

# Child Support Caseload Data: Recent Trends

Vicki Turetsky  
Andrea Watson

January 1998

Center for Law and Social Policy

**CLASP**

# Child Support Caseload Data: Recent Trends

Vicki Turetsky  
Andrea Watson

January 1998

CLASP's child support policy work is supported by the Rockefeller Family Fund, the Ford Foundation, the Charles Stewart Mott Foundation, the Public Welfare Foundation, the Moriah Fund, the Open Society Institute and the Nathan Cummings Foundation.

Center for Law and Social Policy  
1616 P Street, NW  
Suite 150  
Washington, DC 20036  
phone: (202) 328-5140 **g** fax: (202) 328-5195  
info@clasp.org **g** www.clasp.org

## Summary of Key Findings

CLASP conducted a state-by-state analysis of key program trends in the child support (IV-D) program for the period 1991 through 1995. Our study looked at key performance indicators, caseload trends, program expenditures, and staffing ratios. This paper analyzes child support caseload trends during the five-year period. Preliminary 1996 data also is included if available. The analysis is based on data reported by state child support programs to the federal Office of Child Support Enforcement (OCSE) and published in annual reports to Congress.<sup>1</sup> State-by-state caseload data tables are attached to this paper.

The data show that during the five-year period, IV-D caseload growth peaked in 1992 and 1993, then slowed sharply. The IV-D child support caseload increased by 13 percent each year in 1992 and 1993. These years had some of the highest growth rates since the program started. However, by 1996, the IV-D caseload increased by less than 1 percent. Essentially, the caseload stopped growing. Both welfare and non-welfare caseloads show similar trends. Current welfare cases increased by 11 percent in 1993, but declined by 6 percent in 1996. Non-welfare cases increased by 20 percent in 1992, but increased by only 6 percent in 1996.

The recent declines in caseload growth rates are unprecedented in the IV-D program's history. Clearly, TANF policy changes have led to fewer families receiving welfare and required to participate in the child support program. Families receiving welfare benefits declined by 7 percent in 1996, and have continued to drop sharply. Demographic trends, including falling non-marital birth rates and divorce rates, may also be a factor in reducing the rate of new cases coming into the child support program. However, a review of state data on child support cases opened and closed during the period suggests that state computer conversion efforts and an increased state emphasis on closing duplicate and unproductive cases may also account for slowed growth across the caseload.

### Background

The IV-D program is required to provide child support services to (1) families receiving AFDC, TANF, Medicaid, and foster care and (2) non-welfare families applying for IV-D services.

---

<sup>1</sup> Annual data reported by the states to the federal Office of Child Support Enforcement and published in U.S. Health and Human Services, *Child Support Enforcement: 20th Annual Report to Congress for the Period Ending September 30, 1995*, and preceding annual reports. Recently, HHS released a preliminary 1996 data report. While the 1996 preliminary data is not included in the attached state-by-state tables, 1996 data is noted in footnotes to the text of this paper. See *Child Support Enforcement: FY 1996 Preliminary Data Report* (August 1997). Calculations were performed by CLASP.

However, the fiscal implications for the state in pursuing welfare and non-welfare cases are quite different. The key difference is that collections made in welfare cases are treated as government revenues that are shared between state and federal governments. Collections made in non-welfare cases are paid directly to the families.

The Aid to Families with Dependent Children (AFDC) program was in effect during the period covered by these data, although many states had begun to implement changes in their welfare policies by 1994 or 1995. Under the AFDC program, families were required to participate in the child support program as a condition of eligibility. They had to assign (turn over) their support rights to the state and to cooperate in establishing paternity and obtaining support. AFDC families were paid the first \$50 of support collected in their case each month. However, the state and federal government retained most of the collected support as reimbursement for AFDC benefits.

In 1996, Congress enacted the Personal Responsibility and Work Opportunity Reconciliation Act, which repealed AFDC and replaced it with the Temporary Assistance for Need Families (TANF) program. The cooperation and assignment requirements were carried over into TANF, but numerous changes were made to the rules governing the scope of assignments, the ownership of support collected for TANF families, and the order of support distribution. The federal \$50 pass-through to current welfare families was eliminated, but former welfare families receive more favorable treatment under the new law. The new law also directed HHS to develop a performance-based incentive funding proposal. Incentive payment legislation, which would base incentives paid to states on five performance indicators, is expected to be reintroduced in Congress this year.<sup>2</sup>

Nationwide, about half of IV-D cases are welfare cases and half are non-welfare cases.<sup>3</sup> Of the welfare cases, three-fourths involve families currently receiving welfare, while the remaining fourth involve families who have left welfare but have assigned unpaid support to the state. Although the IV-D program was historically linked to the AFDC program, the non-welfare caseload is larger than the welfare caseload in about half of the states. Nationwide, about two-thirds of the families receiving IV-D services have left welfare or never received welfare.

**Welfare cases.** States track two categories of welfare cases in the IV-D caseload. Current welfare cases account for three-fourths of the welfare cases and arrears-only cases account for one-fourth of the welfare cases:

- C *Current welfare cases.* These cases (also called “AFDC/FC” cases) are pursued by the state child support agency on behalf of current AFDC or TANF recipients. Families receiving AFDC or TANF are mandatory participants in the child support program. They are required to turn over (assign) their support rights to the state and to cooperate in establishing paternity and obtaining support as a condition of eligibility. The state retains

---

<sup>2</sup> See HHS, *Report to the House of Representatives Committee on Ways and Means and the Senate Committee on Finance: Child Support Enforcement Incentive Funding* (February 1997).

<sup>3</sup> In 1996, 52 percent were welfare cases, and 48 percent were non-welfare cases, according to preliminary OCSE data.

the collected support as reimbursement for assistance.<sup>4</sup>

- C *Arrears-only welfare cases.* When a family leaves welfare, the assignment to current support ends. This means that support owed after the family leaves welfare belongs to the family. However, arrearages that accrued during the assistance period remain assigned to the state. The state may open an “arrears-only” welfare case for a former welfare family to pursue its interests in the assigned support.

**Non-welfare cases.** The IV-D program also provides services to families who are not receiving welfare benefits, but who have applied for child support services and paid a fee. Non-welfare families are voluntary participants in the IV-D program. They are entitled to keep the support collected on their behalf, and do not assign their support rights to the state. The non-welfare caseload also includes former welfare families who continue to receive IV-D services on a voluntary basis. Child support services to former welfare families continue automatically, unless the family declines services.<sup>5</sup>

Over the years, the composition of the IV-D caseload has changed significantly. This is because the non-welfare caseload has grown much faster than the welfare caseload. In 1978, 85 percent of the IV-D caseload were welfare cases, while 15 percent were non-welfare cases. In 1996, 52 percent were welfare cases, while 48 percent were non-welfare cases. Proportionately more child support is collected from the non-welfare caseload than the welfare caseload. Although most non-welfare families requesting child support services are low-income families,<sup>6</sup> non-welfare cases historically have yielded better overall returns. In 1996, three-fourths of the support collected by the IV-D program came from non-welfare cases, while one-fourth was collected in welfare cases.

## Key Findings

**The IV-D caseload grew by 44 percent between 1991 and 1996.** In 1991, there were 13.4 million cases in the IV-D caseload. In 1996, there were 19.3 million cases. Non-welfare cases

---

<sup>4</sup> Although most current welfare cases are opened for AFDC/TANF families, a small proportion of these cases involve families receiving Medicaid or IV-E foster care maintenance benefits. Families receiving Medicaid but not TANF must cooperate with the IV-D agency in establishing paternity and obtaining medical support and payments from liable third party payors. They are required to assign their medical support rights, but they retain their right to keep other support. The IV-D agency is required to provide full enforcement services to Medicaid recipients upon request. 42 U.S.C. 1396k; 654(4). Support payments made on behalf of children receiving foster care benefits also are assigned to the state. 42 U.S.C. 671(a)(17); 654(4).

<sup>5</sup> Under the old law, the requirement that child support services be continued after AFDC was contained in 42 U.S.C. §657(c). The continuation requirement has been carried over into the new law as 42 U.S.C. §654(25). Two cases may be opened for former welfare families: a non-welfare case to collect current support and an arrears-only case to collect assigned support. Similarly, two cases may be opened for Medicaid families: a welfare case for assigned medical support and a non-welfare case for other support.

<sup>6</sup> According to the U.S. General Accounting Office, more than half of non-welfare families in the IV-D caseload are below or near poverty levels. See *Child Support Enforcement: Opportunity to Defray Burgeoning Federal and State Non-AFDC Costs*, GAO/HRD-92-91 (June 1992).

increased more than twice as fast as welfare cases during the period. The welfare caseload grew by 28 percent, while the non-welfare caseload grew by 63 percent. Between 1991 and 1996, four states had caseload increases that were at least twice the nationwide rate,<sup>7</sup> while six states experienced either minimal increases or a net loss.<sup>8</sup>

**The IV-D caseload barely increased in 1996.** The rate of growth in the IV-D caseload has slowed sharply in the last two reporting years. In 1992 and 1993, two growth peak years in the program, the IV-D caseload climbed 13 percent each year. By 1995, the IV-D caseload growth had slowed to 3 percent, the lowest growth rate since the inception of the program. In 1996, the caseload increased by less than 1 percent. In 1996, the actual number of IV-D cases declined in more than a quarter of states.<sup>9</sup>

**Current welfare cases declined 8 percent between 1994 and 1996.** Current welfare (AFDC/FC) cases in the IV-D caseload dropped 1 percent in 1995 and 6 percent in 1996.<sup>10</sup> This compares to AFDC/TANF caseload declines of 3 percent and 7 percent in 1995 and 1996, respectively.<sup>11</sup> In the peak growth years of 1992 and 1993, current welfare cases in the IV-D caseload increased 10 percent and 11 percent, respectively.

**Non-welfare cases have slowed markedly.** Since 1994, non-welfare cases in the IV-D caseload have grown more slowly than in the past. In 1994 and 1995, non-welfare cases grew by 7 percent each year, and by 6 percent in 1996. This is down from 20 percent in 1992 and 16 percent in 1993. In 1996, the actual number of non-welfare cases declined in six states.<sup>12</sup>

**Arrears-only cases also have slowed.** Welfare arrears-only cases increased by 3 percent in 1995 and 4 percent in 1996. By contrast, the number of arrears-only cases increased by 10 percent in 1993 and 13 percent in 1994.

**IV-D collections grew faster than the caseload.** Collections grew at a faster pace than the IV-D caseload between 1991 and 1996. IV-D collections increased by 69 percent, while the

---

<sup>7</sup> California, Connecticut, Montana, and Wyoming.

<sup>8</sup> Hawaii, Illinois, Massachusetts, New Jersey, and Oklahoma, and Rhode Island.

<sup>9</sup> Thirteen states experienced actual declines in their IV-D caseloads between 1995 and 1996: Arizona, Florida, Indiana, Louisiana, Massachusetts, Mississippi, Montana, Nebraska, New Jersey, New Mexico, Rhode Island, Tennessee, and West Virginia.

<sup>10</sup> In 1995, current welfare (AFDC/FC) cases declined in two-thirds of the states. OCSE has not published state-by-state 1996 preliminary figures for current welfare (AFDC/FC) cases.

<sup>11</sup> See HHS, *Aid To Families with Dependent Children (AFDC)/Temporary Assistance for Needy Families (TANF) 1960-1996*, <http://www.acf.dhhs.gov/news>. Nationwide AFDC/TANF caseload figures cited in the text are average monthly numbers for federal fiscal year 1996. Note that state-by-state AFDC caseload charts attached to this paper are based on January annual numbers, and so vary slightly from the average monthly figures.

<sup>12</sup> The six states that experienced actual declines in their non-welfare caseloads in 1996 were Delaware, Indiana, Nebraska, New Mexico, Rhode Island, and Tennessee.

caseload grew by 44 percent. In 1995, IV-D collections increased by 10 percent, while the caseload increased 3 percent. In 1996, IV-D collections increased by 11 percent, while the caseload increased by 1 percent.

**Welfare collections decreased in one-fourth of the states.** Although welfare cases in the IV-D caseload are falling, welfare collections increased nationwide in 1995 and 1996. Welfare collections increased by 5 percent in 1995, while cases decreased 1 percent. Welfare collections increased by 6 percent in 1996, while cases decreased by 6 percent. However, welfare collections decreased in a quarter of the states in 1996.<sup>13</sup>

## Effect of Declining TANF Cases on the IV-D Caseload

As previously noted, current welfare (AFDC/FC) cases in the IV-D caseload declined in two-thirds of the states in 1995.<sup>14</sup> A state-by-state comparison of current welfare cases in the IV-D caseload with AFDC/TANF cases for 1995 suggests that IV-D and AFDC caseload declines roughly tracked each other. But this is not true in every state. In some states, IV-D cases for current welfare families has continued to grow significantly, even as AFDC cases have fallen. In other states, the IV-D cases have fallen much more quickly than the AFDC cases.

Declining TANF caseloads are likely to affect IV-D collections in several ways. First, welfare collections will drop, and may drop precipitously, under TANF. This is because families who were receiving AFDC benefits will become ineligible under more restrictive TANF policies, including time limits. Since welfare collections are kept by the state and federal governments, a drop in welfare collections will directly reduce government revenues. As noted, a quarter of states experienced a decline in welfare collections in 1996.

In addition, the characteristics of non-welfare cases are likely to more closely resemble those in welfare cases, as former welfare families lose eligibility and are transferred to the non-welfare caseload. This may lead a drop in non-welfare collection rates. However, this drop in non-welfare collection rates may be offset by increased numbers of new families applying for child support services to avoid welfare.

Some states may seek to bring in more non-welfare cases through a strategy of universal coverage, extending IV-D services to broader range of families with child support orders in the state. Increased enforcement capacity also may boost overall collection rates. Thus, some states may be able to maintain current collection levels and performance rates even as caseloads become harder to work. However, non-welfare collections will not produce direct government revenues, but instead will increase administrative costs.

---

<sup>13</sup> The thirteen states experienced declines in their 1996 welfare collections were Arizona, Florida, Indiana, Iowa, Maryland, Massachusetts, New Hampshire, New Mexico, North Carolina, North Dakota, Tennessee, Virginia, and Wisconsin.

<sup>14</sup> The most recent state-by-state IV-D data available for current welfare (AFDC/FC) cases. However, over half of the states experienced a 1996 decline in their combined welfare caseload (including both current welfare cases and arrears-only cases). The number of states with declines in their current welfare cases is likely to be greater, since arrears-only cases are typically opened after a family leaves welfare.

## Effect of Computer Conversion on Child Support Cases

While fewer families may be receiving AFDC/TANF benefits or applying for child support services, additional factors may also be contributing to the slowed rate of growth of the IV-D caseload. One factor may be that computer conversion efforts have reduced cases across categories, as states “clean up” their caseload.<sup>15</sup> By the same token, the unprecedented caseload upsurges in 1992 and 1993 may have been due not only to increases in new cases, but the failure to close duplicate cases.<sup>16</sup> A number of states have pursued more aggressive case closure policies as they converted their case data to automated files and closed duplicate or unworkable cases.<sup>17</sup>

In addition, it is likely that some states are focusing more on their caseload “denominator” in anticipation of proposed performance-based funding changes. Because the caseload count is the denominator for proposed performance indicators, states are likely to become increasingly concerned about duplicated case counts and multiple cases opened for the same children. This is because the higher the denominator, the lower the performance indicator.

The slowing rate of IV-D caseload growth -- and more accurate identification of cases -- may help states improve their performance ratings. Yet there is potential for abuse if states begin closing less productive cases. This is particularly true if states rely on a computerized protocol to automatically close cases that are missing specific items of information, without making any effort to fill in the blanks. In addition, automatic data matching will increase state capacity to locate noncustodial parents and resources in previously unproductive cases. IV-D case closure and TANF noncooperation policies must be implemented carefully and monitored closely to avoid over-zealous case closures.

There is justifiable concern about the accuracy of IV-D caseload data. In particular, IV-D caseload numbers are widely suspected to be inflated. This is partly because U.S. census data shows that there are considerable fewer single parent families than there are IV-D cases nationwide.<sup>18</sup> Part of the difficulty is that multiple IV-D cases are opened for the same family and children. A IV-D “case” is defined by OCSE as a “non-custodial parent who is now or

---

<sup>15</sup> A number of states, including Arizona, Florida, Georgia, Louisiana, Illinois, New Hampshire, Michigan, Montana, New Mexico, and West Virginia, reported conversion-related decreases in total cases or opened cases, and/or increases in closed cases in 1994 or 1995. *Nineteenth and 20th Annual Report to Congress*, Appendix C: Notes on State Data Tables.

<sup>16</sup> See Little Hoover Commission, State of California, *Enforcing Child Support: Parental Duty, Public Priority* (May 1997).

<sup>17</sup> Two states, Arizona and Illinois, reported an increased emphasis on case closure. Arizona reported changed closure criteria, while Illinois reported a project in which non-welfare cases were closed if the custodial parent failed to respond to the state’s request for a new interview. *Nineteenth and 20th Annual Report to Congress*, Appendix C: Notes on State Data Tables.

<sup>18</sup> See, e.g., conference materials submitted by Linda Mellgren, HHS/ASPE, to National Child Support Enforcement Association (NCSEA) conference, January 27-28, 1998.



eventually may be obligated under law for the support of one or more dependent children. In addition, a non-custodial parent who has children with more than custodial parent is counted once for each custodial parent.”<sup>19</sup>

States often open multiple cases when, for example, children in the same family have different noncustodial parents; when more than one putative father is named; when families leave welfare, but have unpaid assigned support; or when a Medicaid recipient has assigned medical support, but requests full child support services. In addition, case definitions and procedures for opening and closing cases vary among states. Even within states, practice varies among local jurisdictions.

The degree to which IV-D case counts are inflated is unclear. A state-by-state comparison of current welfare cases in the IV-D caseload and AFDC cases shows that in most states there are more IV-D current welfare cases opened than there are AFDC families. However, there are more individual AFDC recipients than there are child support cases. This suggests that multiple IV-D cases are opened for the same welfare family, but that the caseload count is not wildly inconsistent with the number of children in the AFDC caseload. In addition, child support and AFDC caseload declines roughly track each other, suggesting that child support cases for welfare families are identified and closed. Nonetheless, a few states do appear to have significant over counts of child support cases relative to AFDC caseloads.

On the other hand, a few states seem to have the opposite problem -- that is, they have substantially fewer child support cases than AFDC families. This may reflect an interface problem between the AFDC/TANF program and the child support program. It is possible that child support cases are not being opened for every welfare family eligible for child support services. In addition, non-welfare caseloads and welfare arrears-only cases -- which should be opened as families leave welfare -- are not increasing as fast as expected. This raises the concern that some families may not be getting the services they are entitled to once they leave welfare.

Further research that examines the actual number of families and children served by the child support program would be extremely useful. In addition, standardization of case definitions and case protocols is badly needed to insure the integrity of performance-based funding and service delivery to families. While computer conversion seems to be adjusting caseload counts downward, computerization is not the panacea for bad caseload data.

---

<sup>19</sup> See *Child Support Enforcement: FY 1996 Preliminary Data Report*, 3.

**Size of State IV-D Programs  
FFY 1996**

Caseload Size Rank	State	Total Caseload (000)	% Welfare Caseload	% Non-welfare Caseload	Total Collections (\$ millions)	Rank in Collections Amount
1	California	2470	68%	32%	1034	1
2	Michigan	1561	76%	24%	949	4
3	New York	1298	46%	54%	702	5
4	Florida	1016	43%	57%	412	9
5	Ohio	953	47%	53%	981	2
6	Pennsylvania	885	44%	56%	958	3
7	Texas	833	39%	61%	538	6
8	Illinois	730	61%	39%	250	17
9	Indiana	610	41%	59%	197	19
10	New Jersey	527	45%	55%	500	7
11	Georgia	519	46%	54%	269	14
12	Tennessee	495	43%	57%	160	21
13	North Carolina	463	65%	35%	262	15
14	Wisconsin	409	55%	45%	440	8
15	Missouri	393	55%	45%	279	13
16	Alabama	388	31%	69%	158	22
17	Virginia	387	37%	63%	257	16
18	Maryland	380	49%	51%	288	12
19	Washington	375	58%	42%	407	10
20	Louisiana	340	43%	57%	144	25
21	Kentucky	322	41%	59%	145	24
22	Arizona	272	49%	51%	113	28
23	Oregon	272	42%	58%	178	20
24	Mississippi	271	37%	63%	85	32
25	Connecticut	236	60%	40%	125	26
26	Minnesota	239	50%	50%	319	11
27	South Carolina	220	30%	70%	118	27

Caseload Size Rank	State	Total Caseload (000)	% Welfare Caseload	% Non-welfare Caseload	Total Collections (\$ millions)	Rank in Collections Amount
28	Massachusetts	208	64%	36%	248	18
29	Colorado	199	54%	46%	108	29
30	Iowa	195	50%	50%	152	23
31	Kansas	138	43%	57%	108	30
32	Arkansas	138	48%	52%	79	34
33	Nebraska	132	25%	75%	95	31
34	Oklahoma	118	42%	58%	73	36
35	Utah	114	62%	38%	78	35
36	West Virginia	111	33%	67%	84	33
37	DC	100	44%	56%	28	49
38	Nevada	80	39%	61%	57	39
39	Maine	77	59%	41%	63	37
40	New Mexico	77	47%	53%	30	45
41	Idaho	74	53%	47%	44	42
42	Rhode Island	69	59%	41%	36	43
43	Wyoming	62	25%	75%	25	51
44	Hawaii	59	37%	63%	52	40
45	Delaware	56	46%	54%	35	44
46	Alaska	56	57%	43%	58	38
47	New Hampshire	47	42%	58%	48	41
48	North Dakota	44	53%	47%	28	47
49	Montana	43	46%	54%	29	46
50	South Dakota	32	55%	45%	28	48
51	Vermont	19	55%	45%	25	50
TOTAL	NATIONWIDE	19,316	58%	42%	12,019	n/a

Source: HHS, *Child Support Enforcement: FY 1996 Preliminary Data Report* (Aug. 1997)

### Net Changes in Child Support Caseload FFY 1991 to 1996

State	Net Change 1991-1996	Net Change 1994-1996
Alabama	+82%	+16%
Alaska	+50%	+10%
Arizona	+31%	-11%
Arkansas	+43%	+8%
California	+110%	+16%
Colorado	+45%	+6%
Connecticut	+97%	+11%
Delaware	+37%	+10%
D.C.	+45%	+16%
Florida	+60%	+5%
Georgia	+30%	-4%
Hawaii	+7%	-10%
Idaho	+73%	+35%
Illinois	+4%	+1%
Indiana	+59%	-27%
Iowa	+88%	+16%
Kansas	+31%	+11%
Kentucky	+46%	+9%
Louisiana	+78%	+3%
Maine	+43%	+6%
Maryland	+26%	+12%
Massachusetts	-12%	-8%
Michigan	+43%	+10%
Minnesota	+44%	+13%
Mississippi	+11%	+1%
Missouri	+43%	+11%
Montana	+104%	+4%
Nebraska	+34%	-2%

State	Net Change 1991-1996	Net Change 1994-1996
Nevada	+38%	+3%
New Hampshire	+38%	+9%
New Jersey	+3%	-4%
New Mexico	+58%	-3%
New York	+49%	+6%
North Carolina	+38%	+4%
North Dakota	+68%	+17%
Ohio	+22%	+2%
Oklahoma	-8%	-4%
Oregon	+55%	+13%
Pennsylvania	+23%	-8%
Rhode Island	+8%	-17%
South Carolina	+35%	+3%
South Dakota	+46%	+8%
Tennessee	+36%	-20%
Texas	+53%	+14%
Utah	+84%	+19%
Vermont	+15%	0%
Virginia	+73%	+7%
Washington	+50%	+11%
West Virginia	+66%	+21%
Wisconsin	+28%	+2%
Wyoming	+185%	+125%
NATIONWIDE	+45%	+4%

Source: HHS, *Child Support Enforcement: FY 1996 Preliminary Data Report* (Aug. 1997) and annual reports.

### Change in Child Support Caseload FFY 1995 to 1996

State	Total IV-D Caseload	Welfare Caseload (AFDC/FC and AFDC Arrears Only)	Non-Welfare Caseload
Alabama	+5%	-3%	+8%
Alaska	+5%	+4%	+6%
Arizona	-5%	-12%	+4%
Arkansas	+6%	+2%	+9%
California	+4%	+5%	+3%
Colorado	+2%	+2%	+3%
Connecticut	+4%	-1%	+11%
Delaware	+1%	+32%	-16%
D.C.	+8%	-1%	+15%
Florida	0%	-6%	+4%
Georgia	+1%	-9%	+11%
Hawaii	+11%	+24%	+5%
Idaho	+19%	+26%	+12%
Illinois	+1%	-1%	+6%
Indiana	-22%	-37%	-6%
Iowa	+7%	+0%	+15%
Kansas	+7%	-3%	+16%
Kentucky	+6%	-1%	+11%
Louisiana	-7%	-22%	+8%
Maine	+2%	+1%	+3%
Maryland	+5%	+1%	+9%
Massachusetts	-4%	-9%	+4%
Michigan	+4%	+3%	+6%
Minnesota	+6%	0%	+13%
Mississippi	-5%	-42%	+52%
Missouri	+5%	0%	+11%
Montana	-1%	-3%	0%

State	Total IV-D Caseload	Welfare Caseload (AFDC/FC and AFDC Arrears Only)	Non-Welfare Caseload
Nebraska	-5%	+1%	-7%
Nevada	+8%	+2%	+13%
New Hampshire	+6%	-3%	+13%
New Jersey	-2%	-4%	0%
New Mexico	-17%	-17%	-16%
New York	+1%	-2%	+4%
North Carolina	+5%	+2%	+9%
North Dakota	+17%	+23%	+12%
Ohio	+5%	+2%	+9%
Oklahoma	0%	-8%	+7%
Oregon	+7%	-1%	+15%
Pennsylvania	0%	-1%	+1%
Rhode Island	-11%	-3%	-21%
South Carolina	+1%	-12%	+7%
South Dakota	+4%	+1%	+8%
Tennessee	-20%	-33%	-7%
Texas	+13%	-1%	+25%
Utah	+4%	+3%	+5%
Vermont	0%	-5%	+8%
Virginia	+7%	+2%	+9%
Washington	+4%	+5%	+3%
West Virginia	-6%	-26%	+9%
Wisconsin	0%	-7%	+9%
Wyoming	+34%	+8	+46%
NATIONWIDE	+1%	-4%	+6%

Source: HHS, *Child Support Enforcement: FY 1996 Preliminary Data Report* (Aug. 1997)

**Comparison of IV-D Current Welfare Cases  
and AFDC Cases  
(FFY 1995)**

State	Average current welfare (AFDC/FC) cases in IV-D caseload (FFY 95)	AFDC families ( Jan. 1995)	AFDC recipients (Jan. 1995)
Alabama	76,737	47,376	121,837
Alaska	17,416	12,518	37,264
Arizona	117,720	71,110	195,082
Arkansas	37,416	24,930	65,325
California	1,395,199	925,585	2,692,202
Colorado	57,458	39,115	110,742
Connecticut	78,693	60,927	170,719
Delaware	15,746	11,306	26,314
D.C.	38,700	26,624	72,330
Florida	419,317	241,193	657,313
Georgia	206,834	141,284	388,913
Hawaii	17,417	21,523	65,207
Idaho	14,908	9,097	24,050
Illinois	411,927	240,013	710,032
Indiana	108,046	68,195	197,225
Iowa	49,273	37,298	103,108
Kansas	44,183	28,770	81,504
Kentucky	94,356	76,471	193,722
Louisiana	182,720	81,587	258,180
Maine	30,883	22,010	60,973
Maryland	135,938	81,115	227,887
Massachusetts	83,852	104,956	286,175
Michigan	871,231	207,089	612,224
Minnesota	73,075	57,324	167,949
Mississippi	148,878	53,104	146,319
Missouri	119,009	91,378	259,595
Montana	17,035	11,732	34,313



State	Average current welfare (AFDC/FC) cases in IV-D caseload (FFY 95)	AFDC families ( Jan. 1995)	AFDC recipients (Jan. 1995)
Nebraska	18,467	14,968	42,038
Nevada	23,064	16,039	41,846
New Hampshire	14,564	11,018	28,671
New Jersey	170,386	120,099	321,151
New Mexico	42,708	34,789	105,114
New York	430,974	461,006	1,266,350
North Carolina	243,759	127,069	317,836
North Dakota	7,587	5,374	14,920
Ohio	344,791	232,574	629,719
Oklahoma	43,240	45,936	127,336
Oregon	69,275	40,323	107,610
Pennsylvania	307,730	208,899	611,215
Rhode Island	32,950	22,559	62,407
South Carolina	73,185	50,389	133,567
South Dakota	5,800	6,482	17,652
Tennessee	240,786	105,948	281,982
Texas	307,824	279,911	765,460
Utah	38,527	17,195	47,472
Vermont	8,341	9,789	27,716
Virginia	119,769	73,920	189,493
Washington	113,572	103,179	290,940
West Virginia	48,711	39,231	107,668
Wisconsin	193,421	73,962	214,404
Wyoming	12,924	5,443	15,434
NATIONWIDE	7,879,725	4,936,000	13,918,000

Source: HHS, *Child Support Enforcement: FY 1996 Preliminary Data Report* (Aug. 1997); *Change in Welfare Caseloads*, <http://www.acf.dhhs.gov/news/case>.

### Change in IV-D Current Welfare Cases and AFDC Cases

State	Change in current welfare (AFDC/FC) cases in IV-D caseload (FFY 94 to 95)	Change in AFDC families from Jan. 94 to Jan. 95	Change in AFDC families from Jan. 95 to Jan. 96
Alabama	-4%	-7%	-8%
Alaska	0%	0%	-4%
Arizona	-31%	-1%	-9%
Arkansas	-10%	-6%	-7%
California	+12%	+3%	-2%
Colorado	-6%	-6%	-9%
Connecticut	+3%	+4%	-5%
Delaware	-4%	-4%	-9%
D.C.	+1%	0%	-3%
Florida	-14%	-5%	-11%
Georgia	-5%	-1%	-4%
Hawaii	+2%	+7%	+3%
Idaho	+9%	+5%	+1%
Illinois	-2%	0%	-6%
Indiana	-8%	-8%	-23%
Iowa	-4%	-6%	-10%
Kansas	-4%	-5%	-10%
Kentucky	-3%	-4%	-6%
Louisiana	+5%	-7%	-12%
Maine	-2%	-5%	-7%
Maryland	+4%	+2%	-7%
Massachusetts	-9%	-7%	-14%
Michigan	+5%	-8%	-13%
Minnesota	-1%	-10%	+2%
Mississippi	+1%	-8%	-7%
Missouri	0%	0%	-7%
Montana	-4%	-3%	-4%

State	Change in current welfare (AFDC/FC) cases in IV-D caseload (FFY 94 to 95)	Change in AFDC families from Jan. 94 to Jan. 95	Change in AFDC families from Jan. 95 to Jan. 96
Nebraska	-10%	-7%	-6%
Nevada	0%	+14%	-1%
New Hampshire	-7%	-4%	-12%
New Jersey	-10%	-1%	-6%
New Mexico	+21%	+4%	-1%
New York	+4%	+2%	-5%
North Carolina	-4%	-3%	-10%
North Dakota	-4%	-10%	-7%
Ohio	-9%	-7%	-10%
Oklahoma	-11%	-3%	-11%
Oregon	-4%	-6%	-12%
Pennsylvania	-12%	0%	-8%
Rhode Island	-3%	0%	-3%
South Carolina	-11%	-5%	-7%
South Dakota	-9%	-8%	-5%
Tennessee	-6%	-5%	-5%
Texas	-3%	0%	-5%
Utah	+2%	-5%	-12%
Vermont	-7%	-1%	-6%
Virginia	-9%	-1%	-10%
Washington	-1%	0%	-4%
West Virginia	+19%	-4%	-7%
Wisconsin	0%	-6%	-12%
Wyoming	-39%	-8%	-9%
NATIONWIDE	-6%	-2%	-6%

Source: HHS, *Child Support Enforcement: FY 1996 Preliminary Data Report* (Aug. 1997); *Change in Welfare Caseloads*  
<http://www.acf.dhhs.gov/news/case>

For a full report contact CLASP Publications.