Embracing 2-Gen: Findings from the District of Columbia's TANF Survey

MAY 2018

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Executive Summary

Background

Temporary Assistance for Needy Families (TANF) is a federal block grant program intended to support very low-income families through the provision of cash assistance while working to support these families to move off welfare and into (or further into) the workforce, among other purposes. The District of Columbia (District) Department of Human Services' (DHS) TANF program has recently undergone an evolution designed to better enable families to improve their well-being through the adoption of a Two Generation (2-Gen) Policy, most of which took effect on April 1, 2018. As a result of the 2-Gen Policy, the TANF grant is split between a parent portion (valued at 20% of the total TANF benefit) and the child enrichment grant (valued at 80% of the total TANF benefit). The 2-Gen Policy also provides for the following three changes to the TANF program:

Program change 1: Elimination of time limits for families who receive TANF

Program change 2: Increase in the amount of cash assistance provided to families who have received TANF for 60 (cumulative) months or more (see Table 1)

Program change 3: Cap of 6% of the TANF benefit as the maximum sanction level for adults' non-participation in work activities (sanctioning only the parent portion of the TANF cash grant)

Table 1. **INCREASE IN AMOUNT OF CASH ASSISTANCE**

Size of TANF Assistance Unit (Family Size)	FY 2018 Monthly Payment for Families Who Have Received TANF for 60 Months or More	
	Prior to 4/1/18	Effective 4/1/18
1	$109	$362
2	$138	$450
3	$174	$575
4	$214	$703
5	$246	$811
6	$290	$953
7	$332	$1,093

To support the policy change, DHS is also bolstering the service delivery vehicles, which include performance based contracts, nationally recognized barrier remediation programs, and partnership with sister agencies. Additionally, DHS is working on program marketing and targeted customer engagement strategies.

To assess the impact of these program changes on families receiving TANF, DHS has partnered with the Center on Policy Innovation for Family Mental Health at Yale University's School of Medicine on baseline and follow-up surveys covering key financial, health, and well-being indicators for both adult and child customers. A baseline survey was developed by Yale in collaboration with DHS and was administered by DHS between March 6, 2018 and April 10, 2018 to individuals who were: 1) at least 18 years old; 2) receiving TANF cash assistance; 3) the head of household and primary caregiver of a child age 18 or younger; and (4) had a phone number on file with DHS. A total of 565 surveys were completed by customers receiving TANF. The survey is based on self-reporting only and was not augmented by any administrative data.

Because the analytic sample was sufficiently large and included a randomized methodology in part, the findings throughout the report suggest characteristics of not only just the sample, but also of individuals receiving TANF in the District generally. Generalizability, however, is limited by the inclusion of convenience sampling in the methodology. Still, references are made to "customers" and not "survey respondents" for ease of understanding.

Key Findings

The average customer:[*]

- Indicated English was their primary language;
- Reported age as 33 years old;
- Identified as Non-Hispanic Black or African American;
- Indicated that they had never married;
- Reported living with three people other than themselves in their home including children or family members who may not receive TANF;
- Reported a household income of $8,000 in 2017; and
- Reported completing high school.

Additionally, the majority of customers:

- Reported receiving TANF for more than 60 months (52%);
- Indicated that TANF assistance has helped them meet their basic needs (76%) and helped them pay their bills (67%);
- Indicated that they were <u>not</u> aware of the changes that are part of the 2-Gen Policy (56%);
- Screened positive for depressive symptoms indicative of clinical depression (60%);
- Reported participating in the TANF Employment Program (TEP) (65%);

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[*] Here and throughout the remainder of the report, "customer" refers to an adult receiving TANF who is the head of the household and primary caregiver of an individual 18 years of age or younger. Additionally, except where noted, "average" means "mean" in this report.

- Reported not working for pay (81%);
- Indicated that they could not come up with <u>any</u> money in the event of an unexpected need (63%);
- Reported experiencing food insecurity in the past 12 months (60%);
- Indicated an inability to pay their utility bills (55%);
- Reported caring for a child in diapers (39%);
  - Of customers who expressed diaper need, a majority borrowed diapers or money to meet their child's diapering needs (66%).
- Indicated that they a child currently enrolled in school (78%); and
- Reported that their child regularly received well-child check-ups (92%).

The survey also reflected characteristic differences in responses based on the length of time on TANF. Customers who had been receiving TANF benefits for 60 months or less, customers who had been receiving TANF benefits for more than 60 months (cumulatively) were significantly:

- Less likely to report receiving government assistance to pay for housing (34% versus 58%);
- More likely to report having moved in previous year due to not being able to afford rent (19% versus 10%); and
- More likely to report having experienced homelessness in the previous 12 months (38% versus 22%).

Finally, customers who had been receiving TANF benefits for more than 60 months reported fewer depressive symptoms than those who had been receiving TANF for 60 months or less.

Recommendations

Employment and training. The data suggest significant challenges in customers obtaining work for pay, even though participation in TEP is high. We recommend continued deepening of DHS' investment in barrier remediation, including housing and childcare – the top barriers to working cited by customers.

Emergency Department (ED) utilization. Over 40% of customers reported going to the ED in the past year, and more than a third of customers noted their youngest child had done the same. We encourage continued partnerships with wellness and healthcare agencies in and out of government and deeper qualitative exploration of the reasons behind these high rates.

Mental health. There is a high demonstrated need for mental health support, particularly for depressive symptoms, as reported by customers on the depression screening tool administered as part of this survey. While DHS conducts general mental health screening to identify depressive symptoms, screening alone will not change mental health outcomes for TANF customers. Instead a comprehensive system of in-depth mental health assessment, provision of mental health treatment (such as that to be provided by the DC MOMS Partnership®), and referral to any additional mental health resources beyond those currently available through other government agencies would likely

improve outcomes for families involved with TANF. We recommend deepening investments in mental health supports that have track records of improving outcomes.

Diaper need. Diaper need is a risk factor for parental depressive symptoms and poor child health outcomes such as urinary tract infections.[1] The high rate of diaper need (40.1%) among customers with a child in diapers could be addressed through referrals to and partnerships with the Greater DC Diaper Bank.

Housing. Housing instability was relatively high. Given that less than one-half of customers were connected to housing supports, we suggest exploring the option of including navigation of supports and planning for housing stability as part of DHS' case management and coaching work and assessing housing need at each annual recertification of TANF eligibility.

Policy changes. Although customers anticipated the District's TANF policy changes having a positive impact on their lives, it will be important to hear from customers if this is the case and to better understand the ways in which these changes impacted their lives. We recommend specifically assessing how customers whose benefit level will increase as a result of these policy changes spend the extra money. It will also be important to explore any unintended negative consequences these changes may have in customers' lives. We recommend including specific questions about the impact of the policy changes in follow-up surveys and through focus groups.

Customer communication. From consultation with DHS, it appears that a number of survey findings (e.g., almost one-half of customers said they were unable to afford childcare or monthly transportation costs) might be explained by low uptake of existing supports that are available to customers from DHS and its partners, though it is beyond the scope of this survey to know definitively. We recommend experimentation with, and study of, additional marketing strategies as one way to help address the needs illustrated by this survey. More broadly, we also recommend studying the "why" of the findings indicating significant need to learn the extent to which benefits are adequate, services are effective in improving outcomes (in contrast to outputs), and changes may be warranted beyond marketing existing opportunities. In any study, we recommend always analyzing (or sharing with partners for analysis) administrative data to reduce the bias of self-reported data.

Measuring impact over time. We recommend following these customers and repeating a similar version of the baseline survey after all three program changes of the 2-Gen Policy have been in effect for 12 months and 24 months.

Background

The District's TANF Program

Temporary Assistance for Needy Families (TANF) is a federal block grant program intended to support very low-income families through the provision of cash assistance while working to move these families off welfare and into the workforce, among other purposes. Under the 1996 Personal Responsibility and Work Opportunity Reconciliation Act, states and territories are allowed a large measure of discretion to, for example, determine eligibility for TANF and how funds are spent, as long as the expenditure fall into an eligible purpose. However, states and territories must require many individuals receiving TANF to engage in work activities and must impose sanctions (i.e., reduction or termination of benefits) for customers who do not meet the work activity requirement and are not otherwise exempt.[2] Federal law provides a 60-month time limit on assistance using federal dollars; however, states and territories can extend the 60-month limit for up to 20% of their caseload based on hardship using federal TANF funds[3] and they can provide continued benefits with state or local funds.

Although some success attributable to TANF was found in the late 1990s and early 2000s, gains in employment and other metrics of TANF success have been lost since the decline of the American economy starting in 2007.[4] Economic and policy research has shed light on how reductions in TANF benefits through sanctions and lifetime limits has weakened protection for families against the negative effects of deep poverty, yielding poor health, economic, and child well-being outcomes.[5,6,7,8]

Housed at the District of Columbia (District) Department of Human Services (DHS), the District's TANF program has recently undergone an evolution designed to better ensure the well-being of families, with a new focus for children.

In 2011, the District enacted legislation to impose a 60-month lifetime limit with a progression of stepped down benefits. However, the District never fully implemented this restriction and instead continued to provide benefits beyond the 60-month limit at a reduced benefit level. The District's Mayor, Council, and DHS leadership recognized that the District's TANF program offered innovative services but was not providing enough support to customers due to punitive and cumbersome sanction and time-limit policies. As such, the District recognized that there needed to be a hardship policy where some families, under some circumstances, were eligible for benefits beyond 60 months. There was no consensus, though, as to which families and under which circumstances.

In 2016, Mayor Bowser recommended a 12-month extension of benefits for families who have been receiving TANF assistance for more than 60 months and, along with the DHS Director, convened a TANF Working Group to develop data-driven recommendations for who should be allowed to continue on TANF after 60 months and for what reasons. Concurrently DHS researched national best practices, conducted detailed reviews of DHS TANF program data, and designed a survey that DHS administered to over 2,500 customers who had been receiving TANF benefits for more than

60 months in order to better understand the challenges and barriers customers were facing (2016 Family by Family Survey).

Utilizing the information gathered, including the findings from the 2016 Family by Family Survey, the TANF Working Group identified two core values that the District's TANF program should uphold: 1) protecting the well-being of children through keeping cash income in the home is paramount, and 2) providing services that build capacity of parents to increase their economic security through meaningful engagement in education and employment activities should be a program requirement. These values aligned with a shift underway in the program's approach from a traditional but narrow focus on employment outcomes to a two-generational approach focusing on the well-being of the whole family – children and their caregivers.

(More details on this working group and their findings and recommendations can be found in the *Recommendations for Development of a TANF Hardship Extension Policy for Washington, DC Report*, by Barbara Poppe and Associates.)

Grounded by a focus on those values, the TANF Working Group recommended a Two-Generational Policy (2-Gen Policy) that was ultimately adopted by DHS and funded by the FY18 Budget Support Act. The 2-Gen Policy effected three program changes, centered on the two core values identified by the TANF Working Group and embraced by DHS leadership:

Program change 1: Elimination of time limits for families who receive TANF

Program change 2: Increase in the amount of cash assistance provided to families who have received TANF for 60 (cumulative) months or more (see Table 1)

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Most of the 2-Gen Policy took effect on April 1, 2018. These policy changes position the District's TANF program to be more beneficial to customers. DHS leadership has prioritized studying the impact of these policy changes to assess whether (and, if so, to what extent) the District's intentions to improve the well-being of families, especially their children are realized.

Measuring the Impact of Policy Changes

Partnership

With philanthropic support, the Center on Policy Innovation for Family Mental Health at the Yale University School of Medicine (Yale) is providing technical assistance free of charge to DHS to (1) help assess the effects of the 2-Gen Policy on mental health and other indicators of individual and family well-being through a customer survey and (2) replicate the MOMS Partnership® through the TANF program in the District informed by the findings of the survey. The MOMS Partnership is a program to reduce depressive symptoms among over-burdened, under-resourced women that has achieved significant movement on key health and economic outcomes. Specific to the policy change evaluation, Yale agreed to advise DHS on the design of the survey instrument and methodology at baseline and in follow-up, to train survey administrators, to clean and analyze the survey data, and to write reports about the survey that would highlight findings. DHS' responsibilities include working with Yale on finalizing the survey instrument and methodology; recruiting, supporting, and supervising DHS staff at the Office of Work Opportunity as well as staff of TEP provider sites to administer the survey; ensuring survey administration; and assisting in data cleaning.

Survey Design and Methodology

Yale outlined a recommended methodology for a robust baseline assessment of customers prior to the full adoption of the 2-Gen Policy (available in Appendix B).

Theory of Change

A theory of change (TOC) was developed by Yale, in partnership with DHS, to articulate the hypotheses of the effects of the District's TANF 2-Gen Policy. This TOC was developed through an extensive review of research and policy literature. Outputs and outcomes were selected by Yale based on this literature review and direct feedback from DHS. Outputs were divided into two general categories: "Family Well-being" and "Spending Behaviors"; outcomes were divided into three general categories: "Adult Health," "Adult Finances," and "Child Well-being." A detailed description of how these were selected, and the outputs and outcomes hypothesized can be found in Appendix A.

The Survey Instrument

Yale designed a survey using an interview format and included questions covering all outputs and outcomes named in the TOC. When possible, Yale used existing psychometrically validated questionnaires to assess baseline outputs and outcomes, as well as adapted questions from DHS' 2016 Family by Family Survey and the MOMS Partnership® Needs Assessment and developed new questions when needed. Validated measures used in the survey were: Parent Child Relationship

Inventory (PCRI);[*,9] Center for Epidemiological Studies-Depression Scale (CES-D);[10] Medical Outcomes Study Social Support Survey (MOS-SSS);[11] Generalized Anxiety Disorder Screener (GAD-2);[12] USDA Food Sufficiency Question Screener;[13] Perceived Stress Scale 4-item version (PSS-4).[14] Additional survey questions were used or adapted with permission.

After questions had been finalized and approved by both Yale and DHS, Yale programmed the survey into Qualtrics, which is a cloud-based, HIPPA-compliant platform that is licensed through Yale University. A staff member at Yale created and conducted a two-part webinar training to provide DHS survey administrators training on the purpose of the survey, best practices in human subjects' research (e.g., obtaining informed consent, engaging customers, avoiding leading questions), as well as technical training on how to use the Qualtrics platform. Two (2) DHS staff oversaw the training and were able to provide assistance to the survey administrators through the data collection period.

The Survey Methodology

Specific details on Yale's initial survey methodology recommendations and the final methodology that was used can be found in Appendices B and C, respectively. The sampling strategy evolved over the course of survey administration period due to low initial response rates, time restrictions and the feasibility of the methodology. This report reflects an overview of the methodology that was utilized by DHS.

DHS used the following eligibility criteria where an eligible survey participant:

1. Was at least 18 years old as of March 1, 2018;
2. Was receiving TANF cash assistance as of March 1, 2018;
3. Was the head of household and primary caregiver of a child age 18 or younger as of March 1, 2018; and
4. Had a phone number registered with DHS as of March 1, 2018.

DHS staff generated a list of adults who met eligibility criteria one (1) through four (4), yielding a pool of 8,507 customers. From this static list, customers were randomly pulled and assigned to survey administrators to call to ask customers if they would like to participate (via phone or in-person, as randomly assigned in accordance with the ratios originally established [see Appendix C]) in the baseline survey and to educate customers about the then forthcoming TANF policy changes.

DHS also utilized convenience sampling where survey administrators reached out to customers who were present at TANF Employment Program (TEP) provider sites or selected DHS Service Centers (Fort Davis and Anacostia) during their normal course of business at the site. Eligibility was determined and confirmed by the survey administrator and the survey was conducted on a paper form, but still utilized an interview format. All customers received a $40 gift card for their participation.

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[*] Licensing requirements to use this instrument were secured by Yale.

There were several limitations of the methodology used. Data collected heavily relied on self-report (a few indicators were pulled from DHS administrative data) and therefore may be biased because of the social desirability inherent in some questions (e.g., "Being a parent comes naturally to me."). To minimize bias, we utilized standardized and validated questionnaires when possible, and trained survey administrators on how to ask the survey questions in a non-judgmental, unbiased way. Self-report data are also subject to recall bias, and therefore validity of the data may be diminished. A second limitation is the utilization of convenience sampling (customers who were interviewed at TEP provider sites or DHS Service Centers). These customers may not be representative of the eligible TANF population, as the customers at those sites may be different in key ways (e.g., more likely to be engaged in TANF services) than the general eligible TANF population. However, the final sample is large enough, and the proportion recruited via random sample was large enough (71%), that survey findings can be generalized to the District's TANF population.
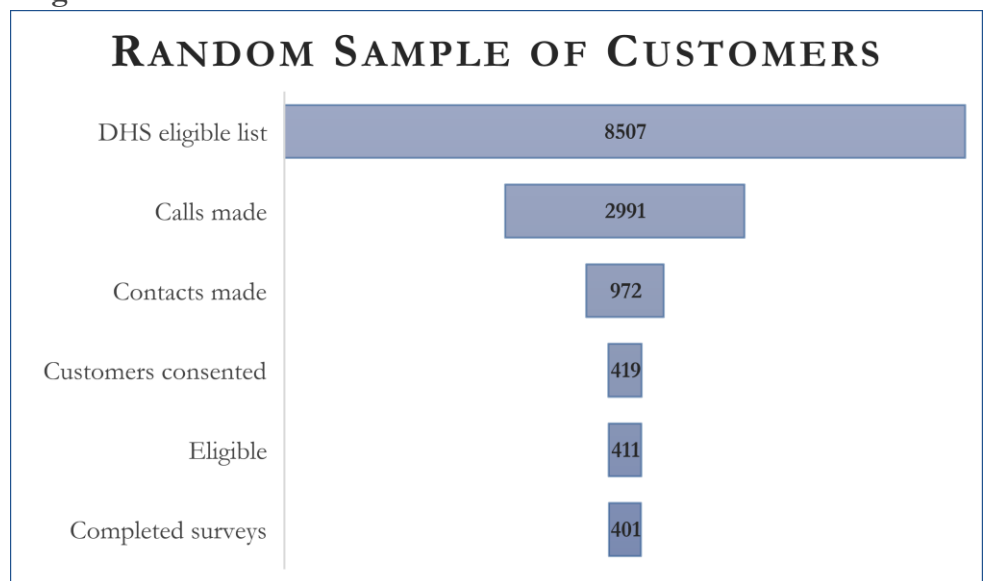
A third limitation is the selection bias inherent in a methodology that relies on individuals to opt in, as there may be characteristics of respondents prompting their participation that differ from the overall population. Finally, the data reflect a single point in time (cross-sectional) and thus are limited in their ability to predict future behaviors and outcomes or make any explanatory claims, even when comparing between subgroups (e.g., customers who have received TANF benefits for 60 months or less versus those who have received TANF for longer).

During the survey administration period, both DHS and Yale closely monitored progress. DHS monitored outreach and survey administration metrics daily. Throughout the entire survey administration period Yale provided weekly progress and data cleaning reports and beginning on March 15, 2018, Yale began to provide daily reports on the number of interviews completed by administration type.

Survey Participation

DHS generated a list of 8,507 customers who met the eligibility criteria. One hundred sixty-four (164) customers (29% of the final sample) completed the survey at a TANF Employment Program (TEP) provider or Service Center site (convenience sample), and 401 customers (71% of the final sample) completed the interview via phone administration or by appointment

Figure A

RANDOM SAMPLE OF CUSTOMERS

DHS eligible list	8507
Calls made	2991
Contacts made	972
Customers consented	419
Eligible	411
Completed surveys	401

(random sample), yielding a final total sample of 565 interviews to be included in the analysis. Figure A illustrates how many customers were reached through random sampling efforts.

Analyses

Standard data cleaning procedures were used (e.g., ensuring responses fell within question parameters). Yale and DHS worked collaboratively to reconcile all data entry errors, confirm missing data, and determine completeness of surveys. (Based on the data and the structure of the survey, Yale defined a "completed survey" as a survey in which the customer completed the first three [3] out of six [6] sections of the survey.)

Data cleaning also involved some recoding. Some survey questions included 'Other' as a categorical response option. In most instances, customers were asked to explain why they selected 'Other'. Their responses were recorded as open-text. Where feasible and appropriate, open-text responses that clearly fell into an existing category were coded back into the appropriate category. This is standard practice when interpreting survey data. This report notes wherever data have been back-coded as described here.

After finishing the data cleaning with DHS, Yale completed data analysis on the final, analytic sample (that is, sample of completed surveys yielding the data that was used for analysis). Descriptive data were analyzed using basic analyses, such as frequencies for categorical variables (such as gender, where responses fall into a particular category) and means for continuous variables (such as income, where responses are a numerical value).

As part of its analysis, Yale also looked at possible differences on key questions between customers who have been receiving TANF benefits for 60 months or less compared to customers who have been receiving TANF benefits for longer. Here, categorical data were examined using chi-square analyses, which test to see if there is a statistically significant association between two variables (e.g., time receiving TANF and stable housing). Continuous variables were examined using a non-parametric test, the Wilcoxon rank-sum test, which tests if there is a statistically significant difference on a continuous variable (income in this case) between two groups. Both chi-square and Wilcoxon rank-sum test alphas were set at 0.05, meaning there is only a five percent (5%) chance that any finding is a result of chance. These tests help us understand differences between these groups but do not allow for any predictive interpretations (whether these differences hold up in the future) or explanatory interpretations (why any differences exist).

Findings

A note on the presentation of findings. First, customers interviewed were free to skip any question they did not wish to answer; when a customer skipped a question, we have "missing data." Therefore, counts presented in tables for certain subcategories of questions may not add to the total number who answered the question due to missing data.

Second, percentages may not sum to 100% due to rounding.

Third, in the tables and text throughout the report, we use "N" to be the total sample size and "n" to be a subset of the sample. In other words, "N" refers to the total number of units (e.g., customers, households) in the sample under study. For example, "we assessed emergency department admissions of all customers admitted to the emergency department during a one-month period (N = 127)." In the text and the tables, "n" refers the number of units in a subgroup of the sample under study. For example, of the TANF customers admitted to the Emergency Department (N = 127), the most frequent reason for admission was asthma (n = 38). Note that not all questions in the survey were relevant for all customers (e.g., diaper need questions only applied to customers who said they were caring for a child in diapers); in these cases, findings are presented for a subgroup of customers and the corresponding number of people for whom the question or finding is relevant is noted.

Finally, for data from the PCRI, raw scores are reported, as the normed scores could not be accurately computed because the gender of the customer completing the survey was not provided by DHS or sourced through the survey due to the protection of Personal Health Information.

A note on the terminology used in the findings. Because the analytic sample was sufficiently large and included a randomized methodology in part, the findings that follow suggest characteristics of not only just the sample, but also of customers in the District generally. Generalizability, however, is limited by the inclusion of convenience sampling in the methodology. Still, throughout the "Findings" section below, references are made to "customers" and not "survey respondents" for ease of understanding.

Demographics

The majority of customers reported that they had never been married, identified as Non-Hispanic Black or African American, and reported being an average of 33 years old (median of 31 years old). Customers reported living with an average of three individuals (not including themselves) in their household (2.9 people ± 1.6). The majority reported that they were born in the United States mainland and spoke English. About 40% of customers indicated that they had completed high school or obtained their GED®, and 30% of customers reported having taken some college or vocational classes (but not achieved a college degree). Table 2 details additional characteristics of customers.

Table 2. CUSTOMER CHARACTERISTICS (N=565)	Percent	n
Race/ethnicity		
Asian	0.2%	1
Black or African American, Hispanic	5.1%	29
Black or African American, Non-Hispanic	88.8%	502
White, Hispanic	0.5%	3
White, Non-Hispanic	0.5%	3
Additional category	2.3%	13
Marital status		
Married	5.3%	30

Table 2. **CUSTOMER CHARACTERISTICS (N=565)**	Percent	n
Living with partner	5.0%	28
Divorced	4.1%	23
Separated	4.1%	23
Widowed	0.4%	2
Never married	80.7%	456
Household income (previous year in dollars)		
8,000 or less	68.3%	386
8,001-12,000	15.0%	85
12,001-20,000	7.6%	43
20,001-30,000	4.2%	24
30,001 or more	1.2%	7
Primary language		
English	98.1%	554
Spanish	0.4%	2
Different language	0.2%	1
Country of birth		
US mainland	93.8%	530
US territory	0.4%	2
Different country	1.8%	10
Education		
< high school	5.1%	29
Some high school/some GED®	16.6%	94
Completed high school/GED®	41.9%	237
Some college/vocational school	29.7%	168
College graduate	4.4%	25
More than college	1.4%	8

*Numbers in the n column do not sum to the N, and percentages do not sum to 100%, due to missing data.
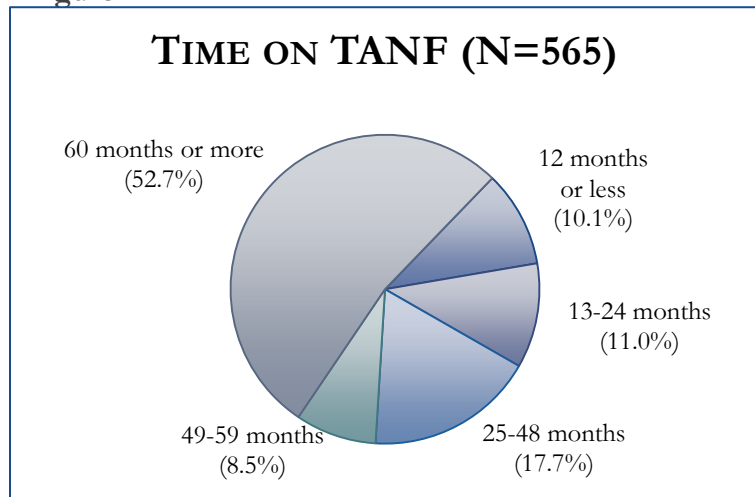
Government Benefits

Time on TANF

Over one-half of customers reported receiving TANF for 60 months or longer. The second highest percentage of customers survey reported receiving TANF for 25 to 48 months. Figure B illustrates the length of time, by coded category, that customers have been receiving TANF benefits.

Work Requirements

Seventy six percent (76%) of customers reported that they were required to participate in work activities in order to receive cash assistance. Three hundred sixty-one (361, or 64% of) customers reported participating in TEP. Table 3 details reported TEP participation by customers as well as participation in other services designed to help customers advance in the workforce.
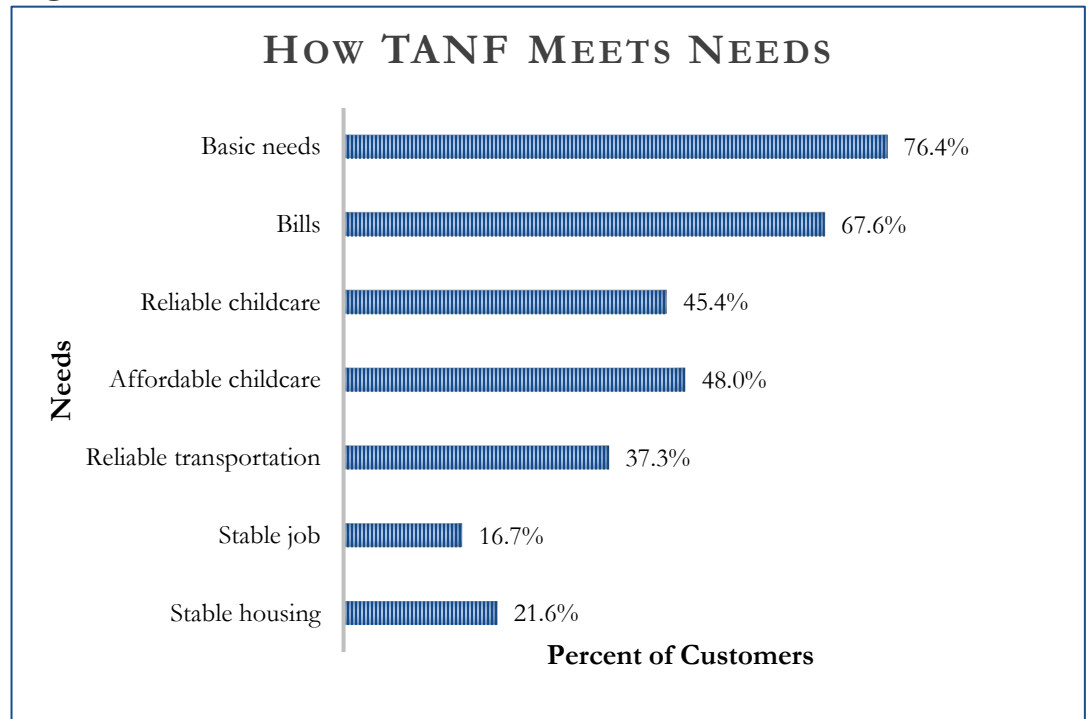
Figure B

TIME ON TANF (N=565)

60 months or more (52.7%)
12 months or less (10.1%)
13-24 months (11.0%)
49-59 months (8.5%)
25-48 months (17.7%)

Table 3. **PARTICIPATION IN SELECT TANF SERVICES***	**Percent**
America Works of Washington, DC services (N=538)	13.9%
KRA Corporation services (N=547)	22.9%
Maximus services (N=548)	18.8%
Career TEAM services (N=545)	18.0%
Grant Associates services (N=544)	15.6%
University of the District of Columbia services (N=542)	11.3%
POWER program services (N=543)	7.7%
Bridges program services (N=542)	2.6%
Targeted Mobility Coaching Program (TMC) (N=542)	3.9%

*Categories are not mutually exclusive (customers could choose multiple answers above); therefore percentages do not sum to 100%.

TANF Support

Customers were asked about areas where TANF has helped meet needs. As shown in Figure C, the highest percentage of customers (76%) indicated that TANF has helped them meet their basic needs (e.g., toilet paper). Sixty-eight percent of customers indicated that TANF has helped them pay their bills, and almost one-half (48%) indicated TANF has helped them obtain affordable childcare.

HOW TANF MEETS NEEDS

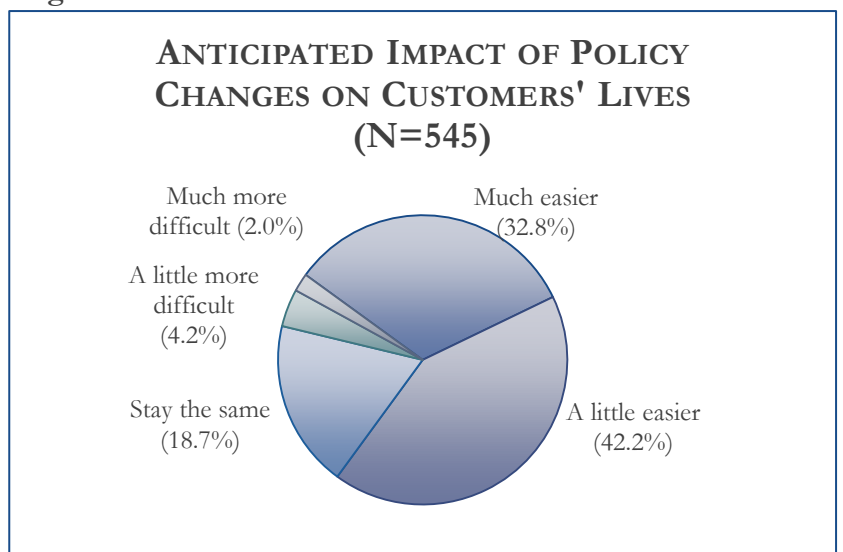| Needs	Percent of Customers
Basic needs	76.4%
Bills	67.6%
Reliable childcare	45.4%
Affordable childcare	48.0%
Reliable transportation	37.3%
Stable job	16.7%
Stable housing	21.6%

Awareness of TANF Policy Changes

Forty-four percent of customers noted awareness of the 2-Gen Policy. For these customers (N=237), 92% reported knowing that DHS is eliminating the time-limit for families, 87% reported knowing about the increase in benefit level for families who have received TANF for longer than 60 months, and 79% reported knowing about the capping of the sanction level at six percent (6%) for non-participation in work activities.

Figure D

Customers were asked to predict how the bundle of TANF policy changes will impact their ability to meet the needs of their family. Seventy-five percent (75%) of customers anticipated these changes would improve their ability to meet their families' needs. Nineteen percent (19%) predicted no effect, and six percent (6%) indicated they believed the changes will make their lives more difficult. Figure D illustrates customers' responses by category.

ANTICIPATED IMPACT OF POLICY CHANGES ON CUSTOMERS' LIVES (N=545)

- Much more difficult (2.0%)
- A little more difficult (4.2%)
- Stay the same (18.7%)
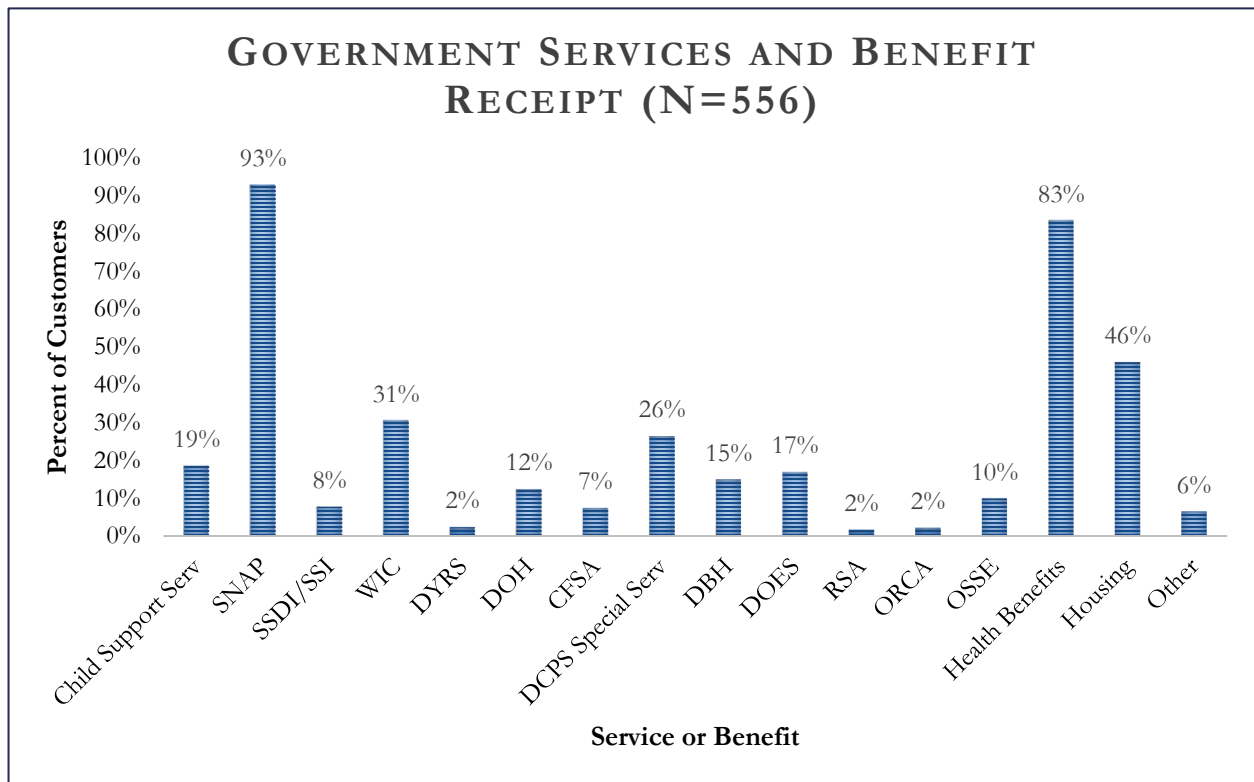- Much easier (32.8%)
- A little easier (42.2%)

Two hundred seventy-nine (279, or 49.4%) customers reported receiving TANF benefits for longer than 60 months and will see a benefit increase as a result of the policy changes. Of these customers, 76% of (or 211) customers indicated they would spend some of the extra money on children's supplies or activities for school, and 66% said they would spend at least some of the extra money on housing and transportation (185 and 187 customers, respectively).

Other Benefits

In addition to receiving TANF, almost all customers (N=516) reported receiving Supplemental Nutrition Assistance Program benefits (SNAP), and a large majority (N=464) of customers also reported receiving government health benefits (Medicaid or Alliance, a locally funded health program). Almost one-half (46%) of customers reported receiving some kind of housing benefit (e.g., rapid rehousing, housing voucher). Thirty percent (30%) of customers reported receiving Women, Infants, and Children benefits (WIC) and/or services of DC public schools, such as family counseling or an Individualized Educational Program (IEP) special placement. Figure E illustrates additional public services and benefits that customers reported receiving.

Figure E*

Figure: GOVERNMENT SERVICES AND BENEFIT RECEIPT (N=556). Bar chart showing Percent of Customers (y-axis) by Service or Benefit (x-axis): Child Support Serv 19%, SNAP 93%, SSDI/SSI 8%, WIC 31%, DYRS 2%, DOH 12%, CFSA 7%, DCPS Special Serv 26%, DBH 15%, DOES 17%, RSA 2%, ORCA 2%, OSSE 10%, Health Benefits 83%, Housing 46%, Other 6%.

*The number of customers answering "yes" or "no" for each service or benefit (each bar above) was not always the same, ranging from 498 to 556. For ease of presentation, percentages reflect 556 as the denominator for each service, impacting only "DOH" and "Other," meaning the responses shown above for those two categories are actually one (1) percentage point lower than in actuality.

Legend for X axis: Child Support Serv = Child Support Services; SNAP = Supplemental Nutrition Assistance Program; SSDI/SSI = Social Security Disability Insurance; WIC = Women, Infants & Children Program; DYRS = Department of Youth Rehabilitation Services services; DOH = Department of Health services; CFSA = Child and Family Services Agency services; DCPS Special Serv = Services of DC public schools or public charter schools such as family counseling

or an IEP special placement or services; DBH = Department of Behavioral Health services; DOES = Department of Employment Services; RSA = Rehabilitative Services Administration services; ORCA = Office of Returning Citizens Affairs services; OSSE = Office of State Superintendent of Education services; Health Benefits = health benefits (Medicaid or Alliance); Housing = assistance from the government to pay for your housing; Other = other government service or benefit.

Work and Employment

Just under twenty percent (20%) of customers reported working for pay. Over 20% of working customers reported jobs in retail, 17% reported working in the hospitality industry and the largest percentage, 38%, reported jobs in an uncategorized area of work ("other"), which included jobs such as office administration, security, landscaping, childcare, education and customer services. The largest percentage of these customers working for pay reported working between 31 and 40 hours per week (37%), followed by customers who reported working between 11 and 20 hours per week (26%). The large majority of customers reported not working for pay (81%) and cited that the lack of available jobs as the main reason for unemployment and their responsibility to care for a child at home as the primary barrier to working. Table 4a details customers' work information.

Table 4a. **WORK INDICATORS AMONG CUSTOMERS WHO WERE WORKING (N=106)**	Percent	n
Top three areas of work*		
Other**	33.0%	35
Retail	21.7%	23
Hospitality	15.1%	16
Hours/week worked		
1-10 hours	14.2%	15
11-20 hours	25.5%	27
21-30 hours	16.0%	17
31-40 hours	36.8%	39
>40 hours	6.6%	7
Works same number of hours/week	61.5%	64
Hourly wage (in dollars)		
< $10	15.1%	16
$10-$11.99	6.6%	7
$12-$13.99	41.5%	44
$14-$20.99	30.2%	32
$\geq$ 21	2.8%	3

*Categories are not mutually exclusive (customers could choose multiple answers above); therefore percentages do not sum to 100%.
**Seven open-text responses were back-coded into appropriate category. Sample 'Other' open-text responses included: office administrative services, security, childcare, education, and customer service.

The large majority of customers were not working for pay (81 percent). Table 4b details the top reasons for unemployment and barriers to working reported by these customers.

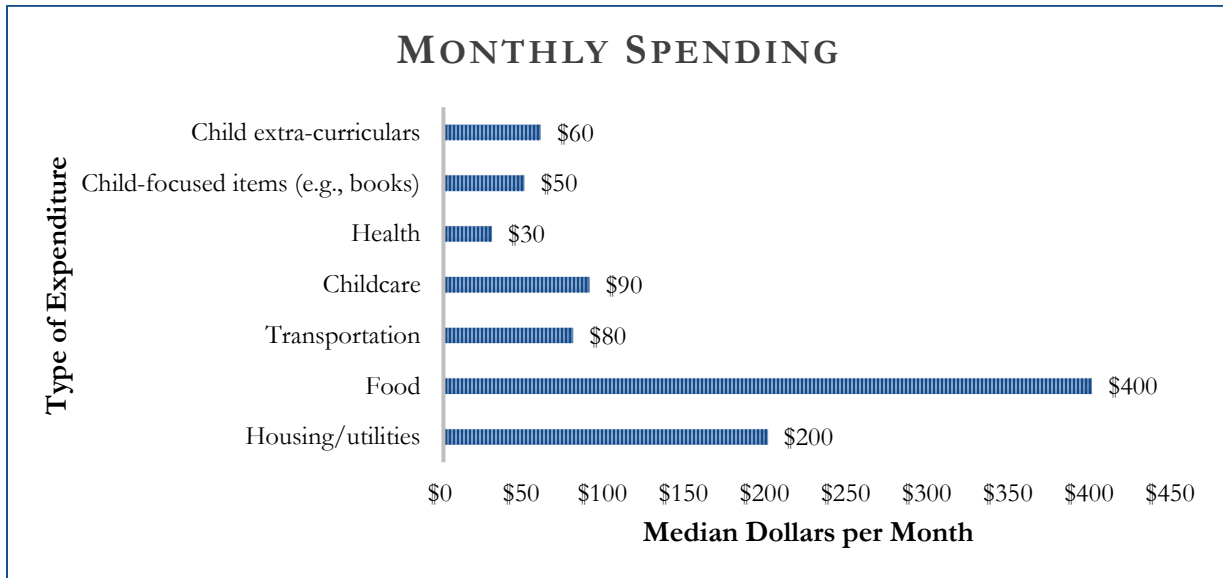Table 4b. **INSIGHTS FROM CUSTOMERS WHO WERE NOT WORKING (N=454)**

	Percent	n
Top three reasons for unemployment*		
Cannot find a job	41.2%	187
Cannot find a job that matches skills	34.1%	155
Schedule/shift issues	26.4%	120
Top three barriers to working*		
Caring for a child at home	36.1%	164
Cannot find childcare	20.7%	94
Do not have stable housing	19.4%	88

*Categories are not mutually exclusive (customers could choose multiple answers above); therefore percentages do not sum to 100%.

Finances

Customers said they spent the most money on food per month, followed by housing and utilities. Figure F illustrates monthly spending for basic adult- and child-focused expenditures.

Figure F*

MONTHLY SPENDING

Child extra-curriculars $60
Child-focused items (e.g., books) $50
Health $30
Childcare $90
Transportation $80
Food $400
Housing/utilities $200

Type of Expenditure

Median Dollars per Month

*Data presented in Figure F are restricted to customers who spent at least $1 per month on a given expenditure.

Customers reported high levels of financial worry (see Figure G), and almost two-thirds of customers indicated they could not come up with any money in the event of an unexpected need, like a car breakdown. More than one-half of customers indicated they were not able to pay their utility bills or pay for education / additional training for themselves, and almost one-half of customers also said they were unable to afford childcare or monthly transportation costs, as illustrated in Figure H. Despite high rates of SNAP receipt, 60% of customers indicated that often or sometimes their household did not have enough food. Table 5 provides more detail on customers' financial stress and need.

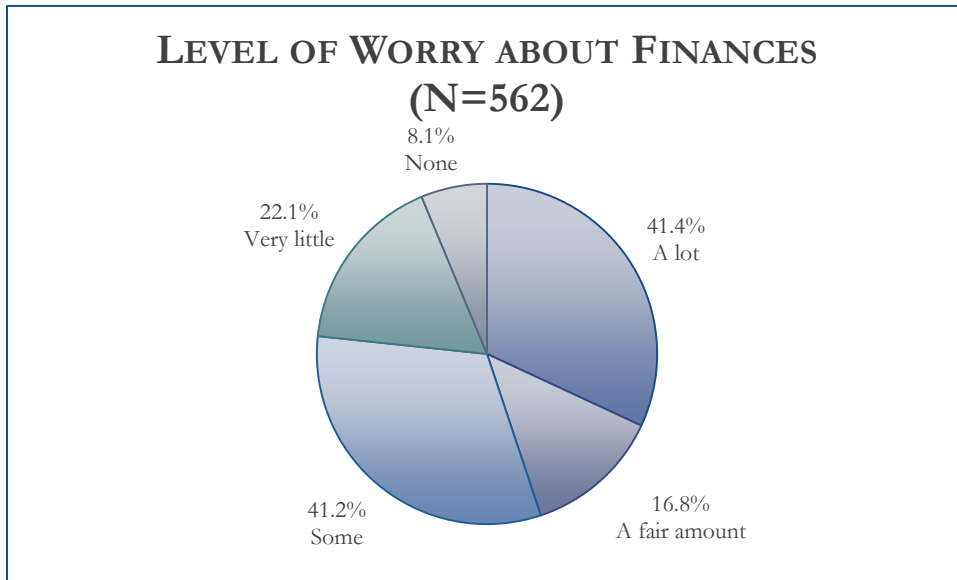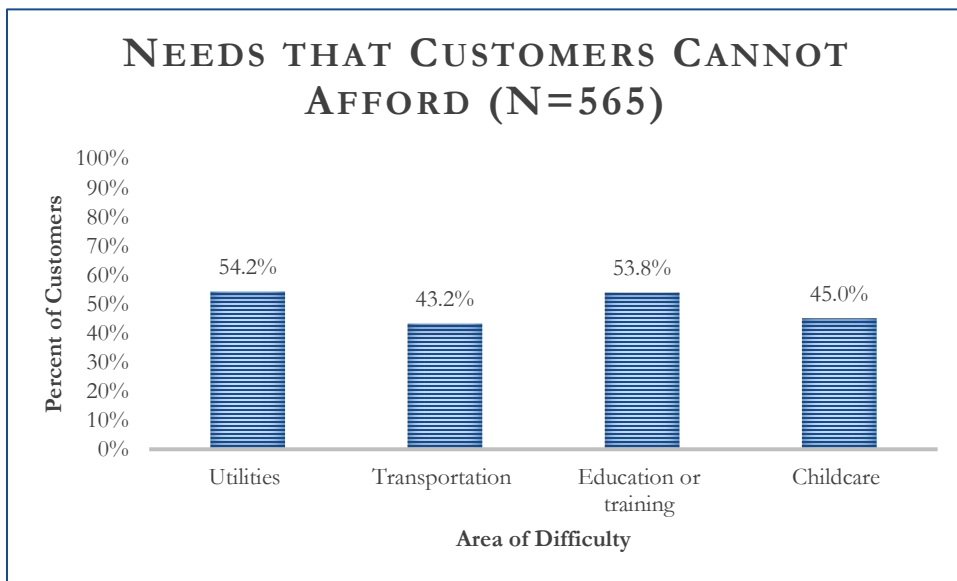## LEVEL OF WORRY ABOUT FINANCES (N=562)

- 8.1% None
- 22.1% Very little
- 41.4% A lot
- 41.2% Some
- 16.8% A fair amount

FIGURE H

NEEDS THAT CUSTOMERS CANNOT AFFORD (N=565)

Area of Difficulty	Percent of Customers
Utilities	54.2%
Transportation	43.2%
Education or training	53.8%
Childcare	45.0%

Table 5. **FINANCIAL STRESS AND NEED*** (N=565)	Percent	n
Has emergency money saved		
Yes	14.5%	82
No	83.5%	472
Largest amount of money could come up with for an unexpected need		
$0	60.7%	343
$500	29.2%	165
$1,000	5.0%	28

Table 5. **FINANCIAL STRESS AND NEED*** **(N=565)**	Percent	n
$2,000	1.1%	6
$>2,000	0.7%	4
In past 12 months, customers…**		
Experienced food insecurity	58.2%	329
Did not have own place to stay during	27.8%	157
Had to move because couldn't pay rent	13.8%	78

*Numbers in the n column do not sum to the N, and percentages do not sum to 100%, due to missing data.
** Categories are not mutually exclusive (customers could choose multiple answers above); therefore percentages do not sum to 100%.

Two hundred and thirteen customers (39%) said they were caring for a child in diapers; 40.1% (N=85) of these customers reported they did not have enough diapers (diaper need). Figure I illustrates actions customers reported taking to attempt to meet their child's diapering needs. Almost two-thirds of customers with diaper need reported borrowed diapers or money from friends or family or stretched the diapers they had. About 20% of customers with diaper need took other actions; three (3) of these customers began potty-training early, one (1) used cloth diapers, and one (1) "panhandled" for money to purchase diapers.

FIGURE I

HOW CUSTOMERS WITH DIAPER NEED COPE (N=85)
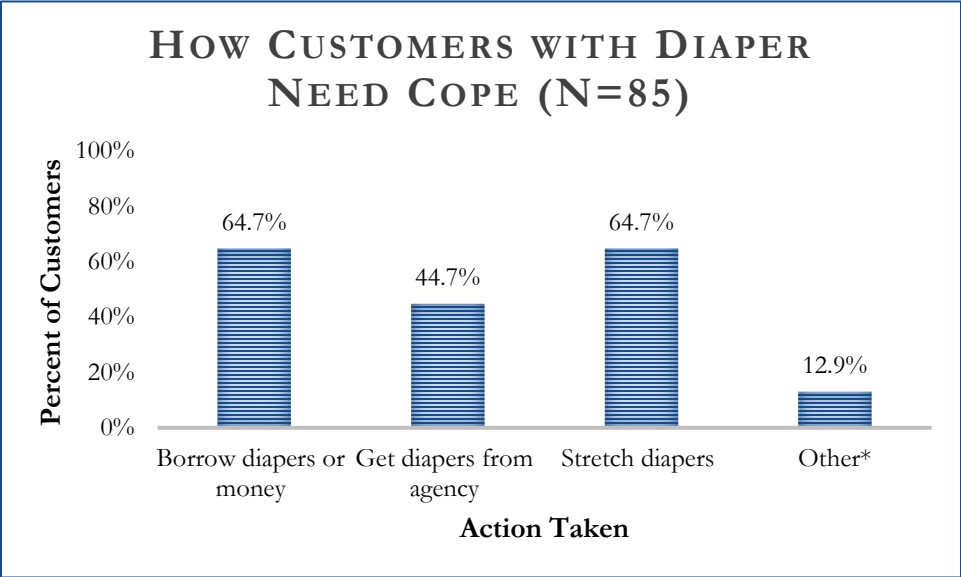
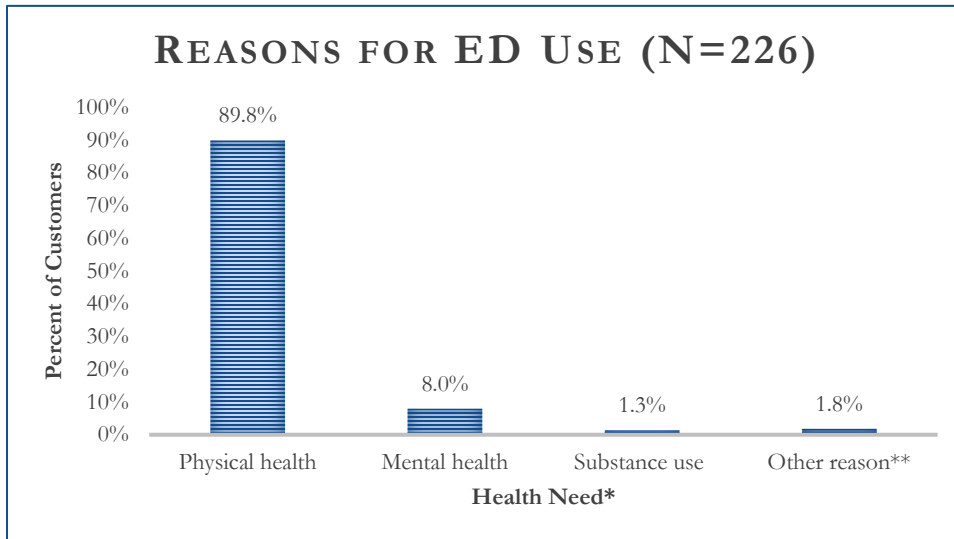* One "Other" open-text response was back-coded into appropriate category.

Adult Health

Ninety-four percent (94%) of customers had health insurance, specifically Medicaid (see Table 6). Forty-one (41%) percent of customers reported using the Emergency Department (ED) in the past year for their own healthcare needs, averaging almost three visits per customer. While a small minority visited due to concerns over mental health and an even smaller minority due to substance use, most ED visits were prompted by issues with physical health (see Figure J).

Table 6. **TYPES OF HEALTH INSURANCE AMONG INSURED CUSTOMERS (N= 531)**

	Percent	n
Private insurance	0.8%	4
Medicaid	89.6%	476
Other insurance	5.1%	27

FIGURE J*

*Categories are not mutually exclusive (customers could choose multiple answers above); therefore percentages do not sum to 100%.
**44 open-text responses were back-coded into appropriate categories.

Focusing in on mental health, a key focus of Yale, 117 customers (21%) indicated they wanted, but did not receive, help for an emotional health problem (see Table 7). Of these customers, 89 explained why this was the case. These responses were captured in an open text field, which were then coded into general categories. The categories that had 10 or more responses for not receiving wanted help were: 1) Didn't ask for help (14 responses, or 15.7% of all reasons given); 2) Health insurance or financial barriers (13, or 14.6%); and 3) Could not find a doctor/did not know where to go (12, or 13.4%). Thirty-two percent (32%) of customers who expressed wanting help but not receiving it had clinically significant depressive symptoms.

Table 7. **TREATMENT FOR ADULT EMOTIONAL HEALTH*** (N=565)	Percent	n
Previous mental health treatment		
Yes	34.2%	193
No	64.2%	363
Previous substance use treatment		
Yes	5.7%	32
No	91.7%	518
Wanted help, but did not receive it	20.7%	117

*Numbers in the n column do not sum to the N, and percentages do not sum to 100%, due to missing data.

Figure K

EMOTIONAL HEALTH (N=559)

Very poor (1.4%)
Poor (9.9%)
Excellent (21.6%)
Fair (29.0%)
Good (37.0%)
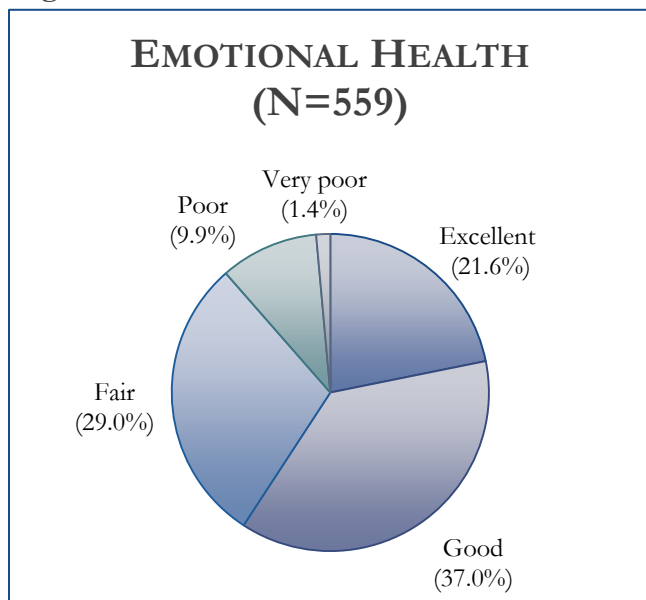
Customers were asked to rate their emotional health on a scale from excellent to very poor. Approximately one-half of customers rated their emotional health as "Excellent" or "Good". Figure K illustrates responses for each category. This finding is interesting, as 60% of customers had clinically significant depressive symptoms and almost one-fourth of customers had clinically significant anxiety symptoms, suggesting that customers' reports overestimate their actual emotional health. Average scores on adult emotional health measures can be found in Table 8.

Table 8. **ADULT EMOTIONAL HEALTH INDICATORS*** (N=565)	**Mean ±SD**
Anxiety symptoms GAD-2 score	Score of 1.4 ± 1.8
Depressive symptoms, CES-D score	Score of 15.1 ± 11.5
Perceived stress, PSS-4 score	Score of 6.4 ± 0.2
Social support, MOS-SSS score	Score of 4.1 ± 1.9

*GAD-2 scores range from 0-6; CES-D scores range from 0-60; PSS-4 scores range from 0-16; MOS-SSS scores range from 0 to 8. Higher numbers indicate higher levels of: anxiety, depression, stress and social support, respectively.

Parenting

Two subscales of the Parent-Child Relationship Inventory measure were used to assess key aspects of parenting in each family receiving TANF.

For the first subscale, "Involvement," possible scores range from 14 to 56, with higher scores indicating higher levels of caregiver involvement in a child's life. Five hundred and twenty-four (524) customers completed the "Involvement" subscale, and the average score was 51.2 (±5.1), indicating a moderately high level of involvement.

For the second subscale, "Satisfaction with Parenting," possible scores range from 10 to 40 with higher scores indicating higher levels of satisfaction. Five hundred and eighteen (518) customers completed the "Satisfaction with Parenting" subscale, and the average score was 33.9 (±4.5), indicating a moderately high level of satisfaction.

Child Well-being

Almost all customers reported their youngest child received regular well-child visits, and customers reported that 61% of their youngest children saw a healthcare provider for some physical health concern in the past year, averaging about three (3) visits to a doctor or other medical provider and

two (2) visits to a dentist. Thirty-eight percent (38%) of customers reported taking their youngest child to the ED at least one time in the past year, averaging two (2) ED visits last year. Less than eight percent (8%) of customers reported a history of involvement with Child Protective Services (CPS), and less than five percent (5%) of customers reported current involvement with CPS, with an average of 8.6 months (± 10.3) of involvement with the agency. Table 9 provides more detail on child well-being.

Table 9. CHILD WELL-BEING* (N=565)	Percent	n
Receives well-child visits		
Yes	90.1%	509
No	8.1%	46
Seen provider for physical health concern		
Yes	60.7%	343
No	37.9%	214
Diagnosed as Failure to Thrive		
Yes	3.7%	21
No	95.0%	537
Used ED in past year		
Yes	37.4%	211
No	60.2%	340
Reported to CPS (past 6 months)		
Yes	7.4%	42
No	89.7%	507
Currently involved with CPS		
Yes	4.2%	24
No	92.2%	521

*Numbers in the n column do not sum to the N, and column percentages may not sum to 100%, due to missing data.

Turning from health to education, five percent (5%) of customers indicated that their youngest child had been suspended or expelled from school. Suspension and expulsions were reported across grade levels, except for Kindergarten. According to customer report, one (1) child had been suspended or expelled from daycare or preschool, eight (8) from elementary school, six (6) from middle school, and nine (9) from high school. The number of reported suspensions or expulsions for these children ranged from one (1) to 10, with an average number of two (2) suspensions or expulsions per child.

Customers reported one-third of children attending school had at least one (1) unexcused absence during the 2017-18 school year (N=85). According to customer report, less than five percent (5%, N=4) of those absences resulted in a letter of notifications from the metro Police Department, less than two percent (2%, N=2) resulted in a referral to the Office of the Attorney General, and about 19% (N=16) resulted in a referral to the Attendance Committee or Student Support Team. More details on children's school data can be found in Table 10 and Figures L and M.

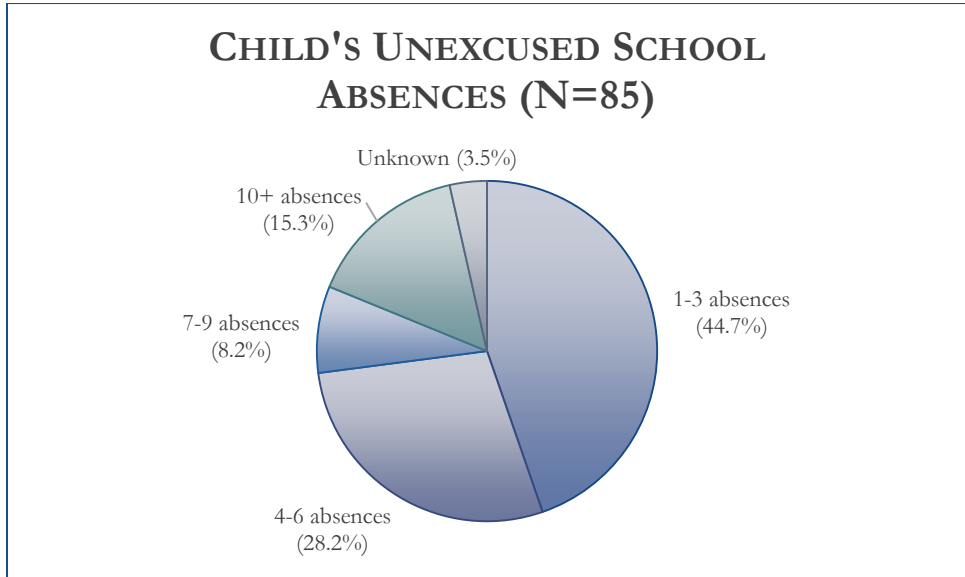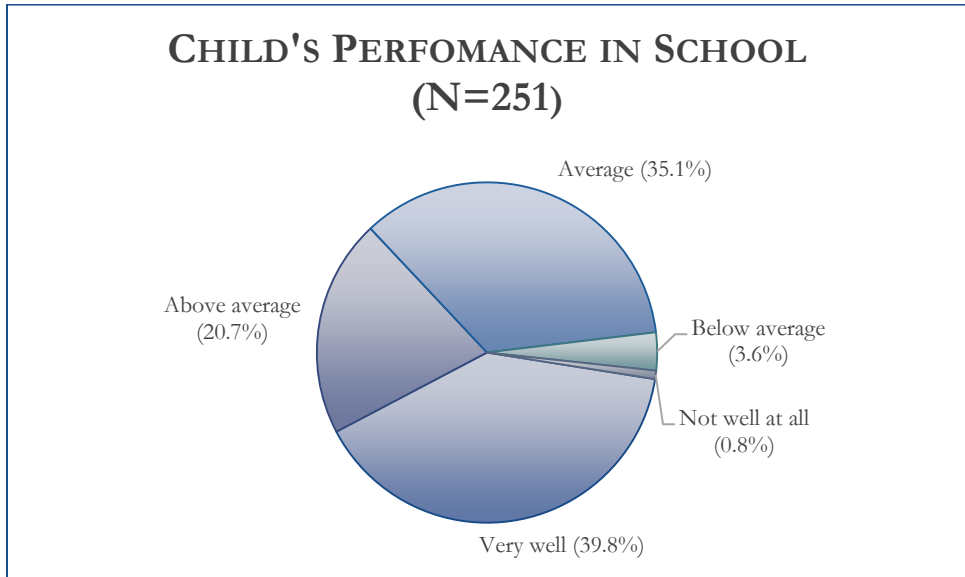| Table 10. CHILD SCHOOL INFORMATION	Percent
Had child attending school (N=555)	77.8%
Child was suspended/expelled (N=428)	5.8%
Child had unexcused absences this year (N=253)	33.6%

FIGURE L

CHILD'S UNEXCUSED SCHOOL ABSENCES (N=85)

Unknown (3.5%)
10+ absences (15.3%)
1-3 absences (44.7%)
7-9 absences (8.2%)
4-6 absences (28.2%)

FIGURE M

CHILD'S PERFOMANCE IN SCHOOL (N=251)

Average (35.1%)
Above average (20.7%)
Below average (3.6%)
Not well at all (0.8%)
Very well (39.8%)

Differences by Time on TANF

The following results speak to analyses conducted to determine whether and, if so, to what extent customers who had been receiving TANF benefits for 60 months or less (N=258) differed from customers who had been receiving TANF benefits for longer (N=279) on key dimensions.

These two groups were identified by customers' answers to the survey question, "Have you been receiving TANF for more than 5 years (60 months)?". Twenty-eight (28) individuals who chose not to answer or responded, "Don't Know," were excluded from these analyses. Questions with a categorical variable were analyzed using a chi-square test; questions with a continuous variable were analyzed using a Wilcoxon rank-sum test. Questions were selected based on the TANF Policy Change Theory of Change.

Finances, Food, and Housing. Several questions were examined to explore any differences in financial security, food security, and housing stability.

There was no statistically significant relationship between time on TANF and report of having money left over at the end of the month, χ^2(2, N=529) = 2.9, p=0.23, nor time on TANF and report of food security, χ^2(2, N=519) = 0.5, p=0.79.

However, there were statistically significant associations found in the realm of housing. In comparison to customers who reported receiving TANF benefits for 60 months or less, customers who reported receiving TANF benefits for longer were significantly:

- less likely to report receiving government assistance to pay for housing (34% versus 58%), χ^2 (1, N=530) = 30.02, p<0.001;
- more likely to report having moved in the previous year due to not being able to afford rent (19% versus 10%), χ^2 (1, N=532) = 8.81, p=0.003; and
- more likely to report having experienced homelessness in the previous 12 months (38% versus 22%), χ^2 (1, N=519) = 16.09, p<0.001.

Diaper Need. Customers who reported receiving TANF benefits for more than 60 months were significantly less likely to report having a child in diapers than customers who had been receiving TANF benefits for 60 months or less, (28% versus 51%, respectively), χ^2 (1, N=519) = 16.1, p<0.001. For customers who indicated they had a child in diapers, a chi-square test was performed and no statistically significant difference was found in report of diaper need for customers who reported receiving TANF benefits for less than 60 months compared to those who reported receiving TANF benefits for more than 60 months, χ^2 (1, N=203) = 1.53, p=0.22.

Mental Health. There was a statistically significant difference in depressive symptoms. Specifically, customers who reported receiving TANF benefits for more than 60 months had fewer depressive symptoms than those who reported receiving TANF for 60 months or less (z=-2.2, p=0.03). In addition to analyzing CES-D scores as a continuous variable (possible scores ranging from 0-60), we also looked at CES-D scores as a dichotomous variable, where scores of 16 or higher were categorized as "clinically significant depressive symptoms" and scores of 15 and lower are "not indicative of clinical depressive symptoms." These categories are the standard scoring categories for this measure and are generally used as a guide to assess if a referral to mental health services is needed. There was no statistically significant difference in the percentage of individuals with clinically significant depressive symptoms between these groups, χ^2 (1, N=468) = 0.59, p=0.44.

There was also no statistically significant difference between customers who reported receiving TANF for different lengths of time in terms of perceived stress scores (PSS-4) (N=519, z=-0.30, p=0.76) or anxiety symptoms (N=523, z=-0.3, p=0.75).

Child Well-being. One (1) child well-being question, "In the past 6 months has your family been reported to Child Protective Services (CPS) for any reason?", was examined to assess differences between customers who reported receiving TANF benefits for 60 months or less and those who reported receiving TANF benefits for more than 60 months. There was not a statistically significant difference between these two groups on this measure of child well-being, χ^2 (1, N=525) = 3.01, p=0.08.

Recommendations

Employment and training. The data suggest significant challenges in customers obtaining work for pay, even though participation in TEP is high. We recommend continued deepening of DHS' investment in barrier remediation, including housing and childcare – the top barriers to working cited by customers.

Emergency Department (ED) utilization. Over 40% of customers reported going to the ED in the past year, and more than a third of customers noted their youngest child had done the same. We encourage continued partnerships with wellness and healthcare agencies in and out of government and deeper qualitative exploration of the reasons behind these high rates.

Mental health. There is a high demonstrated need for mental health support, particularly for depressive symptoms, as reported by customers on the depression screening tool administered as part of this survey. While DHS conducts general mental health screening to identify depressive symptoms, screening alone will not change mental health outcomes for TANF customers. Instead a comprehensive system of in-depth mental health assessment, provision of mental health treatment (such as that to be provided by the DC MOMS Partnership®), and referral to any additional mental health resources beyond those currently available through other government agencies would likely improve outcomes for families involved with TANF. We recommend deepening investments in mental health supports that have track records of improving outcomes.

Diaper need. Diaper need is a risk factor for parental depressive symptoms and poor child health outcomes such as urinary tract infections.[15] The high rate of diaper need (40.1%) among customers with a child in diapers could be addressed through referrals to and partnerships with the Greater DC Diaper Bank.

Housing. Housing instability was relatively high. Given that less than one-half of customers were connected to housing supports, we suggest exploring the option of including navigation of supports and planning for housing stability as part of DHS' case management and coaching work and assessing housing need at each annual recertification of TANF eligibility.

Policy changes. Although customers anticipated the District's TANF policy changes having a positive impact on their lives, it will be important to hear from customers if this is the case and to better understand the ways in which these changes impacted their lives. We recommend specifically assessing how customers whose benefit level will increase as a result of these policy changes spend the extra money. It will also be important to explore any unintended negative consequences these changes may have in customers' lives. We recommend including specific questions about the impact of the policy changes in follow-up surveys and through focus groups.

Customer communication. From consultation with DHS, it appears that a number of survey findings (e.g., almost one-half of customers said they were unable to afford childcare or monthly transportation costs) might be explained by low uptake of existing supports that are available to customers from DHS and its partners, though it is beyond the scope of this survey to know definitively. We recommend experimentation with, and study of, additional marketing strategies as one way to help address the needs illustrated by this survey. More broadly, we also recommend studying the "why" of the findings indicating significant need to learn the extent to which benefits are adequate, services are effective in improving outcomes (in contrast to outputs), and changes may be warranted beyond marketing existing opportunities. In any study, we recommend always analyzing (or sharing with partners for analysis) administrative data to reduce the bias of self-reported data.

Measuring impact over time. We recommend following these customers and repeating a similar version of the baseline survey after all three program changes of the 2-Gen Policy have been in effect for 12 months and 24 months.

Appendix A. Theory of Change for 2-Gen Policy

TANF Adult Customers

Key Demographics

- Race
- Ethnicity
- Ward (residence)
- Marital status
- Family size
- Parent education level
- Work experience
- Months on TANF for current enrollment period
- Other government benefit receipt (e.g. SNAP, WIC, Medicaid, housing)
- Knowledge of TANF policy change
- Received TANF stepped-down benefit
- TANF program participation
  - TEP
  - Bridges
  - Targeted Mobility Coaching
  - POWER
- Exempt from TANF work requirements
- Previous mental health treatment
- Adverse Childhood Experiences

Outputs

Family Well-being

1. ↑ perceived social (instrumental) support
2. ↑ engagement with TANF services
   a. ↑ rate of IRP goal achievement
   b. ↑ participation in workforce/ educational program (TEP)/ barrier remediation

Spending Behaviors

1. ↑ child-focused spending
   a. ↑child cognitive stimulation spending (e.g. age appropriate books, toys, cultural experiences)
   b. extra-curricular activities
2. ↑ health-related spending
   a. ↑ purchasing over-the-counter medications
3. ↑ spending on housing

Outcomes

Adult Health

1. ↑ parent/child relationship
2. ↓ perceived general stress
3. ↓ depressive symptoms
4. ↓ anxiety symptoms
5. ↓ED utilization

Adult Finances

1. ↑ net income
2. ↑ work participation / employment
3. ↑ monetary savings
4. ↓ diaper need
5. ↓ food insecurity
6. ↑ housing stability
7. ↓ perceived economic stress
8. ↓ unmet basic needs

Child Well-being

1. growth parameters (as measured by parent report of failure to thrive for children <7 years old)
2. ↓ ED utilization
3. ↓ Child Protective Services (CPS) involvement
4. ↑ school performance
   a. ↑ attendance
   b. ↑ academic performance
5. ↑ psychosocial health

NOTE: Key demographics in green to be provided by DHS directly; Grey highlighted outcomes are exploratory

Appendix B. Methodology Recommendations

Methodology Recommendations for DC DHS TANF Policy Change Baseline Survey

Prepared by Yale School of Medicine

PURPOSE OF THE BASELINE SURVEY

The baseline survey will measure the impact of a bundle of three TANF policy changes (changes in maximum sanction level, amount of cash assistance, and existence of time limit) on parent and child economic, health and social outcomes.

OVERVIEW OF SURVEY ADMINISTRATION AND KEY DIMENSIONS COVERED BY THE BASELINE SURVEY

Over a continuous three-week period, DC Department of Human Services (DC DHS) staff or their contractually-designated personnel will administer the baseline survey in-person or over the telephone to TANF clients who meet the eligibility criteria as defined below on page 1 and probability sampling criteria as defined on page 3. All data will be entered by DC DHS personnel into a Qualtrics database provided to DC DHS by Yale School of Medicine in real time wherever DC DHS has equipped the interviewer with an internet-enabled and encrypted computer and otherwise within 48 hours of interview completion.

The survey will cover key demographic indicators such as length of time on TANF, employment history and family composition. Outputs (or mediators) will be assessed across two main domains (please refer to the Theory of Change): (1) spending behaviors (e.g., child-focused spending, health-focused spending) and (2) family well-being (e.g., perceived social support, parental monitoring, engagement with TANF services). Outcomes will be measured in questions that encompass three large domains: (1) adult health, (2) adult economic prosperity, and (3) child well-being.

RECOMMENDATIONS FOR ELIGIBILITY CRITERIA FOR PARTICIPATION IN THE BASELINE SURVEY

We recommend that the eligibility criteria be as follows. An individual must:
- Be at least 18 years old as of January 1, 2018;
- Be receiving TANF cash assistance as of February 1, 2018;
- Be the head of household and primary caregiver of a child age 18 or younger as of January 1, 2018;
- Have a phone number registered with DC DHS as of January 1, 2018; and
- Have an address listed with DC DHS whereby he or she is classified into either ward 5, 7 or 8 as of January 1, 2018.

Individuals must also provide written or verbal informed consent in order to participate in the survey.

RECOMMENDATIONS FOR ADMINISTRATION OF BASELINE SURVEY

Rather than surveying the entire TANF population, we recommend a strategy that would allow for the selection of a representative group of families meeting the aforementioned eligibility criteria. This strategy involves utilizing both phone (70%) and in-person (30%) interview methods to gather data from TANF clients. A list of TANF clients

who meet the aforementioned eligibility criteria will be generated by DC DHS. After receiving deidentified information from DHS, Yale will use random number selection techniques to select eligible TANF clients for phone and in-person interviews and provide the list to DC DHS.

Phone administration:
The use of questionnaires administered over the phone is fairly inexpensive and quick. The major cost component at the data collection stage is interviewer time. The major weakness of this method is the high non-response rates associated with it. In some cases, there is good questionnaire response but high item non-response. The method of phone administration has inherent bias in a TANF population given frequently changing mobile numbers and sporadic stability of mobile data plans, but the benefits of efficiency outweigh some of the potential issues with changing phone numbers.

In order to use this method satisfactorily, there must also be a sampling frame that is as current as possible. Thus, phone numbers of the potential participants must be up-to-date. The survey organization (DC DHS) must also be convinced that respondents are capable of completing the questionnaires over the phone and questionnaires should be fairly straightforward to allow for phone completion and scheduled during times that minimize distractions in the home.

The main advantages of phone questionnaire surveys are the low cost, the ability to administer successfully to a low literacy population, and the fact that one can reach clients dispersed across wards.

Limitations include that:
1. Non-response is usually high;
2. The answers to the questions are taken at their face value as there is limited opportunity to probe;
3. The method is useful only when the questionnaires do not have extremely complicated skip patterns or lengthy instructions. (Please note: we have designed our draft survey questions under the premise the survey will be administered over the telephone and in-person. Instruments have been selected such that complex skip patterns that might be difficult for phone respondents to interpret have been minimized. Moreover, skip patterns will be programmed into Qualtrics for ease of survey administration as interviewers administer and enter data in real time with Qualtrics.)
4. Different interviewers may give different interpretations to the questions, thereby introducing bias in the survey results;
5. In the process of probing, some interviewers may suggest answers to respondents.

We believe training can help ameliorate limitations #1, #4 and #5. Additionally, we recommend calling on nights and weekends as a strategy to further help ameliorate limitation #1.

In-person administration:
The method entails DC DHS interviewers to verbally administer the survey to selected TANF participants when they are scheduled for an interview or when they visit the Office of Work Opportunity or their TEP provider site.

The main advantage of this method is that the interviewers can motivate respondents to answer questions by taking cues from respondent's body language and eye contact or other non-verbal cues that may be easier to discern in-person than over the telephone. Additionally, it usually garners a high response rate resulting from personal interviews, and the method is appropriate also with a lower literacy population.

Some of the limitations in using the in-person interview method include:
1. Different interviewers may give different interpretations to the questions, thereby introducing bias in the survey results;
2. In the process of probing, some interviewers may suggest answers to respondents.

3. Personal characteristics of interviewers may influence attitudes of respondents, for example, age, sex at times even race;
4. Interviewers may read questions incorrectly because of the divided attention of interviewing and recording.

We believe training can help ameliorate limitations #1, #2, and #4. Yet, despite these potential limitations, we believe in-person interviews allow for TANF staff members to increase the perceived support clients may feel once they engage in the in-person interview process and ultimately, increase the degree of responsiveness and attentiveness clients perceive from TANF staff during and after the process.

Proposed sampling strategy:
DC DHS will compile a list of all eligible customers who meet the eligibility criteria. DC DHS will give each eligible participant a unique ID. We recommend DC DHS use unique IDs beginning with the number 1 and continue through the number of customers who meet the eligibility criteria (so 1 through 2,538 if there are 2,538 people who meet the eligibility criteria). DC DHS will randomly select at least 468 of these unique IDs for inclusion in the survey sample and will randomly select and note the method of survey administration (i.e. phone or in-person) for each unique ID, in accordance with the 70% / 30% ratio outlined above. DC DHS will then send Yale this list of unique IDs, along with method of survey administration for each unique ID, for the 468 (or more) specific TANF customers ("target respondents") linked to those unique IDs. (The section below explains why 468 target respondents are needed.) Because DC DHS will send to Yale a separate list of only the unique IDs, Yale will thus not see any personal health information or other identifying information.

Sample size and power:
Prior data from a randomized study comparing an employment-based antipoverty program to a control, where intervention families saw an increase in annual income from $500 to $3,500, demonstrated an effect size[2] of 0.15 on parent report of changes in child development outcomes (the Positive Behavior Scale), parenting stress (Parenting Stress Index), and parenting quality (Parent Child Relationship Index) (Huston, 2005). In the current setting of this survey, however, each participant will be followed longitudinally and thus will serve as their own control. Although there is expected to be lower variability in the endpoint measurements, and thus a larger expected effect size, we conservatively use the effect size observed in the previous parallel-group setting as the basis for the power calculations in the current study.

A total sample size of **351** individuals is required to detect an effect size of **0.15** with two-sided type I error of **0.05** and power of **80%**.[3] Given an anticipated drop-out rate of **25%**, a minimum sample size of **468** individuals is required (Table 1). These individuals will be sampled according to the proportions reported in the sampling plan embodied in Table 3.

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[2] The simple definition of an effect size is the magnitude, or size, of an effect. Effect size is a standard measure that can be calculated from any number of statistical outputs, most commonly a mean and standard deviation between two groups (for example, a group impacted by the TANF policy change and a group not impacted by the policy change). A significance test (e.g., p value) would tell us whether there is a statistical difference between two groups, but will not tell us the size of the difference.

[3] A Type I error is commonly referred to as a "false positive." To put it simply, Type I error is to falsely assume that an association exists (for example, between a child developmental outcome and the TANF policy change) when the association really does not exist. A two-sided type I error allows us to examine associations with the policy change and our outcomes in the Theory of Change document that might occur in either direction (positive or negative). Power refers to the likelihood that a study will detect an effect (or association) when there is an effect to be detected. If statistical power is high, the probability of making a Type II error (or in plain English, "concluding there is no effect when, in fact, there is one") goes down.

Table 1. Number of Target Respondents Needed

Effect Size	Type I error = 0.05			
	80% Power	**80%* Power**	**90% Power**	**90%* Power**
0.02	19623	26164	26270	35027
0.03	8722	11630	11676	15568
0.04	4906	6542	6568	8758
0.05	3140	4187	4204	5606
0.06	2181	2908	2920	3894
0.07	1603	2138	2145	2860
0.08	1227	1636	1643	2191
0.09	970	1294	1298	1731
0.10	786	1048	1052	1403
0.11	649	866	869	1159
0.12	547	730	731	975
0.13	467	623	623	831
0.14	403	538	539	719
0.15	**351**	**468**	469	626
0.16	309	412	413	551
0.17	274	366	366	488
0.18	245	327	327	436
0.19	220	294	293	391
0.20	199	266	265	354

* Adjusted for 25% loss

Management of survey operations:
A large-scale sample survey like this one is usually a demanding and complex operation. Therefore, the need for judicious, effective and efficient management of activities at various levels cannot be overemphasized. There must be a clear and well-defined line of command from the DC DHS survey manager to the interviewer such that there are weekly reviews by the DC DHS survey manager of basic metrics on survey completion, non-response, and any questions or concerns with survey administration or process.

Consent:
Written or verbal informed consent must be obtained by DC DHS survey administration staff prior to the survey completion by TANF clients. The language included in the consent form must be reviewed and approved by Yale and meet all standards of informed consent as required by the Yale Human Research Protection Program. The language in the consent form should include a permission statement for DC DHS to share survey participant Medicaid and SNAP data with Yale.

Publicity:
Some surveys have had limited success partly due to high non-response owing to refusals. It is, therefore, incumbent upon DC DHS to mount some publicity campaign for the survey. Experience has shown that publicity plays an important role in soliciting cooperation from respondents, even though some funding organizations/agencies consider expenditures on publicity as a waste of resources. The higher the response rate, the greater confidence one can take that respondents are representative of the population.

Different approaches to publicity can be adopted depending on prevailing circumstances. Before administering the survey, it is important that the survey be publicized through mailings, emails, texts and posters. The announcement should, among other information, give the survey objectives, duration and topics to be covered as well as the incentives for each participant (see below). Yale can review draft language from DC DHS should that be of interest.

Incentives:
The use of monetary or non-monetary incentives is strongly recommended in order to encourage a high response rate. Incentives should be equal for phone and in-person survey participants and should not exceed a value of $50 for a 45-minute interview (or they may appear unnecessarily coercive). The script for administering the survey will include a standardized message and placement of that message in order to avoid bias that could result from variance in the language used or when respondents (or potential respondents) hear it. DC DHS has indicated that survey respondents who answer survey questions in-person will receive a $40 gift card and survey respondents who answer survey questions by phone will be entered into a raffle for $40 gift cards (one [1] in every 10 such respondents are eligible for one [1] $40 gift card). Yale has noted its concern that this incentive will not generate a high response rate for phone interviews but understands that this is DC DHS' final decision.

Materials and supplies:
Adequate materials such as internet-enabled computers with Microsoft Excel installed and a set of "offline materials" including folders, clipboards, pencils, pencil sharpeners, and notebooks should be available in adequate supply for use during the survey operations. If using offline materials, a survey administrator should have one (1) notebook, one (1) pack of pens and one (1) pack of pencils and enough folders such that there is one (1) folder per TANF client interviewed.

Number and selection of interviewers:
Yale recommends a total of **30** interviewers to administer the survey. This assumes 20 interviewers conduct **24 interviews a week** and assumes a 40-hour work week and a total of 60 minutes for survey administration time. We suggest 30 to account for the extremely short survey window, the fact that interviewers may call out sick, and the fact that in-person interviews may take longer than phone interviews. Thus, a total of 30 interviewers is a conservative estimate.

An interviewer is at the interface with the respondents. Whether an employee or contractor, he/she is the representative of DC DHS. This is a clear indication of why an interviewer's job is so crucial to the success of the survey program. The selection of an interviewer should, therefore, be given great consideration and care. An interviewer should be capable of effectively communicating with the respondent and recognize the value of accurate data collection and thorough survey administration. He/she should have qualities of enlisting all the information with accuracy within a reasonable given time and should be reliable and accountable. The interviewer should also demonstrate mastery of computer skills for data entry and tracking.

Training of interviewers:
The selected interviewers should be thoroughly trained before administering the survey. The main purpose of a training program is to bring about uniformity in the interviewing procedures of the survey. This is necessary of course to avoid differing interpretations of the definitions, concepts and objectives of the survey by interviewers and hence to minimize interviewer bias.

A Yale instructor will be responsible for creating and delivering the training to the DC DHS survey administrators and survey manager, while DC DHS will be responsible for recruiting, compensating, and arranging for the logistics of the training (e.g., securing space and technological resources and ensuring attendance). We recommend two components to the training:
(1) An initial four-hour training (via video conference) on the survey that occurs at least a week prior to the commencement of survey administration. The interviewers will be carefully instructed on the purposes of the survey and how the results are going to be used. Additionally, the interviewers, in the presence of the instructor, will take turns in explaining to others the various items in the questionnaire, given that, in order for the interviewers to be properly apprised of the objectives of the survey, they have to be well-trained in the concepts and definitions used in the questionnaire.
(2) A four-hour practice session (via video conference) that will be arranged for TANF staff to practice administering the survey on each other.

This training program should result in a decision by the DC DHS survey manager, in consultation with the Yale instructor, of which trainees may require additional training and whether any of them are entirely unsuited for the job.

Field supervision:
It is generally agreed that training is a precursor to effective and successful field work. However, training without proper supervision during the course of survey administration may not yield the desired results. The success of field work requires dedicated, continuous (weekly supervisory sessions mentioned previously and listening to at least 10% of the survey administrations of every interviewer) and effective supervision by DC DHS survey manager and staff that are more experienced and better qualified than interviewers. It cannot be overemphasized that the supervisor is an important link between the data gathering organization and the interviewer. The DC DHS supervisor will review completed work and maintain a high level of commitment to the survey program by the interviewers. We advocate that, if possible, there should be a relatively high ratio between the supervisory staff and the interviewers. We suggest the ratio of one (1) supervisor to eight (8) to 10 interviewers as a best practice. The number of interviewers will be based on the suggested sample size.

Follow-up of non-respondents:
In most surveys, there are bound to be cases of non-response. Some respondents refuse to cooperate with the interviewers, while in some cases, certain items in the survey are not attended to, such as an interviewer forgets to ask a question or a respondent skips a question. Since an operational goal in any survey is to achieve the highest possible response rate, it is recommended to collect information from a sub-sample of the initial non-respondents. Yale will consult with DC DHS on non-responses and any additional sampling on non-respondents at the conclusion of the three (3) week survey and after analysis of the total percent of non-responses.

Reducing non-response:
Given the above, it is important to develop good survey procedures aimed at maximizing the response rate. We emphasize the importance of having procedures in place to reduce the number of refusals, such as arranging to call back or for a client to return to conduct an interview at the convenience of the client. Also, the objectives and uses of the surveys should be carefully explained to reluctant respondents to help win their cooperation. Assurance of confidentiality can also help alleviate fear respondents may have about the use of their responses for purposes other than those stipulated for the survey.

For phone administration, repeated callbacks should be made when no one is at home. These should be done at different times of the day. It is recommended that as many as **four** callbacks should be attempted. Yale will provide DC DHS will an Excel spreadsheet that is a "Call-log Tracker," in which interviewers will track their call attempts, noting the specific date and time of all calls. Tracking all attempted calls will ensure that phone attempts are not on the same day and time for a given customer to maximize the likelihood of reaching the customer. It is also important to avoid the problem of inability to locate the selected sampling units, which can be an important source of non-response. This problem is best addressed by using the most current sampling frame as possible (e.g., up-to-date phone numbers for participants).

Appendix C. Methodology Used

Final Methodology Used for DC DHS TANF Policy Change Baseline Survey

Eligibility Criteria

DHS used the following eligibility criteria, where an eligible survey participant:

1. Was at least 18 years old as of March 1, 2018;
2. Was receiving TANF cash assistance as of March 1, 2018;
3. Was the head of household and primary caregiver of a child age 18 or younger as of March 1, 2018; and
4. Had a phone number registered with DHS as of March 1, 2018.

Individuals must also provide written or verbal informed consent in order to participate in the survey.

Method of Survey Administration

- 70.83% by phone
- 29.17% in person

Note:%ages above use the number of completed surveys entered into Qualtrics as the denominator.

Sampling Strategy

The sampling strategy evolved.

1. DC DHS first compiled a list of all eligible customers who met the eligibility criteria. There were 9,837 customers who met eligibility criteria 1 and 2, and there were 8,507 customers who met all eligibility criteria. DC DHS randomly selected 500 customers ("target respondents") from the eligible list and assigned each customer a unique ID. Thirty% (N=150) of randomly selected customers were assigned to DC DHS survey administrators for in-person interview administration and seventy% (N=350) were assigned to DC DHS survey administrators for phone interviews, in accordance with original methodological recommendations provided by Yale. DC DHS provided the list of randomly selected unique IDs to Yale. These unique IDs were programmed into Qualtrics as a password of sorts, whereby a unique ID was needed to access the online survey; unique IDs, as programmed in Qualtrics for this purpose are herein after referred to as "the Qualtrics panel". Only unique IDs included in the Qualtrics panel allowed DC DHS staff access to the online survey. DC DHS had identified 29 staff to administer surveys (24 dedicated to phone survey

administration and 5 dedicated to in-person survey administration).

2. After the first week of survey administration, the number of completed interviews was very low (N=29). During the recurring weekly DC DHS/Yale TA conference call on March 13, 2018, Yale suggested, and DC DHS agreed, to drastically increase the randomly selected customer list to provide each DC DHS interview administrator a larger list of customers to call due to the low response rate. DC DHS requested an additional 500 unique IDs to be added to the Qualtrics panel. After the initial addition, DC DHS requested to expand the Qualtrics panel.
The timeline below details the dates on which DC DHS requested additional unique IDs be added to the Qualtrics panel for possible use. All changes to the Qualtrics panel were made within one (1)business day. Unique IDs 1-7650 represent randomly selected eligible customers.
   a. March 13, 2018. DC DHS requested for Yale to add an additional 500 unique IDs (501-1000) to the Qualtrics panel.
   b. March 15, 2018. DC DHS requested for Yale to add an additional 2000 unique IDs (1001-3000) to the Qualtrics panel.
   c. March 26, 2018. DC DHS requested for Yale to add an additional 3000 unique IDs (3001-6000) to the Qualtrics panel.
   d. April 6, 2018. DC DHS requested for Yale to add an additional 1650 unique IDs (6001-7650) to the Qualtrics panel.

3. DC DHS adapted the original sampling strategy to include a convenience sampling of customers at DC DHS' five TANF Employment Program (TEP) provider sites and two Service Centers (Anacostia and Fort Davis). A member of the DC DHS team trained a select group of workers at the TEP provider sites and the Service Centers in survey administration based on the previous training provided by a Yale instructor (detailed in the "Training of Interviewers" section of this document). A total of 10 workers were trained. Since a unique ID is needed to access the Qualtrics survey platform, Yale suggested using numbers 8600-8800 for these customers' unique IDs. These numbers are larger than the total eligible customer list, therefore would not conflict with any randomly assigned unique ID. On March 20, 2018, this convenience sampling strategy was implemented, and Yale programmed unique IDs 8600-8800 into the Qualtrics panel to be exclusively used for in-person interviews that commenced at the TEP provider sites and two Service Centers. DC DHS also offered overtime from March 20, 2018 to April 6, 2018.

4. DC DHS' General Counsel advised that requested data fields *"Ward"* and *"number of months on TANF"* could be personal health information (PHI). As such, DC DHS and Yale agreed on a coding system for each data element.
   • *"Ward"* data were assigned a color (i.e., red, yellow, blue). DC DHS knows which color represents which Ward, but Yale does not know which color represents which ward. DC DHS will provide Yale with the ward color for each interview completed at the close of the survey.
   • For *"Number of months on TANF"*, DC DHS transformed this data element into a categorical variable containing five categories. DC DHS assigned each category a letter, A-E. Once again, only DC DHS knows which letter represents which category and where the cutoff points are within each category.

Yale did not see any PHI or other identifying information in the course of this work.

Sample Size and Power

- DC DHS completed 581 survey interviews, only 12 of which were not usable for data analysis (e.g., survey was completed even though customer was not eligible, survey had too much missing data). That left a pool of 569 completed surveys for data analysis.
- That 569 count yields over 95% power with Type I error of 0.05 and an effect size of 0.15. For a longitudinal analysis, this means there is more than a 95% probability of detecting a real difference (if it is there), with less than a 5% chance that our findings would detect a difference as a result of chance (a so-called "false positive"), and ability to detect medium-sized difference between two groups or timepoints.

Management of Survey Operations

During the first two weeks of survey administration (March 6, 2018 to March 16, 2018), survey administrators submitted call logs to the survey manager on a weekly basis. Beginning on March 19, 2018, survey administrators who conducted surveys via phone submitted a daily report to the survey manager that included the number of calls made, number of customers contacted, and number of surveys completed. The daily reports were submitted to DC DHS leadership via email.

Once the revised plan for in-person surveys began on March 20, 2018, the survey manager received paper surveys from the in-person sites at least four times per week. These surveys were assigned a unique ID and code for *number of months on TANF* before being entered into Qualtrics by DC DHS staff.

Consent

For randomly selected customer interviews: Survey administrators read through a call-script, which was developed by Yale. The script summarizes the survey's purpose and incentive ($40 gift card receipt or raffle for 1:10 chance to receive a $40 gift card, depending on the type of interview). If the customer indicated they were interested in learning more about the survey, the survey administrator then read through a three-page informed consent form, which detailed: 1) eligibility criteria; 2) the confidential and voluntary nature of the survey; 3) purpose of the survey; 4) categories of questions in the survey; 5) risks and benefits of participation; and 6) de-identified data sharing with Yale. After reading the informed consent form in its entirety, the survey administrator would ask the customer if he/she had any questions. Once all questions were satisfactorily answered, the interviewer would then ask the customer to provide verbal (for phone interviews) or written (for in-person interviews) consent. Once verbal or written consent was provided, the survey administrator printed the customer's name on the document and printed and signed their name attesting that they obtained verbal consent from the customer, dated the document, and placed it in the customer's file at DC DHS's headquarters after the interview was completed. Once consent was obtained, the survey commenced.

For in-person interviews at the TEP provider sites and Service Centers: TEP providers asked customers to participate in the survey during their normal course of business at the site. DC DHS confirmed eligibility twice through customer self-report. Eligibility criteria were confirmed during

the consenting process, as well as at the start of the survey. The administrator would conduct the survey on a paper form. All paper surveys were packaged and sealed and collected by a DC DHS staff member twice per week. At the Service Centers, staff in the Office of Work Opportunity (OWO) were informed about which customers were visiting the service center to do a TANF recertification. The OWO staff would then approach these customers about taking the survey and conduct the survey via a paper form in a private area. During the last two weeks of the survey administration period (March 26, 2018 to April 6, 2018) surveys were also conducted by case managers at OWO when customers came to the Anacostia Service Center or at motels used as emergency shelter. Paper surveys were packaged and sealed and collected by a DC DHS staff member daily. Consent forms and procedures were the same as detailed above.

Incentives

DC DHS originally decided to provide a $40 gift card for every customer who completed an in-person interview; customers who completed the survey via phone were entered into a raffle with a 1:10 chance of receiving a $40 gift card. During survey administration, DC DHS worked internally to determine if the agency had the resources to provide all customers who completed a survey, regardless of administration method, with a $40 gift card; DC DHS determined it had sufficient resources on April 5, 2018. DC DHS continued to use the approved call scripts (detailed above) and followed up with participating customers after the close of survey administration to, where applicable, inform them of the news that all respondents are eligible for gift cards and to coordinate gift card pick-up logistics.

Materials and Supplies

Survey administrators who conducted in-person interviews at TEP provider sites, Services Centers and at the Office of Work Opportunity and motels during the last two weeks of the survey administration period, utilized a paper copy of the survey that were revised to include the customer's name, date of birth, case number and location.

Number and Selection of Interviewers

- 40 DC DHS employees administered the survey
- Survey administrators were selected based on their availability, experience administering surveys, and frequency of interaction with TANF customers. Staff were primarily recruited from the Office of Work Opportunity and contracted TEP providers. Other ESA staff were utilized based on availability and experience.

Training of Interviewers

A Yale instructor created and delivered the training to the DC DHS survey administrators and survey manager. There were several components of the training:

(1) An initial four-hour training (via video conference) on the survey that occurs at least a week prior to the commencement of survey administration. The interviewers will be carefully instructed on the purposes of the survey and how the results are going to be used. This component took place on February 15, 2018 and was recorded.

(2) A second, two-hour training (via video conference) was conducted the following day. The first part of the session was a refresher on how to use Qualtrics. DC DHS staff were paired up to practice administering the survey on each other. Two DC DHS staff supervised the practice session since the Yale instructor could not visually see staff. This component took place on February 16, 2018.

(3) Two additional trainings were conducted by DC DHS staff for employees at the Office of Work Opportunity (OWO) and TEP providers. The training for OWO staff occurred on February 27, 2018 in-person at the Fort Davis Service Center. The training for TEP providers occurred on March 19, 2018 via a webinar.

No trainees were deemed unfit for survey administration.

Survey Monitoring

In an effort to closely monitor data, and to share those data with DC DHS in as close to real-time as possible, Yale developed two reports: 1) the TANF Survey daily report, which included a table detailing the total number of interviews completed by phone, in-person, and combined, delineated by day (data source: Qualtrics) and a contact tracking table which details the number of calls made by DC DHS survey administrators, the number of contacts made with customers as a result of those calls, and the total number of completed interviews (data provided by DHS daily); and 2) the DC TANF Survey Monitoring report, which is generated weekly and tracks interview efforts by DC DHS survey administrator, interviews that were terminated due to ineligibility or consent, number of interviews completed delineated by the categorical variable *"months on TANF"*, the mean and median time taken to complete an interview, and outstanding data cleaning flags.

Follow-Up of Non-Respondents

- 2,991 calls were made to over 7,500 different phone numbers to try to administer the survey
- 972 contacts with customers resulted from those calls
- 403 completed interviews resulted from those calls
- Survey administrators attempted to contact a customer four times during different dates and times before removing a customer from the call list.

Appendix D. Consort Diagram
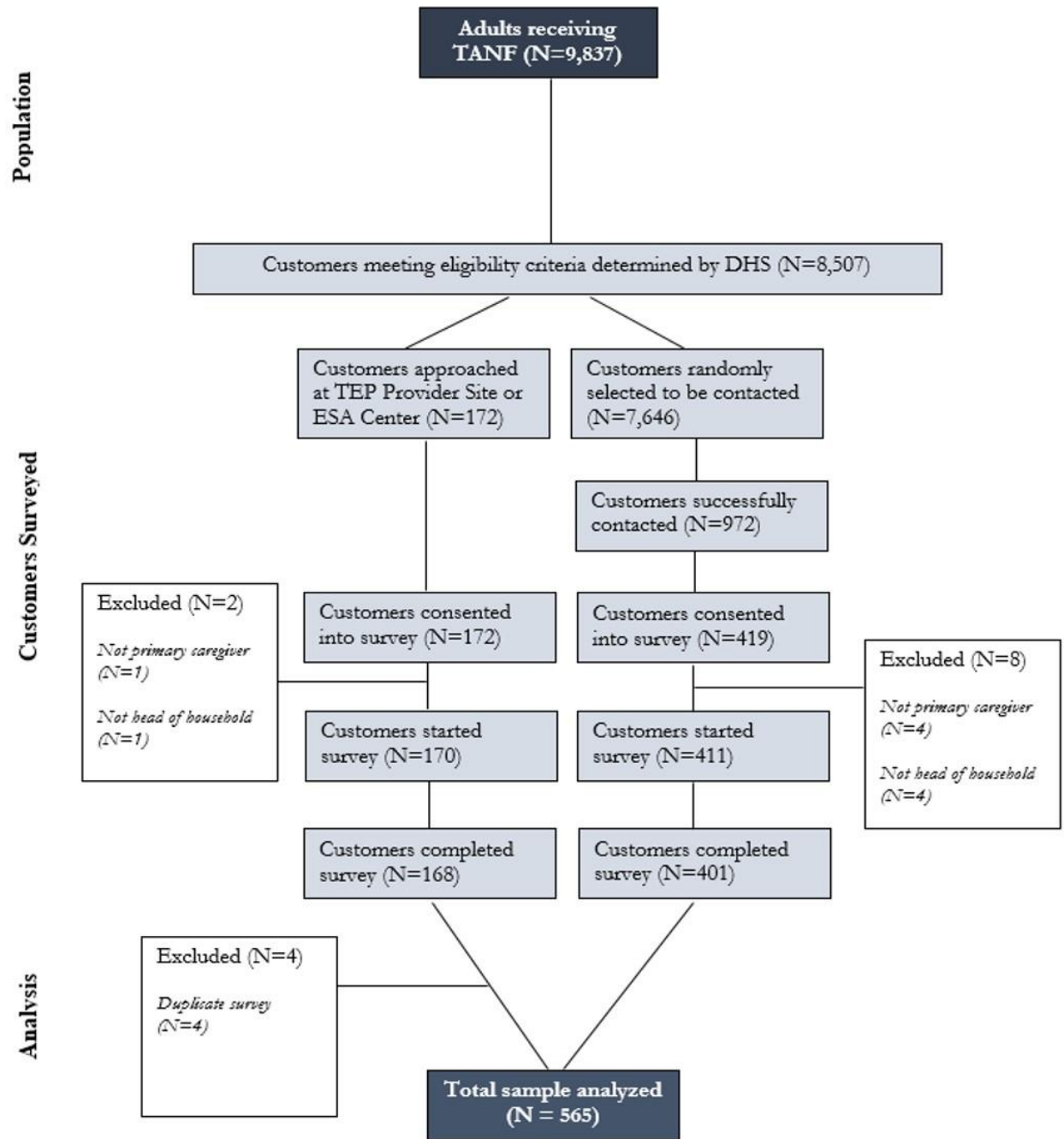
References

[1] Smith, M., Kruse, A., & Goldblum J. (2013). Diaper Need and Its Impact on Child Health. *Pediatrics* 2013-0597.

[2] Center on Budget and Policy Priorities. (2015). *Policy basics: An introduction to TANF*. Retrieved from: https://www.cbpp.org/research/policy-basics-an-introduction-to-tanf?fa=view&id=936

[3] Center on Budget and Policy Priorities. (2015). *Policy basics: An introduction to TANF*. Retrieved from: https://www.cbpp.org/research/policy-basics-an-introduction-to-tanf?fa=view&id=936

[4] Center on Budget and Policy Priorities. (2015). *Policy basics: An introduction to TANF*. Retrieved from: https://www.cbpp.org/research/policy-basics-an-introduction-to-tanf?fa=view&id=936

[5] Lee, J. B., Slack, K. S., & Lewis, D. A. (2004). Are welfare sanctions working as intended? Welfare receipt, work activity, and material hardship among TANF-recipient families. *Social Service Review*, *78*(3), 370-403.

[6] Paxson, C., & Waldfogel, J. (2003). Welfare reforms, family resources, and child maltreatment. *Journal of Policy Analysis and Management*, *22*(1), 85-113.

[7] Kushel, M. B., Gupta, R., Gee, L., & Haas, J. S. (2006). Housing instability and food insecurity as barriers to health care among low-income Americans. *Journal of General Internal Medicine*, *21*(1), 71-77.

[8] Slack, K. S., Holl, J. L., Lee, B. J., McDaniel, M., Altenbernd, L., & Stevens, A. B. (2003). Child protective intervention in the context of welfare reform: The effects of work and welfare on maltreatment reports. *Journal of Policy Analysis and Management*, *22*(4), 517-536.

[9] Gerard, A. B. (1994). *Parent-Child Relationship Inventory (PCRI): Manual.* Los Angeles: Western Psychological Services.

[10] Radloff, L.S. (1977). The CES-D scale: a self-report depression scale for research in the general population. *Applied Psychological Measurement, 1,* 385-401.

[11] Sherbourne & Stewart. (1993). The MOS Social Support Survey. Santa Monica, CA: RAND Corporation.

[12] Plummer, F., Manea, L., Trepel, D., & McMillan, D. Screening for anxiety disorders with the GAD-7 and GAD-2: A systematic review and diagnostic meta-analysis. *General Hospital Psychiatry, 39*, 24-31.

[13] Bickel, G., Nord, M., Price, C., Hamilton, W., & Cook, J. (2000). Guide to measuring household food security.

[14] Cohen, S., Kamarck, T., Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior*, *24*, 385-396.

[15] Smith, M., Kruse, A., & Goldblum J. (2013). Diaper Need and Its Impact on Child Health. *Pediatrics* 2013-0597.