

Summary Notes
Paternity Establishment Performance
Peer-to-Peer Training Conference

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U. S. Department of Health and Human Services
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I. Meeting Summary

The Paternity Establishment Performance (PEP) Peer Mentoring was initiated by the Office of Child Support Enforcement, Division of Planning, Research and Evaluation as an interactive forum for states seeking help improving their paternity establishment performance. The two-day meeting brought together states who reported exemplary paternity establishment performance (known as *mentor* states) with states seeking improvement (known as *student* states).

The basic format used for the event involved a series of presentations prepared by mentor states on a specific paternity establishment related topic. Topics addressed during the two days included:¹

- PEP Performance
- IV-D Performance
- Statewide Performance
- Data Reliability: IV-D States
- Data Reliability: Statewide States
- Data Reliability: States that Switched PEP's

At the conclusion of each presentation, or group of presentations, student states were given the opportunity to pose questions to the speakers. In addition, at the conclusion of each presentation, the audience was asked to identify “best practices” that they heard the presenters discuss that would be useful for their state to adopt.

This document summarizes each presenter’s discussion and best practices identified by the audience. Questions posed to the presenters and their answers are found in Appendix A.

The list of attendees is found in Appendix C.

¹ See Appendix B for the final agenda.

II. Performance Measurement

A. Group 1 - PEP Performance

- Colorado
- Oklahoma

State of Colorado – Bob Conklin

Presentation Synopsis

Colorado emphasizes three important facets for a successful paternity establishment program: Focus, Program & Policy, and reports.

- **Focus:** PEP performance is directly related to the level of attention focused on the program. It is beneficial to have one program point of contact that focuses on goal achievement. The person should understand the Acknowledgement of Paternity processes (both within the IV-D agency and other participating agencies). Improving PEP performance also requires adequate resources; when acquiring resources be sure that decision makers understand the ripple effect of poor PEP performance.
- **Program & Policy:** The PEP process, and the corresponding policies driving it, must be conducive to encouraging and quickly processing the Acknowledgement of Paternity form. Developing a good working relationship with supporting agencies such as Vital Records and hospitals is critical for ensuring that the overall process is efficient and effective.
- **Reports:** Reports that provide feedback at the “service” level (i.e. hospitals) are necessary in order to detect and correct performance problems early on.

Colorado instituted a newsletter that is used to communicate with and educate those involved in the paternity acknowledgement process.

State of Oklahoma – Anthony “Tony” Jackson

Presentation Synopsis

In previous years paternity acknowledgement had been neglected, so to improve performance Oklahoma refocused attention on the paternity acknowledgement program. IV-D took several steps to improve the process and create awareness regarding the importance of acknowledgements, including:

- Developing a performance measurement-training program for all IV-D staff, which includes how workers can ensure they get credit for paternity establishment.
- Instituting a paternity establishment newsletter.
- Establishing good working relationships with both hospitals and Vital Records in order to improve the process.

- Providing performance feedback to hospitals.
- Frequent contact with the hospitals that have high numbers of unwed births.

Oklahoma IV-D found it is less costly to establish paternity in hospitals rather than through a court order.

Hospital relations improved after dropping the notary-based form and replacing it with a witness-based form.

Finding that hospital staff did not have the time to attend training sessions, Oklahoma simplified the acknowledgement process and made sure that hospital staff have state office and local IV-D contact information.

Oklahoma IV-D conducts joint training sessions with Vital Records: IV-D covers paternity acknowledgement and Vital Records teaches how to create a birth certificate.

Oklahoma IV-D attempted to get legislation passed that would establish penalties for low performing / non-performing hospitals. It did not pass, but it did motivate hospital administrators to become more cooperative.

Oklahoma has found that Tribal is a very different culturally regarding paternity establishment (they have 77 tribes). Oklahoma has established a Tribal IV-D office that positively impacts the state's PEP.

Group 1 Best Practices

- Institute a newsletter with which to communicate news and / or provide performance feedback to hospitals.
- Institute a Witness-based form rather than notary-based.
- Create feedback reports and monitor for trends, anomalies, etc.
- Acquire dedicated resources and conduct outreach. (Recognizes the fact that paternity acknowledgement depends on a lot of external partners which requires time and resources.)
- Establish a Paternity Acknowledgement point person
- Establish a website with information for hospitals and other related organizations.
- Establish a functional link with Vital Records.
- Focus on both IV-D PEP and statewide at the same time

B. Group 2 – PEP Performance

- Oregon
- Montana
- Texas

State of Oregon – Brian Thompson

Presentation Synopsis

Currently, Oregon is focusing attention on hospitals and the paternity completion process. They discovered that in many cases hospital staff [do not know how to complete] are not completing the paternity acknowledgement process. Oregon IV-D meets quarterly with [hospital] Vital Records staff to discuss issues and answer paternity related questions, and discuss ways to improve performance. IV-D staff provide training as needed.

Oregon developed a paternity video for hospital staff to use to inform parents of their rights. Parents can view the video and afterward staff will request that they sign the acknowledgement form (which are available in four languages). The forms contain information parents need before they sign.

Vital Records distributes a newsletter; the current issue is focused on paternity establishment and hospitals that do a good job establishing paternity.

Portland is on the border with Vancouver, Washington. Oregon IV-D has established an interstate agreement with [them] Washington to establish paternity in cases where [one of the parents lives in Portland] the child was born in Oregon. Oregon pays the fee to get acknowledgement recorded when established outside of [in] Oregon.

State of Montana – Tina Green

Presentation Synopsis

Montana is an administrative state, one in which parties have the right to a judicial review. There are 5 regional offices, and the average caseload ranges from 400 to 500 cases per worker. There isn't a separate paternity unit.

Montana uses the IV-D PEP and relies on caseworkers to record paternity data correctly. Workers check with Vital Statistics to determine if paternity has been established for out of wedlock births.

Hospitals record many of Montana's paternities; they are paid based on the information they send. In the past, IV-D provided them with training and paternity materials but no longer does so because of budget cuts. Currently, the hospitals are essentially self-maintaining. Training for new workers is provided when requested.

Montana is very satisfied with the IV-D PEP, and has no plans to change. They have passed all audits, although they did receive a marginal pass which prompted an internal correction to improve their statistics. The correction involved a manual examination which required them to find the paternity information in the physical file and do a match.

Caseworkers are responsible for recording paternity data accurately. Separate screens for each child are maintained; the screens include data for multiple alleged fathers and for 157 data. The default indicator for every child is “born out of wedlock” and remains coded this way until proof of paternity and other related data is received. All workers are provided training guides that provide detailed instructions in how to complete the screens.

The system generates daily ticklers to remind workers that an action is due. In addition, there is a report that workers can access that states exactly the case status (for example, establishment), paternity status, and if any required data (for example, social security number) is missing. Workers generally review their cases every 90 days.

Statistical data is distributed to regional managers each month. In addition, each month a random sample of 157 is audited to determine if any deficiencies exist. IV-D also conducts an annual audit of the 157 data.

State of Texas – Joan Hutcheson

Presentation Synopsis

Approximately 69% of acknowledgements in Texas are completed in hospitals, so IV-D focuses their program support there. The remaining acknowledgements are adjudicated. One of the biggest challenges for IV-D is providing on-site support given that there are 263 hospitals spread out over a wide geographic area.

In Texas, the Acknowledgement of Paternity (AOP) is not notarized nor witnessed; however, identification is requested from the parties. Since Texas is a common law state, they encourage parents to do AOP even in those situations.

Texas law requires that all paternity acknowledgement workers be certified. IV-D has developed a training and certification program to ensure that the law is met, and reported that the training has helped to improve relations with hospitals. During on-site visits with hospitals, IV-D staff tries to determine if any changes have been made that might impact their ability to complete the acknowledgement process. They encourage hospitals to track and report AOP's . IV-D receives a quarterly AOP report by hospital to track how many are being processed.

Texas instituted a parent survey that provides rights and responsibility information to ensure that parents properly informed. Parents are each asked to sign the survey (form) irregardless if they also complete the AOP. Hospitals log if parents are given the form and if it was signed. IV-D uses this to monitor and support the acknowledgment program administered at the hospital.

Texas has also instituted a program targeting incarcerated fathers. It includes an 800 number for fathers to call to listen to their rights and responsibilities and an AOP process that can be completed through the mail.

Voluntary acknowledgement forms are included in pre-admittance packets and also available in doctor's offices and clinics.

Group 2 Best Practices

- Taking the 157 down to the caseworker level
- Establishing a 800 number to inform parents about rights and responsibilities
- The outreach program targeting incarcerated fathers
- Accountability for hospitals that fall below 65%
- Giving awards to well-performing hospitals.
- Ability to have paternity acknowledged before the child is born

C. Group 3 – IV-D Performance

- North Dakota
- Minnesota
- Wisconsin

State of North Dakota – Paulette Oberst

Presentation Synopsis

Voluntary Paternity Acknowledgement (VPA) services are offered at 22 birthing hospitals statewide as well as Regional Child Support Enforcement Units, and Vital Records. North Dakota IV-D focuses program resources on hospitals. Data shows that the predominance of acknowledgments are completed within 3 days of birth, indicating that hospitals do a good job of completing the process before the mother and child are discharged. The hospital program appears to be aggressive but given the number of VPAs rescinded -the IV-D program is assured that the hospitals are not overreaching.

North Dakota instituted a number of steps to ensure good performance results. These include:

- Establishing a contact person at each service location.
- Working with Vital Records to develop a form with the required data elements, and rights and responsibility information. All the written information the parents need to make an informed decision about voluntary paternity acknowledgment is on the form.

- Requiring a witness rather than a notary.
- Developing a brochure for parents outlining the process, benefits, and contact information. Brochures are distributed at service providers and prenatal clinics.
- Developing an audio tape that facilitates the oral description requirement -.
- Developing a video training tape to use with new staff or for cross-training purposes.
- Conducting an annual program assessment, which includes assessing records filed at Vital Records for omissions and inconsistencies and surveying service providers regarding their internal procedures. The assessment can be used to compare performance between service providers and from year to year.

North Dakota IV-D requires regional workers to contact Vital Records to determine if an acknowledgement has been filed at case opening. It is hoped that in the near future workers will have access to electronic copies of the acknowledgement.

IV-D is working with TANF to make sure that applicants are completing a child support information form during the front end eligibility process. They have also developed a paternity affidavit to be completed by the service recipient. Since it is in affidavit form, it can be used in court if the service recipient is not available to testify. And they have developed a worksheet for workers to use to determine jurisdiction for tribal cases.

The IV-D information system can track court dates and hearings, and documents and also send alerts to workers. This functionality has proven useful for managing the paternity process.

State IV-D encourages the regional workers to conduct paternity interviews with the service recipient if the non-custodial parent is to be sued.

Regional workers are encouraged to promptly sanction noncooperative service recipients and to follow up with eligibility staff to ensure sanctions are imposed.

If needed, North Dakota can withhold medical assistance payments to hospitals that do not provide paternity acknowledgement services. North Dakota does not pay hospitals for securing VPAs.

Service providers are immune from liability for voluntary paternity acknowledgment activities undertaken in good faith.

State of Minnesota – Anne Lauer, Brenda St. Sauver

Presentation Synopsis

Minnesota has responded to the paternity performance requirements instituted several years ago by implementing a series of projects focus specifically on the process and data requirements. Specific projects included:

- Creating a Paternity Acknowledgement team that involved both internal and external partners to assess how the state could best reach the performance incentive percentages issued in 2000.
- Increasing the level of enforcement on their contract with the Department of Health in order to make them more accountable for some paternity-related deliverables.
- Adopting the IV-D Paternity Establishment Percentage calculation method in 2001.
- Using grant monies to set into place 24 hour notary service at hospitals in the largest county (Hennepin).
- Developing a video for the oral requirement and translated paternity forms into 5 languages.
- Developing a brochure for county staff providing information regarding 157 data requirements.
- Distributing county-level performance reports monthly and provided online query access for to detailed (caseworker level) data.

Minnesota's self-assessment unit performs PEP reviews.

Minnesota also focuses attention on improving performance of the 8 most populated counties. Activities include guided discussions with administrators and managers to improve cooperation, identify strategies, and establish paternity-specific initiatives. Currently they are asking the counties to establish goals although this has been a difficult task.

State of Wisconsin – Patti Reuter

Presentation Synopsis

Milwaukee County ranks in the top five regarding unwed births within the nation; one in three births involve unwed mothers. Wisconsin does well in paternity establishment; last year they reached 100%.

Paternity acknowledgement information is available in three different languages, and a toll free number and website are available for additional information. Parents have the ability to leave a call-back message when using the toll free number.

Wisconsin IV-D has a state-county contract which dictates how a county will be paid based on their performance. The State IV-D agency provides paternity performance measurement training to all workers. Workers are also given reports with which they can compare their performance with that of their peers, which has helped create a competitive atmosphere and helped improve performance. The State IV-D agency also publishes a monthly child support letter that reports prior year performance information so that a comparison with current year activity can be made. A website with fact sheets and manuals related to paternity performance is available to all counties.

Wisconsin IV-D implemented an interface with Vital Records; it provides them information when a father has not been named within 6 months after the birth of the child. Access to birth records is also available online.

Group 3 Best Practices

- Including paternity information / forms in prenatal package from doctor's office
- Providing sample documents to anyone that requests them. (They are an exact replica with sample written across them because people giving them don't have training.) They are available in the high schools from guidance counselor.
- Outreach to custodial parent six months after birth
- Monthly 157 reporting
- Sanctions, ability on low performing hospitals
- Mandatory worker training.

D. Group 4 – Statewide Performance

- Virginia
- Georgia

State of Virginia – Nick Young, Connie White

Presentation Synopsis

Virginia uses the IV-D percentage calculation method for measuring worker performance, and the Statewide percentage method for Federal reporting; they have found that the Statewide method gives them a higher percentage and the data is more reliable.

It took some time, but Virginia IV-D established a good working relationship with Vital Records. They have been able to educate Vital Records about the importance of the paternity acknowledgement process and data. All paternity acknowledgements are filed with Vital Records; the agency currently maintains two databases with paternity data.

Virginia successfully privatized the in-hospital paternity acknowledgement process primarily because IV-D does not have the staffing resources to manage it. The choice to privatize, although not easy, has been a good one as performance has improved. They use Federal funds to off-set the cost. Virginia IV-D has created a competitive atmosphere among hospitals. It gives out awards to top performing institutions, but it also spends time with each institution to encourage them and reinforce the importance of paternity acknowledgement.

Virginia relies on performance reports to monitor progress and detect potential problems. They receive a backlog report from Vital Records and if significantly behind, IV-D will find the resources needed to reduce it. They also match the Vital Records paternity data with their own paternity data to determine if there are inconsistencies or errors.

State of Georgia – Cindy Moss, Robert Riddle

Presentation Synopsis

In Georgia, paternities are established in hospitals or through the courts. Paternities established in hospitals are filed with Vital Records and the data stored in their database. Paternities established through the judicial process are recorded separately by IV-D. Georgia IV-D stresses the importance of a good working relationship with Vital Records in order to meet the performance goals. They have taken several steps to ensure that, including:

- Establishing a single point of contact for Vital Records to communicate with IV-D.
- Using a vendor to ensure that hospitals are in compliance and report data to Vital Records in a timely manner.
- Creating a reliable interface for data sharing.
- Paying Vital Records to data enter paternity information.
- Matching Vital Records data with the IV-D system data.

Georgia also places emphasis on hospital outreach. It identifies under-performing institutions and works to help them improve their performance. They have also increased their program marketing in an effort to improve paternity awareness.

The Georgia legislature passed a law that allows parents to acknowledge all of their children when there is a new birth. The paternity acknowledgement can cover all of the children, not just the new born.

Group 4 Best Practices

- Use of contractors to manage the in-hospital paternity acknowledgement process.
- The ability to establish paternity for all your other children when paternity is established for a newborn.
- Being able to count paternities for children born in other states
- Paying hospitals for paternity acknowledgement

III. Data Reliability

E. Group 1 – Data Reliability: IV-D States

- Minnesota
- North Dakota
- Wisconsin

State of Minnesota – Anne Lauer, Brenda St. Sauver

Presentation Synopsis

Minnesota’s approach to managing data reliability involves four areas:

- **Information Systems** - the basis of your data reliability. A state must have accurate data and be able to create an auditable 157. In order to maintain a good system, Minnesota suggests limiting the number of programmers that are responsible for paternity-related functional changes, establishing a thorough testing model that ensures the system specifications meet policy requirements, and involving an auditor in the planning process to ensure that system changes meet audit standards.
- **Staff** – Data entry errors are a significant contributor to poor data reliability. Train staff about the 157 data requirements and the ramifications of poor data entry. Make sure that the screen flows facilitate good data entry. Use “clean up” reports to help staff find and correct errors.
- **Management Awareness** - At the state level all managers and supervisors know why it is important and how it ties to performance and incentive funding. We have 87 counties, and we sit down with the managers and staff to explain the performance measures. We tell them how they are doing, make suggestions and share best practices.
- **Ongoing Evaluation** - Even if you passed a data reliability audit you should continue to examine the errors and assess if changes are needed. Worker data entry errors should be discussed by county; use it as an opportunity for additional training. Work with your auditor.

State of North Dakota – Terry Peterson

Presentation Synopsis

In past years, North Dakota needed to improve their performance and ensure and enhance their continued data reliability. They believed they were performing better than what their numbers showed. They approached the challenge by examining all aspects of their data collection process. They stress the importance of looking at the process from all perspectives; they made the assumption that nothing was working as well as it could.

They made the commitment to act on their findings by correcting existing problems and doing what was necessary to reduce the potential for errors prospectively.

Their internal review resulted in some important findings and follow-up actions including:

- Confirmation that their actual paternity performance was being under-reported.
- Flowcharting the Lines 5 and 6 OCSE-157 process (steps and data). Not only did this help to identify issues regarding the process, but it was also extremely well received by staff.
- That staff training is critical and a continuous process. It is important to provide managers with materials that will help them educate their staff about performance and data requirements.
- That staff should have access to some sort of desk reference or manual that clearly outlines data requirements; reference material should be specific, not ambiguous.
- To test staff after delivering a training to assess how well they understand the information just received is crucial to measuring effectiveness of training.
- To make sure that system Help Desk staff receive the same training as front-line workers and that they thoroughly understand the requirements.
- That system programmers and TANF and Medicaid eligibility workers be trained relative to their roles in the process.
- Adding system edits, warnings, and on-line screen information when possible.
- Verifying that system codes were accurate and that workers understood when to use them.
- Differences in local procedures between processing brand new cases and processing reopening cases sometimes allowed errors of the past to continue undetected.

In terms of working with staff at the local offices, North Dakota recommends:

- Creating a cooperative relationship with staff so that they will feel free to share their knowledge and ideas rather than keeping quiet about issues that could be affecting performance.
- Establishing a point a contact with each of your regional offices. Case specific problems should filter through that one person. Sometimes local managers are able to identify commonalities that can lead to correction of local procedures that contribute to errors. Identifying a single point of contact at each regional office also raises the level of awareness about the ongoing work that needs to be done at each office to ensure statewide reliability of data.

- Sharing summaries of problems occurring in a local office with all offices.
- Studying DRA results and providing local offices with a summary of “lessons learned” from the perspective of how can a problem be avoided in the future.
- Providing workers feedback through performance reports and error reports. Make sure that they follow up.

North Dakota suggests having a good understanding of the Vital Records processes and training-related issues that may potentially impact the paternity acknowledgement process, and continually examining the process and look for issues, anomalies and way to improve it.

State of Wisconsin – Patti Reuter

Presentation Synopsis

In the past, Wisconsin struggled to pass the data reliability audit. Some of the steps it has taken to improve performance include:

- Sharing the results of the data reliability audit with the counties so they can see what types of errors are occurring.
- Identifying significant problem areas, creating reports, and reporting errors out by county and by worker.
- Identifying reporting errors related to inadequate system functionality, and following up with corrective action.

Wisconsin includes people knowledgeable of the OCSE 157 in any system change that is made, to determine if the change will impact the 157 data collection process. Once the system change has been implemented, they will run a 157 report to determine if there are any unforeseen errors.

Wisconsin IV-D conducts a director’s dialogue and includes a discussion that reviews the previous year’s data reliability audit and discussion clean up and how data reliability can be improved.

Wisconsin provides auditors with query access to the system. They also provide a “Data reliability Audit desk aid” which provides a quick way of accessing the system screens and guidance regarding where data is located. This facilitates the auditors review process. IV-D also makes staff (both program and system programmers) available to the auditors to respond to questions. In addition, there is online ability for state staff to print birth records if needed for auditors.

Group 1 Best Practices

- Look at closed cases

- Training TANF and Medicaid workers
- Running the 157 after a system change
- Training staff on the 157 report
- Flow charting the 157 process and sharing with staff
- Automatic interface with Vital Records when paternity is established
- Desk reference for auditors
- Up front cooperation with child support as an eligibility criteria for TANF

F. Group 2 – Data Reliability: Statewide States

- Colorado
- Oklahoma
- Oregon
- Virginia

State of Colorado – Bob Conklin

Presentation Synopsis

Colorado believes that ensuring data reliability starts by knowing your data sources. If the data you use is derived through external agencies, it is necessary to understand their processes. It is also important to understand what steps they (external agencies) take to ensure that the data is reliable. For example, do they audit their processes?

It is also important to create a mechanism to catch errors. Self-audits are useful for detecting problems before the (Federal) auditors do their job. Even if Colorado passes an audit, they will use the report to identify potential problems. Also be aware of any system changes or conversions because these activities can significantly impact your data reliability.

Colorado is satisfied using Vital Records data for their performance measure. The agency has established good audit processes and has won awards for their data reliability. Having a good working relationship with Vital Records is also important, particularly if you want to understand their processes.

Colorado prefers using the Statewide measurement.

State of Oklahoma – Anthony “Tony” Jackson

Presentation Synopsis

Oklahoma feels that even though their paternity data is coming from an outside source (Vital Records), that IV-D still owns and is responsible for the paternity data process. They also believe that building and maintaining a good working relationship with Vital Records is central to ensuring data reliability. However, having solid systems and processes in place are what will ensure long-term reliability. Therefore, it is important that each understands what the other is doing and how actions on one part might affect the other. For example, it is a good idea for Vital Records to understand how paternity data is being audited. Likewise, it is important for IV-D to understand how Vital Records determines whether data will be accepted or rejected. Other examples exist.

Oklahoma IV-D provides training to everyone in Child Support (workers to the Director), on the 157 process and data requirements, as well as the performance measures on which they are audited. This has benefited data reliability.

Oklahoma recommends taking steps to facilitate the auditor's job. Prepare what they need to review before they arrive. Make staff available to answer questions. Facilitate their contact with Vital Records and other agencies. Bottom line: do not obstruct but rather be helpful.

State of Oregon – Bill Bell

Presentation Synopsis

Oregon works with Vital Records data to report their paternity performance. They have worked with Vital Records to get the data they need to monitor the process for problems. At first, detailed data was not readily available, but recently IV-D has taken more control by requesting specific data from the agency.

Oregon will compare current year numbers with past year numbers in order to identify anomalies. They also prepare a report that is similar to the one that the auditors are given in order to assess data reliability.

Oregon tries to maintain a good working relationship with the audit team, and facilitates their process as much as possible. For example, they provide them assistance when the auditors need to access the information system.

State of Virginia – Nick Young, Connie White

Presentation Synopsis

Virginia believes that it is important to build systems that facilitate staff to successfully complete their job and minimize errors. They also believe that it is good practice to assist the auditors in any way possible – IV-D's job is to make it easier for other people to do their jobs.

Virginia believes that performance and data reliability go hand in hand, even though the discussion during the past two days has separated the two.

Virginia recommends developing very clear policies and procedures regarding paternity establishment if reliable data is desired. Too much discretion left up to the worker will result in errors.

Virginia uses its in-hospital paternity vendor to conduct Quality Assurance testing on both the in-hospital and IVD acknowledgements of paternity. It is a good way to establish standards, do follow-up with these institutions and IVD staff, and identify and plan for problems that may spring up in the future.

Virginia is currently working on two significant data issues:

- Courts sending records directly to Vital Records. IV-D does not have a good mechanism to feed back errors to the courts. It's important to give the courts feedback so that corrections can be made.
- Access to data in the Vital Records database. Previously, IV-D had online access. It was important for our child support system to match the child's name and date of birth. If they did not match, it created an issue. About two months ago vital records shut off on-line access to their birth records. Although more time-consuming, Virginia is working out a procedure to get the information from Vital Records.

G. Group 3 – Data Reliability: States that Switched PEP's

- Minnesota
- Georgia

State of Minnesota – Anne Lauer

Presentation Synopsis

Minnesota feels that the switch was not significantly difficult. Probably the biggest challenge was conducting an audit of previous year's data under the guidelines of the new calculation method.

IV-D found it difficult when new auditors (caused by a staffing change) arrived in 2004 and focused on different areas than the previous auditors. If that happens, it is a good idea to have an initial meeting to discuss process, standards, etc.

State of Georgia – Cindy Moss

Presentation Synopsis

Georgia believes that the key to their success is a data reliability plan developed to correct errors in the system and the paternity acknowledgement process. Every paternity was reviewed, and clear definitions created so that there was minimal discretion at the worker level. Coding practices were reviewed and corrected as needed.

Georgia also feels that increasing system functionality leads to improved data reliability. For example, system edits that compares data to determine if there are inconsistencies.

There was a large number of records that required updates; caseworker responsible for establishing orders were requested to review and make corrections. They learned during the reviews.

Georgia used training of both new workers and veterans to educate about the paternity fields in the information system. The training stresses the importance of accurate data entry.

Georgia recommends that states completely understand the data that is being reported to OCSE prior to sending it.

IV. Appendix A – Questions and Answers

H. Performance Measurement Question and Answers

Group 1 - Colorado

Q – You talked about the hospital you had a problem with. Have you had to go up the admin line?

A – Yes, we still have a couple of problem hospitals we have been working on for years. We have worked up the food chain. If they aren't going to listen to us about getting rid of someone because of statistics, but if we pitch it with a customer service spin, that their customers want to acknowledge paternity, it is hit or miss whether going up the chain is effective.

Q – Did you think of paying the hospital the incentives?

A – We did at first. Our decision was, for small hospitals, it is not that big a pool of money. Big hospitals with thousands of births, the accounting nightmare is something they don't want to bother with. We came up with the idea of buying car seats and that didn't work. We didn't think it was a good idea to pay them. We did explore that.

Q – We have the same problem with notary in the Virgin Islands. They look at child support as a cash cow. It is interesting that you didn't have a notary. Were there higher incidents of fraud?

A – There is no hard evidence but I don't think so. Notarization wouldn't stop fraud. We want the real dad not just some guy. We experimented and a child support worker went to these hospitals and he was told the worker pitched the form to a young girl. The girl was reluctant. The boy with her offered to sign the form but he didn't understand the implications and he was not the father.

Q – How often do you train hospitals and where are you getting numbers for reports?

A – Vital Records quarterly for hospital performance and an annual report, numerator and denominator for vital records.

A – Our goal is to train hospitals every year and low performing hospitals additionally if we can get in.

Q – Talk more about the newsletter details.

A – We wanted to keep paternity in people's minds. Nurses will look at it and throw it away but if they read a line or two we keep paternity in their minds. We have a paternity hot line with a phone number to anyone. It rings on my line and two of my staff's. They answer any questions people have. We have Q&A about genetic testing or how to get the birth certificate, how to change the child's name. It is generally low key information. We publish an article every quarter. That is really easy. We find good articles and get permission to reprint them. We have contact information for me

and my staff, and key contacts for Vital Records. They can get something out of it. We maintain the same look throughout our newsletters.

Q – How much staff time for putting together the newsletter and feedback?

A – Less than two days of work and people like the Q&A most, genetic. Hospitals performing best liked it but those not performing well didn't. Hospitals like having someone they can call and dump a patient on or get answers themselves. Where do we file child support?

Q – Can you send us a copy of the newsletter?

A – Yes. If I can send it electronically I will. If not I'll send everyone a copy.

Q – Did you pay hospitals in the beginning?

A – No. We went to hospitals and said this is an option. We went to Denver General and they said it was a bureaucratic nightmare and it wasn't worth their while.

Q – Do you have an interagency agreement with Vital Records? How do you improve that?

A – We worked an interoffice agreement. We got a change in personnel that really helped. Initially there was such friction but it takes a long time and throwing a little cash at it. It is federally acceptable to do that. If you get a lot of players out of it and develop a personal relationship it is really important. If you have six people calling you, the counties do not call him, they call me and I call him. It is super hieratical and they all funnel through me, or at a lower level through some of my staff members. You have to keep plugging away. Talk about any success and share the vision with them.

Q – Is the audience for the newsletter just hospital staff or do parents get it?

A – Individuals don't get it but professionals get it. The IV-D administrators get it too. Paternity point people in each county, registrar with Vital Records, they get genetic testing and those people don't know anything, what it costs or how you go about it. Our mailing list is pretty extensive, over 900 people. Keeping up with the mailing list is a lot of work. Nurses change hospitals along with medical records staff. It is a lot of work but it is worth it.

Q- Do you have scheduled meetings with Vital Records staff?

A – It is pretty worked out at this point, so just as needed but issues always come up. It takes quite a while and a lot of work. It takes team building. I hate to sound like I'm bragging but I'm going to. It's a tribute to Ron. Our Vital Records is building a new system. They invited us into the build stage and asked what we needed. We are going to be getting more information than ever before and all it took was asking. There was no bill attached to it. We have read only access to their screens now. We've talked about having an automatic download but that is not in the works now. We need other things but they are ready to do it. We don't have regular meetings but we can call each other at any time. They have problems with our offices too.

Q – Do you have a problem with folks saying they are married and they are not?

A – Were you in my office last week? That is the crux of the problem. Colorado recognized common law marriages. If they say they are married then Dad’s name goes on the birth certificate. Legally it is a quagmire. With a ceremony there is an underlying documentation. You could dig up leases but what we try to preach to our people is that it takes a judge to say if you are common law married. I jokingly tell our people if mom and dad say they are married buy them a cake and throw some rice because now they are.

Q – Is that too involved for a newsletter?

A – Yes. We conduct trainings and Vital Records provides semiannual training where we get a time slot to address issues of importance to us.

Group 1- Oklahoma

Q – When you talk about doing away with the notary, did you leave the boxes there?

A – Originally we left the box but added witness. We are in the process of changing our form again and it will still be witnessed. Local attorneys want to add something to prevent rescissions. The witness says the two people are who they say they are.

Q – Did you consider incentives for the hospitals?

A – We have never paid incentives. When our budget was being undercut, no serious discussion was made to that end

Q – Paternity acknowledgement counts the dramatic increase – going from lip service to full service?

A – Outreach and a change in notary.

Q – Do health statistics and Vital Records recognize tribal paternity?

A – If it is on our form. There is not a separate form for each tribe in Oklahoma.

Q – Is it a separate statutory provision?

A – It is not statutory. Tribal paternity establishment is less than 5%. They go through their own paternity. There is little incentive for them to use ours.

Q – ... is it a unit they contact?

A – Rural hospitals want to talk to someone in their neighborhood and not in the big city. The outreach coordinator takes the local child support person goes to the local hospital to do training. Contact information lists all local contacts for paternity and child support.

Q – What kind of staffing have you devoted to paternity outreach? training?

A – We have one person who was formally a data entry person. She was too bubbly and had a background in hospital administration so we reassigned her. She always takes a child support person with her, but she does the training.

Q – Do you have a website?

A – Yes, but it is really simple. We also just got funded to do the interactive training for the hospitals on our website. The Oklahoma Hospital Association does a lot of training on line but we could not coordinate training with them so we will do our own.

Group 2

Q – For Texas, one page says it can be signed before birth of baby. What date do you put?

A – It is not filed until the birth. Attorneys are using it in divorce as unborn child. We are a military state and Fort Hood has sent more to Iraq than any other state. It is signed before they go and held and can be filed with the Bureau of Vital Statistics.

Q – For Montana, you said you are a IV-D PEP state. How do you get 105%. For 2004 it is listed as 105%. How did you get to that?

A – All of our years have been over.

A – (Joyce Pitts) It is possible to get over 100%. It is possible to add children born in previous years. Also, the numerator can include cases that are not included in the denominator such as paternities for closed cases.

Q – Are you using that option to include cases closed in that year?

A – Yes.

Q – For Oregon, have you thought about removing the fee through legislation? In Florida there is no fee to include the parents name for processing. There is a fee for parents, you are saying there is a fee for -

A – They have a fee and I don't know if they have looked into doing that.

Q – Why was there such a significant drop from 90% to 84% for 2004?

A – It had to do with the backlog. They weren't keeping up. We didn't catch it until it was too late. The main thing was that the paternities weren't being recording at vital statistic.

Comment from Texas – We often get statistics that say it is at 60% but the hospital log said they are up to 70% and that is because AOPs aren't processed. The surveys stay at the hospital and we see them when we monitor them. We don't pay hospitals.

Q. How did they react to getting a lot more paperwork?

A – We tell them it is for their own good. (Laughter) They were getting parents saying they didn't know what they were signing. The parent's survey takes the hospital off the hook. We gathered the parent surveys and brought them to the judge and the judge said they were doing their job.

Q - We talked about getting information from vital statistics. We only get it on a calendar year bases. How are you getting it?

A. – Oregon is quarterly and is looking at more often. Texas gets them from VOS (VDS?) weekly.

Q – What about time lags?

A – Texas has a big number crunching division. We have had to change our criteria. We look at date of child's birth within the Federal fiscal year (FFY) and any other AOP's we get we don't count on the 157.

Q – Our vital statistics would not feel comfortable that they would give us a good count number when we are ready to report.

A. They used to be two or three months behind and we weren't counting them until November.

Q – We have an issue because our vital statistics got bitten at one time. I am amazed they don't have to report on fiscal year. We struggle because they do it on calendar year.

Q – Texas certification process?

A – Anyone that does AOP's has to be certified. We try to train them all in seminars. We trained 2,000 people and there is turn over. We have to go to the hospital to make sure someone is certified. We conduct it with Vital Statistics; it is a four hour training.

Q – What is your experience with rescission or challenges in Texas?

A – I don't do that end of it. I don't think there are that many because it is an expensive ordeal.

A – Oregon has a one-year time frame. I am not sure of the time frame for doing it through an attorney.

A – Texas has a four-year challenge. Minors have four years after reaching adulthood. Teens can do AOP's without their parent's consent in Texas.

A – Montana is an administrative state and they have to proceed with challenges after... in court.

Q – What kind of sample size do you do and what staff, PEP?

A – One staff person looks at it over the period of a week as she has time.

Q – Elaborate on genetic testing at the hospital.

A – You should not do an AOP before you have genetic testing. They are told to contact an accredited site. Hospitals have pamphlets. Some people sign an AOP even though they want testing.

Group 3

Q – For Wisconsin, are your web-based reports available to other states?

A – They are internal to our state only. Some web-based are open to public.

Q – Are you using 157 data for rewards?

A – We use 157 data for funding allocations.

Q – Comments on arrangement with Vital Statistics?

A - Wisconsin has the father for every child law, HS 81. What happens is that within six months after birth, Vital Records sends us an automated referral. We send information to the mother and offer our services and send a IV-D application. We send a second response and if we get no response, we drop it.

Q. - On allocation rates, do you have a base amount that the counties get?

A. - Yes. We have a base amount. Counties range from 600 cases to 600,000 cases. We have a base that anything over that is based on the performance. On top of that our legislature has provided one-time additional funding for counties below the measure. They may start a special project. We have an arrears collection project in Milwaukee now where workers are trying to increase their arrears collection rates.

Q – North Dakota, are you having problems with military bases accepting an AOP rather than adjudicated?

A – Not to my knowledge.

A – The California military has been cooperative with getting forms to their members.

Q – North Dakota, you talked about multiple alleged fathers. Do you bring everyone in at once?

A – We join all the alleged fathers in the paternity action at once. This is based on state law that says the parties to a paternity action are the child, mother, each presumed father, and each alleged father. We would pursue genetic testing and anyone excluded by the testing would be dismissed.

Q – We are going the opposite direction and we ask for the mother to give us the best choice. Pursuing one at a time is killing us.

A – We work cases with multiple alleged fathers at the same time and we don't want an eligibility worker to determine which alleged father to refer to us.

Q – We are developing a system driven algorithm.

A – How do you make the decision which alleged father to refer?

Q – We are having a wonderful time trying to figure that out.

Q – Does Paulette mean the self assessment audit?

A – We do a self assessment each year but we also do an assessment of the state's voluntary paternity acknowledgment program.

Q – North Dakota and Minnesota, regarding audio tapes, are the hospitals using them?

A – North Dakota said about 50%. It varies through the year.

A – Minnesota doesn't have data reported at this time due to contract changes.

Q – Minnesota, on the changes you made with Vital Records to make them more accountable, can you tell us more about that, the language?

A – Part was opening the dialogue. We are in a better place but I don't know why. People are more amiable about the language. There has been give and take. We are still going

back. Instead of stringent deliverables, we have a modifiable working plan built into the contract. If a situation arises where it will cost more to implement we can go back into it and modify. We also can get information by hospital and there are audit requirements for access to Department of Health records.

Q – North Dakota, you mentioned conception on or off the reservation, what does that provide you?

A – Case law in North Dakota has focused on the place of conception of a Native American child. That is one factor in the case. Is this a tribal case or a state court case? Place of conception can tip the balance to tribal if it happened on the reservation but it's just part of it.

Q – Everyone has online or interface with Vital Statistics. Do they charge you?

A – No cost for a certified copy.

A – Minnesota is charged.

Q – North Dakota, when the tribe establishes paternity, is there a mechanism, do they add the name to Vital Records?

A – There may be but I am not sure.

Q – All IV-D workers receive measurement training?

A – The training was at request of county child support agencies. When we went to performance based funding no one understood how we got the numbers. We developed curriculum. We have a training unit that is bigger than most other state's units. We have five dedicated trainers. They write the training and we make sure it is accurate to the curriculum. It shows how the data is measured and the screens it comes from. If you had a child with an N or a W, meaning paternity was established, it is counted on various lines. It pulls the data and highlights where it is on the screens. Email me if you want the information. We have over 1,000 workers in the counties. Most workers were required to attend. It is a one-time training and we may provide it yearly for new workers. New workers not understanding the ramifications is always a problem.

Q – For paternity, you said the performance levels were down to the worker level. How do they get those cases?

A – Some would, some wouldn't. Our counties determine whether they want to have units. Most counties do their case load by NCP first name. Milwaukee has a paternity unit. The same methodology is used to determine for each worker no matter the number in their caseload. I will send information to anyone interested.

Group 4

Q – To Virginia, What are your experiences with PSI? We have thought about doing that but are not ready to go there for various reasons. Once the PSI contract is done it is panic mode. We don't want to have some one until the end of time (contract). What is your gut feeling, not just on PSI, but on having a private company handle paternity?

A – We didn't say which company we contracted with. We didn't want to steer to them. They had to compete. We contract for multiple years so we don't have to go through the RFP process every year. Planning for the end of a contract and the transition to a new vendor should be part of any RFP. The numbers speak for themselves and the 12% is largely due to them but not solely. They have brought consistency. New Jersey was hitting at 70 to 80%. I listened to their person and it took a year to convince the staff that I was not giving away their jobs. PSI runs two full service offices out of our state run offices. PSI has done well for us.

A - Georgia does 35,000 paternity acknowledgements a year. Many of the children established in Georgia have moved from other states. We don't foresee that problem in the future. We have multiple people to do the marketing and the price for going through the vendor is cheaper.

Q – We have been talking about the enumerator, paternities established. In Florida out of wedlock has increased. One child is born out of wedlock in the state every six minutes. We have seen the age of the mother increase as well. Is anyone aware of any effort in social service agencies that they are actively working to reduce births out of wedlock. You get more paternities but that doesn't improve your stats.

A - We have a healthy marriage initiative in Georgia to take care of that. (Laughter)

A - I do a lot of public speaking about what fuels the case load and it is out of wedlock births. Do you want to be known as the person that creates a vaccine or the person who builds crutches? Japan does not have a child support system because it is so repugnant not to take care of your child. It is a cultural phenomenon that they are responsible for their child. People talk about how to do it faster and better but we need to work on fixing the problem. Leon said child support was supposed to last for three years but we can work until we are 150 and this thing is getting bigger.

A – We have a lot of people who move to Georgia, perhaps with the military.

Q – What services does the vendor provide, are they doing outreach?

A - The entire hospital program, they pay the hospital, we pay \$20 to the hospital and they track that. They image the acknowledgements from the hospitals as well as the IV-D. That database is available to all our child support workers. They do QA on our IV-D acknowledgements before they go to Vital Records. If they find errors they send them back for update to the birth record.

Q - Are they stationed at hospitals?

A- No it is not the vendor. They depend on hospital staff.

Q – Has anyone attempted to incorporate the acknowledgement with the family care plan in terms of helping to identify the legal responsibility of the soldier?

A - Soldiers are required to have a dependent care plan regarding who is going to take care of this child, normally it's female soldier but it can be men. They hold your feet to the fire to make sure the soldier is not disadvantaged. It is an interesting question and I will take that back. Initially it may be perceived as another way to get paternity.

Comment - We can package it as a service.

A – We had a problem where a female soldier based in Germany was killed in Iraq and we had to determine who was to take care of the minor child. We should have solved that problem a long time ago and I will take that back.

I. Data Reliability Question and Answers

Group 1

Q – For Minnesota, how many staff do you have doing review, how long, outcome?

A – If it is a performance visit, the visit is typically an hour and a half. We are in transition. Originally I had six staff but now I have two. They assist counties with performance. We split training. Training gets done in the training unit. They help with performance, reviews and help county work plans. We have self assessment reviews. We take a quarter of the counties each year and have separate reviewers conduct the review.

Q – IV-D exceeding 100%, how, who do I contact to find out what you are doing?

A – North Dakota: It is possible. You are comparing two different years. You are using different years so you are always establishing paternity. When you compare the two and your data is reliable, it actually is attainable.

Student State Comment – we have done a lot of data clean up, closing cases, etc. We thought we did a good job and went up 10%. We are still at 70%. What can we do to get to that level?

A – North Dakota: I would compare the two lines (born out of wedlock and paternity establishment) and take a hard look at the issues and why you aren't attaining your goal.

Student State Comment – Not being able to locate the NCP, he is identified and he's not on the birth certificate. Until we find him we can't serve him. We have a lot of guys in locate. Have you overcome that?

A – North Dakota: If that is your issue, you have to beef up your locate efforts. Ask yourself if every piece of known information about that NCP is on your system. If the SSN is unknown, look at the NCP birth certificate so you can find the name of his parents and place of birth which might enable you to access ESKARI. Send the custodial parents questionnaires and interview them if need be. If they aren't cooperative, use the non-cooperation penalty. It is simply a lot of hard work.

Another point to consider is including closed cases on line 6. That has increased our number.

Comment – We have a locate problem. When budget cuts hit we lost some of our locate tools. By pushing the paternity at the hospital that is the opportunity there. Don't wait. It is so much cheaper to do it there. Our court order paternity rate is low. Locate is low and we are seeing other performance measures with that.

Comment - New Mexico has asked people to look through regional cases and aggressively look at putting them in closure mode. Has your programmer run a list of

cases with the same last name? There is probably a list of kids where paternity hasn't been established. If you have an order and a wage withholding on him you know where he is. Get him to sign an acknowledgement. If he won't, drag him into court. Aggressive case closure has really helped up.

Q - Florida – Since you report as IV-D, when CSE establishes paternity and you properly code your system, what responsibility does your staff have to make sure that paternity is recorded at Vital Records? It is not really part of the training you have included. What is the follow up step?

A - Wisconsin has an interface with Vital Records and it updates the birth record with the father there. If there is a problem with the system it goes to an error report.

A - Minnesota does not have an interface so it wouldn't get updated. That came up in our audit this year. A new auditor had previously done statewide PEP audits and we are a IV-D state. We had to go through hoops. The IV-D is more accurate than Department of Health.

Comment – North Dakota has zero interest in changing to statewide PEP. We are doing well staying with IV-D PEP. Paulette stated the regional IV-D attorney is giving a copy of the judgment to the custodial parent and telling the custodial parent to take it Vital Records to amend the birth certificate. Vital Records will charge if the child was born more than one year before so that is not being done very often. We have legislation that just passed that paternity judgments are filed with Vital Records. Clerks aren't going to be happy about it. Court adjudication needs to be reflected at Vital Records.

Comment - Florida has been trying to get Vital Records to do that. We have families that have moved to Florida. They may not remember signing a voluntary at the office. We request from Vital Records to see if paternity is an issue. If your records don't show paternity was established, that causes work for us. We have a statewide PEP and it hurts our measure. Another state looking at that will not have information they need and it is a national problem to get the records updated properly.

Q - What do you do when you don't know the child's background? You may not know paternity but you have an order for support. The issues of paternity won't matter if the grandparents have the child and the mother is paying child support.

A - We will address the paternity issue in the case against data.

A – Wisconsin would never get a court order against a father who had not legally been determined to be the father.

Comment – IV-D and foster care made a throbbing in my head. We are in the bubble right now. We don't always know establishment of paternity if it is not related to child support.

Comment – We have a similar situation but it occurs more with domestic violence. There is no specific naming of the children and we don't know the true relationship with all the partners. Interim support does not establish paternity and we still have to do that. We consider it as a term order.

Q – Adoptions, if we establish paternity and the child is later adopted and we have another case with the adoptive parents, do you code based on adoption or do you leave the original birth father?

A - Wisconsin has the same situation. If a child is born out of wedlock we count the child and they keep it as the original father.

A - Minnesota would update when adoption, then it may be out of the pool of paternity kids but I am not sure.

Comment – Was the child born out of wedlock? Yes or no per our auditor. How you work the cases afterward, you can have a child born in a legal marriage but.

Q – IV-D states, for children born of a marriage where there is a subsequent marriage and the husband is not the father, you get the subsequent father, how do you code for out of wedlock?

A - Minnesota would call it born out of wedlock because we wouldn't have a legal father to establish for a court order. We had a similar case where mother was married but refused to add a father's name. It depends on what you have but auditors are good at looking at details of gray situations.

Comment – if may be helpful to look at your statute. She's married but the father is not her husband. It is listed as out of wedlock. Take a look at the language in your statute.

Comment – Our language is tight. We have to report born of marriage even if the guy was in prison for 20 years. We have to prove it before we can go after the father.

Comment – Born of marriage is born of marriage; that the father is not the husband, functionally you have to establish paternity but that child has paternity based on the marriage. We don't have to go back and change born of marriage. They just remove the husband's name as the father.

Comment – We would consider the second man to be substituted as the father to a child born in wedlock. We would never change the born in wedlock. We would never change our code. The second man would be the legal father. We would have adjudicated paternity but it would not be counted on line 6 because child was not eligible on line 5. It goes back to uniformity of rules of vital statistics. While we are being compared to each other, it is not a strict comparison of like events.

OCSE (Kim Smith) It is not always a strict comparison. It is very important that you know your state statute. States have explicit statutes sometimes. We have found situations where states have recorded things opposite of what their statute states. Study your statutes to make sure you are in compliance with your rules. In some situations Federal regulations aren't prescriptive.

Group 2

Q – I wanted to ask Colorado, the Vital Records folks say they are audited by national. Either yours are lying to you or ours are lying to us. They do not audit birth records. It's

more how many people died of cholera. There is no incentive for them to keep their data clean.

A – There isn't a standard they have to live up to. They have to answer to Apgar scores and they have a big world apart from us.

Q- How do you capture legitimizations when parents marry after the birth of a child and it is not an IV-D case?

A - I am missing those completely and not adding them into paternity at all. It is not a significant number and would not change my percentage. Not a significant number.

(Oklahoma – Vital Records Staff)

Group 3

Q – For Anne, two questions: how much time did the audit take for switch? Are you glad you switched?

A – We are glad we switched. We feel we have more control over the IV-D data. Our Department of Health is doing some system changes and we may look at a change. In terms of audit, the auditor didn't realize we had switched rates at first but he had his sample of cases and he looked at paternity in the files. He reviewed that year's cases for IV-D. He still had his case sample from the previous year. He did have to review some cases. Not sure how he reconstructed the sample in FY 99. It didn't seem overly burdensome for him to us.

Q – Comment about auditors. There seems to be a theme that there is a difference between auditors. Our auditors congratulate us on how well we've done and prepared for them. They stayed for six week for the past two years. I'm hearing a week and I'm shocked. And we have two auditors.

Q – Don't they have a standardized audit instrument?

A – It was one week to come out and re-audit. The auditor had already been in the state two or three weeks and done work remotely.

A – Georgia is Atlanta where the auditor sits. They spent more time in Oklahoma. Georgia has a four to six week process.

A – Minnesota, in 2004 had auditors out for four to six weeks and we still haven't gotten audit report.

Q - Can the Feds answer; do they have a standardized audit instrument? You can't tell if you are going to pass. Why isn't it that the information is available at the state to see the audit instrument in advance? Is it a secret what they are going to look at?

A – OCSE (Kim Smith) We do have a standards audit process that is based on 157 requirement It is both manual and automated. It (the audit) varies by state and how your (state) system is set up, as well as your statutes. With paternity we don't have one standardized paternity review process, because we are looking at two options, statewide or PEP so you can't compare. Statues affect how the auditors perform their reviews. One

auditor may find doing step 5 through 10 first and then 1 through 4 better and another may do steps 1 through 10 sequentially, but they have to hit all the steps. It depends on how easy the auditor can move through your system. It helps to give them remote access. I am not sure I understand the second part of your question... The 157 instructions don't change. The random sample does change. You could do well one year but with a different sample your results could vary.

Q – We are trying to switch from statewide to IV-D because our numbers are bad. We decided to audit ourselves. She (the auditor) shared her actual form. I don't know if that is something standard or if she prepared it on her own. We don't think we could pass data reliability if we switched. If we knew this years ago, we would be prepared.

A – What she may have had may have been based on what she knows of your state. As far as a form for every state we don't have that because it (the paternity review) varies too much.

Q – What I've heard here at least from state to state is that the auditors ask for different levels of information. We have given remote access. When our guys come in, we get two auditors; they camp out for 6 weeks. We've had them for two months. The documents, once they look in the system, they want marriage certificates, birth certificates, IV-A applications, Medicaid. It's a standard not being applied across the board. Some state have to supply more documents than others. I'm not sure the standards apply equally from region to region.

A – I've heard a lot of states saying they do their entrance on location then go back and sample remotely. Some states capability is that auditors don't have to be on site but the auditors come back and go to Vital Records. Some states mail copies. Auditors have to review hard copy documents and that should be standard across the country.

Comment – It's not.

A – If it is not, we should know.

Comment – In California we have the auditors out and they do exactly that. They go out to the counties and they do a hard copy review. They go to Vital Records. We failed in 2000 and in 2001 and were in danger of losing our block grant. We now require each county to review a certain number of cases. They do a mini audit and it is based on the 157 instructions. Simple questions like was paternity established during the FFY, simple things the auditors find and we get written up for. We passed at 99% and have been at 100% since then.

Q – You said that Vital Records is used for the statewide PEP and there was one error in three years. When talking about data reliability do auditors go to Vital Records for out of wedlock births or do you maintain that in your STARS system?

A - We have two. The auditor goes to Vital Records and views the paternity documents. He also views the out of wedlock birth records. Those records are updated in STARS. Then he views our records and we are required to provide all the documents Ted was talking about. He gives us a list. I change the date on the form and ask the workers to send in the documents. When he comes in he doesn't have to take his time to print out the documents. He goes to Vital Records and audits our records too.

Q - How do you legitimize IV-D and adoption?

A - Those orders come into the case state registry, STARS. We have the court orders on those and provide them to the auditors if they come up in the sample. We don't capture legitimization yet but will on July 1 when the new law kicks in. Email crmass@dhr.state.ga for more information.

V. Appendix B – Meeting Agenda

AGENDA FOR State Paternity Mentoring

Monday June 20, 005	Performance	Description
6:00pm to 8:00pm	Registration	Receive name badges and notebooks
Tuesday June 21, 2005	Performance	Description
7:00am to 8:00am	Registration & Breakfast	Receive name badges and notebooks
8:00am to 8:30am	Introduction to the Workshop	Welcome statement of Workshop Purpose, Goals, Objectives, and Explanation of Workshop Format. House Keeping and Administrative Announcements. (Mrs. Joyce Pitts, Director - DPRE/OCSE, Mr. Leon McCowan - Regional Administrator, Mr. John Bobeck - Facilitator, and Mrs. Paula Cottrell - Note taker)
8:30am to 10:00am	Presentations PEP Performance	Colorado and Oklahoma
10:00am to 10:30am	Break	
10:30am to 12:30pm	Presentations PEP Performance	Oregon, Montana, and Texas
12:30pm to 1:30pm	Lunch	Provided
1:30pm to 3:00pm	Presentations IV-D Performance	Wisconsin, Minnesota, and North Dakota
3:00pm to 3:30pm	Break	
3:30pm to 5:00pm	Presentations Statewide Performance	Virginia and Georgia
5:00pm to 5:15pm	Summary/Feed-Back	Adjournment
Wednesday June 22, 2005	DRA	Description
7:30am to 8:30am	Light fare Breakfast	
8:30am to 10:00am	Data Reliability IV-D States	Wisconsin, Minnesota, and North Dakota
10:00am to 10:30am	Break	
10:30am to 12:30pm	Data Reliability Statewide States	Colorado, Oklahoma, Oregon, and Virginia
12:30pm to 1:30pm	Lunch	Provided
1:30pm to 3:00pm	Data Reliability States that switched PEP's	Georgia and Minnesota
3:00pm to 3:30pm	Discussion	Wrap-up and Adjournment - Mr. John Bobeck - Facilitator

VI. Appendix C - Attendees

Alabama

Sheila Lane
Patricia Taft

Arizona

Leisa Bell
Sherry Seaman

Arkansas

Mary Smith
Gary Tackett

California

Karen Echeverria
Lupe Gonzales

Colorado

Robert Conklin

Connecticut

John Dwyer
Karen Main

Delaware

Gwen Anderson
Barbara Lamont

District of Columbia

Joseph Allen
William Pinkett

Florida

Nancy Luja
Lynn Pesic

Georgia

Cindy Moss
Robert Riddle

Guam

Diane Blas
Barbara Cepeda

Idaho

Leslie Betty
Kim Lafferty

Illinois

David Scoville

Indiana

Daphne Risch
Wendy Yerkes

Iowa

Carla Forcier
Catherine Tesar

Kansas

Ralph Malott
Brian Windmeyer
Louisiana
Lisa Andry
Robbie Endris
Maryland
Joseph Jackins
Fran Johnson
Massachusetts
Joan Fahey
Michele Monahan
Michigan
Mark Jasonowicz
Pamela McKee
Minnesota
Anne Lauer
Brenda St. Sauver
Mississippi
Jean Bridges
Walley Naylor
Missouri
John Mier
Gloria Townsend
Montana
Tina Green
Deb Nason
Nebraska
Randy Cramer
Daniel Redler
Nevada
Louise Bush
Gary Stagliano
New Hampshire
Sarah Kourian
Kevin Landry
New Jersey
Patricia Risch
Thomas Vitella
New Mexico
Anthony De Marnello
Valerie Powers
New York
Leslie Robbins
North Dakota
Paulette Oberst
Teresa Peterson

Ohio

Lee Ann Cooper
Al Marcinonis

Oklahoma

Anthony Jackson
Freddy McCroskey

Oregon

Bill Bell
Brian Thompson

Pennsylvania

Georgia Lyons
Carol Sims

Rhode Island

Robert Farley
Edward Keenaghan

South Carolina

William Isgett
Dennis Yongue

Tennessee

Charles Bryson
Susan Welchance

Texas

Joan Hutcheson
Kevin O'Keefe

Utah

Steven Burton
Shauna Hair

Vermont

Mary Brown
Alyssa Chaffee

Virgin Islands

Regina de Chabert
Carolyn Thomas

Virginia

Connie White
Nick Young

West Virginia

Betty Justice
Karen Yahr

Wisconsin

Patti Reuter

Wyoming

Brenda Lyttle
Jay Mullendore

ACF

Valerie Kelly

Ron Gardner
John Moody
Lloyd Peery

OCSE

Nina Campbell
Sheck Chin
Joyce Pitts
Nehemiah Rucker
Kimberly Smith

SITC

John Bobeck
Paula Cottrell
Sheila Drake