / paternity target

A goal set for each field office and the Bureau of Vital Records for the state of Iowa to achieve the federal paternity establishment performance requirement of 80% out-of-wedlock births. The state must also achieve the rate of 90% to avoid financial sanctions during the federal fiscal year.

Variable

A data element or case characteristic being investigated. In a regression model, the dependent variable is the outcome; an independent variable is a predictor of that outcome.

Viable

Refers to cases that have a higher probability of paternity establishment by CSRU.