

## Cutting Through Complexity

### Using Behavioral Science to Improve Indiana's Child Care Subsidy Program

The Behavioral Interventions to Advance Self-Sufficiency (BIAS) project is sponsored by the Office of Planning, Research and Evaluation of the Administration for Children and Families (ACF) in the U.S. Department of Health and Human Services. The project, led by MDRC, aims to apply behavioral insights to issues related to the operations, implementation, and efficacy of selected programs and policies.

This report describes a collaboration between the Indiana Office of Early Childhood and Out-of-School Learning (OECOSL) and the BIAS team. The OECOSL is the lead agency responsible for administering the state's Child Care and Development Fund (CCDF), which provides child care subsidies to

low-income parents who are working or in school. The BIAS team tested three behavioral interventions related to the CCDF program using random assignment.

The first intervention focused on child care decision making among low-income parents. It aimed to increase the percentage of parents who used their CCDF subsidies to pay for providers in the state's quality rating and improvement system, called Paths to QUALITY (PTQ). The BIAS team replaced the letter and brochure typically sent to parents on the CCDF waitlist with a redesigned packet, which included individualized child care referrals. Some parents also received a personal phone call.

"The BIAS team tested three interventions related to parents' child care decision making and the child care subsidy redetermination process."

**Authors:**

Nadine Dechausay,  
 Caitlin Anzelone

**Emily Schmitt,  
 Project Officer**

Office of Planning,  
 Research and  
 Evaluation,  
 Administration for  
 Children and Families,  
 U.S. Department of Health  
 and Human  
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**Lashawn Richburg-  
 Hayes,  
 Project Director**  
 MDRC

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MDRC  
 16 East 34th Street  
 New York, NY 10016



The intervention ran for four months. Findings showed that it did not increase the overall percentage of CCDF families who chose any PTQ provider; however, being sent a referral list combined with a phone call increased the percentage of parents who chose a highly rated provider by 2.1 percentage points (a 17 percent change).

Two additional tests focused on the CCDF redetermination process. Parents in Indiana had to verify their eligibility at least every six months. The interventions aimed to encourage parents to attend their first scheduled appointment and to help parents complete the process in one appointment. If successful, the intervention would reduce the hassles of redetermination, which may affect the continuity of care. The BIAS team replaced the notification materials normally sent to parents with a redesigned appointment letter, checklist, and reminder postcard.

The first test ran for five months in Marion County. Findings

showed that the behavioral intervention increased the percentage of parents who attended their first scheduled redetermination appointment by 2.6 percentage points (a 5 percent change) and the percentage of parents who completed redetermination in one appointment by 3.2 percentage points (a 5 percent change). It did not change the likelihood that parents would renew on time.

Using a rapid-cycle evaluation approach, the team designed a second intervention using lessons from the first. This test ran for four months. The second intervention increased the percentage of parents who attended their first scheduled redetermination appointment by 10.6 percentage points (a 24 percent change). It did not change the likelihood that parents completed redetermination in one appointment, but it did increase the percentage of parents who renewed on time by 2.7 percentage points (a 4 percent change).