

Child Support Report

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Innovation fosters success in Pennsylvania

By Daniel N. Richard, Director
Pennsylvania Bureau of Child Support Enforcement



The Pennsylvania Bureau of Child Support Enforcement attributes its success to a combination of management principles: acceptance and timely implementation of federally driven mandates; open-mindedness and commitment to innovation in technology; application of law to drive case outcomes; accommodation of changing social patterns; focus on essential elements of child support operations; and a responsive, collaborative relationship with business partners.

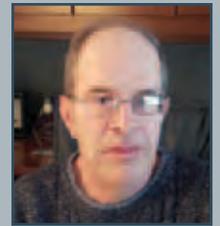
Pennsylvania has met or exceeded all federal performance measures over the past five years. It is perhaps the only state where gross receipts exceed gross receivables, having reduced its outstanding arrears balance to less than \$1 billion from a high of \$5 billion, with total annual collections of about \$1.5 billion. The state's focus on fostering productive cases has increased collections per case and reinforced the mission that child support is a consistent, reliable source of income.

Sixty-seven county Domestic Relations Sections (DRS) of the Pennsylvania Courts of Common Pleas administer the child support program, supervised by the Pennsylvania Department of Public Welfare, Bureau of Child Support Enforcement (BCSE). BCSE obtains guidance, direction, and consensus through various DRS advisory groups that encompass policy, operations, systems and training. Frequent communication and recognition of roles and constraints are critical to developing shared visions and ensuring the success of new initiatives.

Technological innovations

Automation is vital to Pennsylvania's performance. Developing highly automated systems gives DRS staff the tools that drive establishment and enforcement operations to expedite case processing, and encourages a focus on difficult-to-collect cases. DRS staff devotes more time to client-related activities instead of manually managing caseloads to produce more positive performance outcomes.

In addition to the federal performance measures, a key measurement gleaned from the data warehouse is a monthly stratification report that shows, by county, the cases paying at various quintiles (increments of 20 percent). DRS staff uses the information to determine a course of action specific to the identified cases, especially low-performing cases.



Daniel Richard continues our series on change management in the child support program.



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continued



The following innovations enhance case management and improve performance.

- The Performance Improvement Module (PIM) gives DRS staff specific case data to prioritize cases for immediate action based on payment profile, performance metrics, or other selected criteria. DRS staff can identify which cases are negatively affecting collections in real-time to make decisions that improve performance with much greater accuracy and speed. Another case management tool is the DRS Directors' Dashboard, a sub-component of PIM for supervisors and managers to track employee case-management activities. It maximizes collections, performance, and overall organizational outputs with drill-down to the case level. PIM is also used to design, implement and assess special case management projects involving selected groups of obligors.
- With predictive analytics, based on demographics of the payer, DRS staff determines the probability that a payer will meet the monthly support obligation as well as the rate of pay (e.g., 80 percent or less) and targets early intervention strategies. The data also identifies cases that are paying zero percent, which are targeted for intervention. In 2006, the state had 48,524 cases paying 100 percent of the charging order and 49,347 cases paying zero percent of the order. By 2011, 71,105 cases were paying at 100 percent of the charging order, while only 17,306 were paying at zero percent. Now, 63 percent of obligors are paying at a frequency of 80 percent or greater, compared to only 6.1 percent of obligors who pay at zero percent.
- Self-Assessment reports, derived from data warehouse statistics designed to measure case performance in the eight major functional areas of the program, are available to DRS managers in real-time as a case management tool. The Self-Assessment universe is the entire child support enforcement caseload as opposed to a sampling. DRS staff works cases that the reports identify as not meeting one of several federal standards. BCSE compliance audit staff uses Self-Assessment reports to identify risk potential in each DRS.

The program further enhances case management with the Automated Case Closure/Order Modification (ACC/OM) component of PACSES (the statewide automated system). ACC/OM identifies cases that meet federal case-closure standards or state-determined criteria for order modification. Cases identified through this process are queued for either automated case closure or manual review by DRS staff, depending on the criteria to make the selection. The state reduces worker intervention and ensures that cases eligible for closure or modification get immediate attention through automating “next steps” based on operational matrices that

also ensure that federal case closure audit criteria are met.

Automation also has enabled Pennsylvania to process collections and disbursements more efficiently. The state has received or disbursed electronically 80 percent of collections and 99 percent of disbursements. Electronic disbursements are issued within 24 hours of collection.

Pennsylvania uses automated interfaces with government and private-sector entities extensively for locate and wage attachment purposes. The primary interfaces are the Federal Parent Locator Service and Federal Case Registry, Pennsylvania's Department of Labor and Industry for unemployment claims and state new hire information, CSLN (Child Support Lien Network), National Directory of New Hires, and The Work Number (TALX). The latter two resources provide information for locate and wage attachment, which result in systems-generated court orders attaching wages and intercepting other forms of income. The OCSE e-IWO program has 1,379 active employers accepting electronic income withholding orders from Pennsylvania.

Mobile and online tools

Automation provides client outreach tools using common media that customers access most, such as cell phones, tablets, and other portable computers. Pennsylvania is launching a mass texting program to replace a costly interactive voice response system. Clients will receive text message notifications for important appointment reminders and information concerning their support case(s) such as payments. Obligor will be notified of early intervention actions. The child support website helps clients to opt for the method to receive notifications on their support case(s), view payment history, and research child support program information. The website also issues daily e-mail reminders and updated case activity to clients and obligors.

In April 2013, an online application process will allow clients to request support services and provide information to launch a case through the child support website before appearing at the local DRS. The DRS reviews the client's information and may authorize an automated upload of verified case data. The Paternity Tracking System stores in-state and out-of-state paternity acknowledgements to assist the DRS, other government agencies, and hospitals in filing and tracking paternity. Regular outreach to hospitals is key to maintain statewide paternity establishment standards set by federal law.

Success in the Pennsylvania child support program comes from making the best use of automation to get the most collections for families; setting realistic, collectible orders; and embracing new technologies to foster efficiency that drives performance.

To be recognized as a valuable program to our clients, we must make sure child support is a consistent, reliable source of income. We use technology to do what it can in as many cases as possible, reserving staff time to work cases that require specialized intervention to collect support as well as to be responsive to changing family circumstances that require modification of court-ordered amounts.



Commissioner's Voice

The child support program plays many roles in minority health

Two major health care dates are approaching rapidly: October 2013 when the [Health Insurance Marketplace](#) opens for enrollment and January 2014 when health coverage begins. Have you considered what this means to your child support program? Many of

the families we serve might not realize that they are newly eligible for Medicaid and other state health insurance programs or that assistance is available to make health insurance more affordable. It's important to educate families about coverage options and direct them to appropriate resources that will help them with the enrollment process.

The Centers for Medicare & Medicaid Services (CMS) has [resources](#) to help states with their outreach campaigns around health care coverage. The resources offer a brochure in several languages including Spanish, Chinese and Tagalog. The brochure provides ways for consumers to prepare for enrollment and offers important notes about the Health Insurance Marketplace.

CMS has also conducted research on the most effective ways to communicate about the Marketplace to our customers. I encourage you to read "[Talking about the Marketplace](#)" to learn messages to use in your communication and outreach efforts to families.

In addition to work around health, we're helping to improve access to and services for our Latino customers. The Administration for Children and Families (ACF) is hosting a Roundtable at the White House with Hispanic/Latino leaders later this month to discuss opportunities for collaboration with ACF programs, including child support. Latino service providers, advocates and researchers from across the country as well as key HHS and White House representatives are invited to participate in the Roundtable.

Although discussions will center on increasing Latino access to human service programs like Head Start, Child Care, and other ACF programs, the Roundtable will also touch on the Affordable Care Act (ACA) and Latinos. The "lunch and learn" portion of the Roundtable will host an HHS official to discuss the impact of the ACA on the Latino community and offer ways we can help connect families and individuals to coverage.

For additional resources to help you engage with the Latino community, check out these resources:



New OCSE publications

Story Behind the Numbers

The latest OCSE "Story Behind the Numbers" fact sheet discusses poverty. It explains that for families below the poverty level who received child support in 2009, the average amount of child support represented 45 percent of their average yearly income. Find out more in the fact sheet, titled [Custodial Parents and Child Support Receipt](#).

Handbook for Military Families

Child support agencies can share the link to the new OCSE handbook for military families. [A Handbook for Military Families: Helping You with Child Support](#) walks parents through the child support program processes and guides them to helpful resources. It's also accessible from the [OCSE Military & Veterans web page](#).

[Child Support Hispanic Outreach Toolkit](#)

[Spanish ACF Program Directory and Community & Faith-Based Guide to Resources](#)

[Infórmate](#), an ACF newsletter dedicated to Latinos. It offers information on ACF programs, outreach, resources, and employment opportunities.

Vicki Turetsky



If readers have questions or comments about a child support case, please contact your state or tribal agency.

Coordination Points

Child support's ever-growing involvement in economic stability and health

By Crystal Rodriguez, OCSE

This year's Minority Health Month theme is "Advance Health Equity Now: Uniting our Communities to Bring Health Care Coverage to All," a topic that gives child support programs the opportunity to look at health and economic stability holistically.

Five little numbers and your health

A family's zip code says a lot about where they live, work, and play. It tells us whether they have access to public transportation, the quality of their educational system, and the wealth of their local community. When children grow up in economically disadvantaged areas, we know from research that many issues affect their development.

Health isn't only about being active or eating healthy; other factors such as education, employment, and income can affect health outcomes. Children born into poverty are more likely to have behavioral problems, drop out of high school, and have worse outcomes as teens and adults than children who are not born into poor families, according to the report "[Child Poverty and its Lasting Consequence](#)" from the Urban Institute. Minority babies born into poverty face additional barriers. They're more likely than poor White newborns to have a mom as the head of the household, parents who dropped out of high school, and to live in households with jobless adults.

Health care coverage

Health care coverage is an important component of the child support program. The program has a statutory responsibility to address medical support in all our support

Over the past 40 years, 16 percent of children were born to poor parents, with minority children most affected, according to the report "[Child Poverty and its Lasting Consequence](#)."



The [report](#) also shows that minority children are less economically secure than White children: 46 percent of poor, Black newborns live in deep poverty; 30 percent of poor, White newborns live in deep poverty.

orders. In addition, the program helps raise families out of poverty, and achieve and maintain economic stability. It improves parents' economic stability through:

- State and tribal program collection and distribution of child support;
- State and tribal projects that help noncustodial parents find and keep a job; and
- Federal discretionary grants that help support economic security services to low-income noncustodial parents.

The OCSE [Economic Stability fact sheet](#) offers additional examples of ways state child support programs are improving economic stability for families that ultimately improve their children's future well-being.

April is National Minority Health Month



The theme for [Minority Health Month](#) is "Advance Health Equity Now: Uniting our Communities to Bring Health Care Coverage to All." Visit the [Office of Minority Health](#) website for messaging, tools, and more on minority health.

HHS relaunches HealthCare.gov

By Adrienne Stokes, OCSE



Screenshot from the [Marketplace video](#) on [Healthcare.gov](#). The video explains the process for finding new health care insurance options, beginning in 2014.

HHealthCare.gov contains new information! HHS recently relaunched the website with updates about the Affordable Care Act and more. When key parts of the Affordable Care Act take effect in 2014, individuals, families and small businesses will have a new way to get health insurance. October 2013 begins open enrollment.

The [Marketplace](#) is a virtual one-stop shop for families' insurance needs. It gives Americans who are uninsured or who buy their own coverage a new way to shop for insurance. For the first time, families can go to one place to learn about health insurance, get accurate information on different plans, and make apples-to-apples comparisons of private insurance plans. They can get comprehensive information about benefits and quality, side-by-side with facts about price, to help them make the best coverage decision. Families can learn, with a single application, if they qualify for a free or low-cost plan or a new kind of tax credit that lowers their monthly premiums right away.

Visit the website to sign up for e-mails and text messages with updates and information, and follow or join the conversation on Twitter, Facebook, Tumblr, YouTube and other social media. See the [Health Insurance Marketplace](#) tab for details.

What can child support agencies do?

An OCSE [policy document](#) (issued in December) encourages state child support agencies to partner with other programs through activities, including outreach, referral, and case management, to meet child support goals. Ensuring that families have good health care coverage is key to the child support program's role in obtaining medical support; therefore, states can use federal funds for many activities

that support increased health care coverage. Specifically, child support programs can increase health care coverage in these ways:

- Carry out medical support activities, such as establish and enforce cash medical support.
- Offer information and referrals to Medicaid, Children's Health Insurance Program (CHIP), and other coverage options.
- Provide a medical support facilitator to work with families in the child support program to help with enrollment in appropriate health care coverage.
- Develop and implement child support referral policies for families who receive Medicaid.
- Develop and implement child support education and outreach for families whose children are on CHIP.
- Provide cross training on child support and children's health coverage for child support, Medicaid and CHIP workers.
- Develop and offer training on health care coverage for stakeholders in the legal system.
- Review and modify guidelines about medical support.
- Develop and implement referral strategies for noncustodial and custodial parents to Medicaid, CHIP, insurance exchanges, and other health care services.
- Make best use of resources among agencies by sharing outreach materials and information.
- Collaborate on grant projects and initiatives to connect children to health care coverage.

FYI: Electronic health records for children

Electronic health records (EHRs) for children can ensure access to information about the care children receive in school, when visiting their primary-care provider, and in emergency settings. However, many EHR systems we see today don't capture or process health information for and about children. Existing EHR systems cannot simply be scaled down for children, as their unique and evolving characteristics create distinct needs.

The Department of Health and Human Services is working across multiple agencies to ensure that the benefits of EHRs are available to kids. As part of the CHIP Reauthorization Act of 2009, the Centers for Medicare & Medicaid Services are working with stakeholders to develop appropriate electronic clinical quality measures for children. Additionally, CMS has worked with the Agency for Healthcare Research and Quality to create a Children's EHR format to guide EHR software engineers in creating records that address children's unique needs. You can learn more on [children and health information technologies](#).

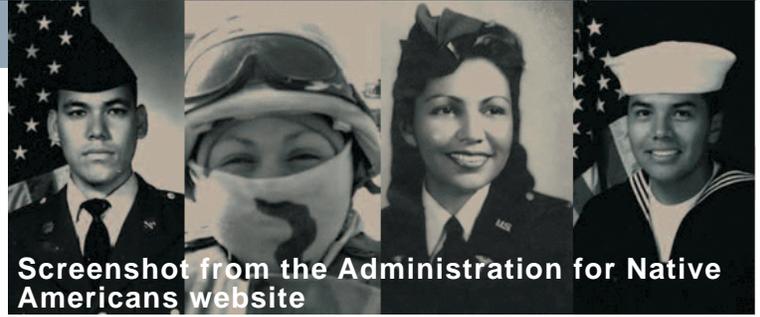
Storytelling for Healing

Resources for Native American veterans

In honor of [Minority Health Month](#), *Child Support Report* readers may be interested in [Native American Veterans: Storytelling for Healing](#), a website developed by the [Administration for Native Americans](#) (ANA). It offers web-based resources and a DVD that cover issues that are important to Native American military veterans as well as the people and communities important to them.

Veterans face many challenges when transitioning from their military lives into their communities and families. This can be especially challenging for those who have been in combat. Storytelling for Healing offers important topics such as a historical perspective with statistics from previous wars; Post-Traumatic Stress Disorder (PTSD); the role of ceremony in service and healing; and resources for Native American veterans.

The DVD features interviews with Native American veterans who served in World War II, Vietnam, the Gulf War, and Operation Iraqi Freedom. They discuss issues that these veterans deal with today as military veterans.



Screenshot from the Administration for Native Americans website

Families may find the website helpful with insights into PTSD and information on issues facing today’s Native American veterans. Communities interested in reaching out to their veterans can use the [Tips on Using ‘Storytelling for Healing’](#) page to develop outreach events. It offers facilitation questions to go along with the web-based information and DVD.

Visit the [Native American Veterans: Storytelling for Healing](#) website to find out more. To order the Native American Veterans: Storytelling for Healing DVD, contact the ANA Helpdesk at ANAComments@acf.hhs.gov or 877-922-9262.

Kim Danek, OCSE

WE R NATIVE

Prevention and health information for Native teens

The messages that people relate to the most are the tones that contain the language, images, and even the tone they can connect with based on their culture or community. The Northwest Portland Area Indian Health Board (NPAIHB), www.npaihb.org, felt that information geared towards Native American teens and young adults was difficult to find, so board members developed a website for

Native Indians and Native Alaskans. The website, called We R Native (www.WeRNative.org), provides information and resources for and by Indian youth.

We R Native has three main sections: My Body, My Mind, and My Culture. Get Involved offers visitors a place to express themselves through videos, polls, and news postings by and about Native youth. The Ask Auntie feature answers questions that some may not feel comfortable asking in other venues.

With funding from the President’s National HIV/AIDS Strategy and the Indian Health Service, We R Native is able to offer more than a website—it is a multimedia health suite of resources with a text messaging service, Facebook page, YouTube channel, Tumblr account, Twitter feed, and print marketing materials.

The We R Native website is one way that an organization reaches out to its audience in a manner that appeals to the members and gives them a healthy platform for learning and self-expression.

Ja-Na Bordes, OCSE



Screenshot from WeRNative.org

Winnebago's new payment system improves customer service

By Garry Little Walker, Financial Specialist
Child Support Program
Winnebago Tribe of Nebraska

The Winnebago Tribe of Nebraska Child Support Program has a new payment disbursement system that's helping financial specialists manage support payments while improving customer service. The system uses a Tribal Prepaid Card that eliminates the possibility of lost or stolen checks, costly check cashing fees, and postal service delays. The specialists do their job more quickly and easily so they can provide better, easier and safer customer service.

Cardholders say they appreciate direct deposits, friendly customer service interactions, and payment notifications through text or e-mail messages. Financial specialists like the new system because it cuts down on processing time; they can run their monthly reports automatically; and immediate posting minimizes phone calls from parents who are following up on payments.

The prepaid card vendor makes its income by charging interchange fees to merchants; the system costs the tribe nothing. The vendor, however, does apply minimal fees to cardholders, so the Winnebago program created an information sheet to help parents minimize these charges.



From left: Anita Little Walker, director of the Winnebago child support program; Garry Little Walker, financial specialist; and Nikki Lerma, child support specialist.

Although child support programs have different financial processes, many could easily adapt to a prepaid card system. Positive metrics could quickly help leaders see the benefits, which could help win Tribal Council approval. The Winnebago Tribe has disbursed 320 payments for \$50,000 to custodial parents since last fall, and anecdotally believes the process has paid off in time efficiency and paper and postage dollars saved. One financial specialist said, "The prepaid card has reduced my daily workload by 4 hours, as there are no longer checks to print, sign, record and mail."

The Winnebago program has yet to find a downfall with the Tribal Prepaid Card system. The friendly (and free to the tribe) prepaid card service has successfully enhanced operations and motivated the program to encourage all tribal programs to explore the option of a prepaid card service. For more information, contact Garry Little Walker, 402-878-2164 or garrylw@winnebagotribe.com.

Tech Talk



Matches increase for Intergovernmental Case Reconciliation

By Cindy Dean, OCSE

The Intergovernmental Case Reconciliation (ICR) is 9 years old and getting better each year, thanks to state caseworkers and their federal OCSE partners.

The more mobile our society—20 percent of the population moves each year—the greater the challenge of managing interstate cases. In the past, caseworkers spent hours just trying to find out if a case existed in another state. Not knowing the other state's case identifier hampered communication and case activity. The growing problem led to the ICR project, an effort between states and OCSE to reconcile interstate cases, and for OCSE to give states the

correct case identifier for shared cases.

The initial match rate of 32.5 percent in 2004 rose to an 86.2 percent rate in 2012. Eighteen states are more than 90 percent reconciled. Each year, with valuable input from states, we can further refine the match using "reason codes" to pinpoint required actions. Only 8.3 percent remain "unreconciled." This year, OCSE plans to target these cases and add a quarterly supplemental match.

The next ICR match is set for April, with the ICR-FCR (Federal Case Registry) supplemental match to follow. For questions, contact Cindy Dean at cindy.dean@ngc.com.

Access & Visitation Hotline offers answers to vexing problems

By Janece Rolfe, Communications Manager
Texas Office of the Attorney General
Child Support Division

Two of the most frequent complaints that the Texas Child Support Division hears from parents are: “Why should I pay my support when she won’t let me see the kids?” and “I wish he’d visit the kids more often; can’t you make him do that?”

Texas child support staff members usually tell the parents: 1) child support and visitation are two separate issues; or 2) they would have to consult an attorney because the Child Support Division could not enforce visitation orders. Generally, these responses lead to frustration and dissatisfaction on everyone’s part. Parents hear “we don’t do that” but often take it to mean “we don’t care” even though most child support employees wish they could do more.

Fortunately, frustrated Lone Star State parents can get help. The Texas Access and Visitation (A&V) Hotline, funded by federal Access and Visitation grant dollars, is one of the single most effective resources for assisting parents with resolving their visitation struggles. The A&V Hotline also gives child support staff a way to provide real help to parents who are having issues with visitation.

Legal Aid of North West Texas, in collaboration with the Texas Child Support Division, takes calls weekday afternoons from 1 – 7 p.m. Parents can also go to the hotline’s companion website, www.txaccess.org, to get information and download sample materials and tools for assistance with child access issues.

The 10-year-old hotline is the only service of its kind in the nation. A&V Hotline attorneys are trained in child support policies and procedures so they can answer callers’ questions about the child support process, parenting time agreements, and family violence protections. About 35 percent of the hotline’s calls prepare parents for the child support establishment process. The lawyers can also provide parents with free assistance related to child custody and visitation issues, paternity and child support information, and medical support requirements. Their one limitation is that hotline attorneys cannot offer legal representation to callers and do not have access to IV-D child support cases.

With more than 3,000 callers a month and thousands more finding help online, the Texas A&V Hotline and website are valuable customer service tools for child support staff and useful resources for parents who have custody and visitation questions or complaints.

Child Support Report

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Every child
needs the
love of
both parents

English >
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TXAccess.org
A resource for non-custodial parents

By Legal Aid of North West Texas
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