

**Department of Health and Human Services**

**OFFICE OF  
INSPECTOR GENERAL**

**IN-HOSPITAL VOLUNTARY PATERNITY  
ACKNOWLEDGMENT PROGRAM**

**State Agency and Birthing Hospital Implementation**



**JUNE GIBBS BROWN  
Inspector General**

**AUGUST 1997  
OEI-06-95-00160**

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# EXECUTIVE SUMMARY

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## PURPOSE

This report describes State implementation of in-hospital voluntary paternity acknowledgment programs.

## BACKGROUND

Federal law requires that States implement hospital-based programs for the voluntary acknowledgment of paternity, seeking to facilitate at-birth paternity establishment for children born to unmarried parents. Many States have long used hospital-based programs, and even now the voluntary acknowledgment process may be administered largely at State discretion, but the intent of the Federal mandates is to make paternity acknowledgment part of the birth registration process. Therefore, State child support and vital records agencies are in the process of forging new or enhanced working relationships. Comprehensive mail surveys were completed by both child support and vital records agencies in every State and the District of Columbia. In the child support agency surveys, we focused on contact with hospitals and procedures for acquiring completed acknowledgments. For vital records agencies, our focus was on paternity documentation, but also covered interaction with child support offices, outreach to hospital staff and State laws governing the use of birth registry information.

## FINDINGS

All States have established in-hospital programs for voluntary paternity acknowledgment, although practices vary significantly by State. Despite barriers identified, both child support and vital records agencies support the paternity establishment effort and report largely effective interaction with each other. Child support and vital records agencies also rate birthing hospitals largely capable and willing to assist in the voluntary acknowledgment process. However, a number of agency respondents report confusion over their respective roles in administering the programs. As acknowledgment programs mature, each State's growth and success will rely on interagency collaboration.

### *Program Implementation*

All States offer voluntary acknowledgment services, and 36 State child support agencies report Statewide birthing hospital implementation.

Child support and vital records agencies agree in-hospital programs encourage voluntary acknowledgment and report acknowledgments have risen since program implementation.

Both State agencies view in-hospital programs as helpful to unmarried parents and report few parent rescissions of voluntary acknowledgments.

### ***State Child Support and Vital Records Agency Practices and Procedures***

States have made progress in handling paternity documentation, but both child support and vital records agencies report a continued need for improvement in the methods, timeliness and completeness of documentation procedures.

Acknowledgments usually go through vital records systems before reaching child support and are transferred more often by paper than electronically, although many child support agencies desire on-line access to birth registration databases managed by vital records.

Both child support and vital records agencies give mixed responses on the effect of notarization requirements, but most report it has a positive impact or no impact on program operations.

### ***Interaction between Child Support and Vital Records Agencies***

A majority of both child support and vital records agencies report effective relationships with each other, despite identifying a number of barriers to collaboration.

Both child support and vital records agencies appear somewhat unclear about their relative responsibilities in administering voluntary acknowledgment programs.

A majority of State child support offices which pay their vital records agencies for tasks related to paternity acknowledgment, report payment improves services or relationships, but some question the appropriateness of such payment.

### ***Contact with Birthing Hospitals***

Most States have contacted all of their hospitals about paternity services, but only half monitor hospital participation by collecting data on births and acknowledgments.

State child support and vital records agencies report hospital staff are capable and willing to administer acknowledgments, but they perceive low staffing as a problem and are unclear about the role of hospital staff in communicating with unmarried parents.

Most child support agencies which pay birthing hospitals for completed voluntary acknowledgments believe the payment helps the acknowledgment process.

### ***Contact with Unmarried Parents***

Child support agencies report that putative fathers more often create a barrier to acknowledging than mothers, and consider the parent relationship to be the most important factor in choosing to acknowledge.

Nearly all child support agencies attempt to educate unmarried parents regarding paternity acknowledgment, and a few States follow-up with parents after hospital discharge.

## RECOMMENDATIONS

Overall, we find child support and vital records agencies are making positive changes in the implementation of hospital-based paternity acknowledgment programs. Both State agencies are supportive of the paternity acknowledgment effort, have made efforts to improve their documentation procedures, and are usually able to communicate effectively with each other. Still, considerable improvement could be made in forging interagency partnerships. Based on our findings, we recommend the Office of Child Support Enforcement (OCSE) take the following actions to improve the State operation of in-hospital voluntary paternity acknowledgment programs. The first and second recommendations duplicate those found in a companion report on facility participation subtitled "Hospital Experiences in Sample States":

***AGENCY INTERACTION AND DIVISION OF DUTIES.*** Promote interagency collaboration, and assure child support and vital records agencies more clearly define their respective roles. OCSE should provide technical assistance to enhance agency interaction and encourage joint problem-solving among child support and vital records agencies and should consider encouraging States to draft a flexible interagency agreement which would make clear the procedures and activities specific to each agency.

***STATEWIDE HOSPITAL IMPLEMENTATION AND ASSESSMENT.*** Monitor Statewide hospital implementation by assuring all States collect acknowledgment data for each birthing hospital and by encouraging development of hospital assessment procedures. OCSE should provide technical assistance to States in creating hospital assessment procedures, and should consider developing a uniform reporting mechanism for States to monitor nonmarital birth and acknowledgment data per hospital and to report hospital assessment procedures and outcomes.

***USE OF FUNDS.*** Clarify the appropriate use by child support agencies of Federal Financial Participation monies in compensating vital records agencies. OCSE should provide guidance to State child support agencies in determining the proper use of Federal funds regarding payment to vital records agencies for services related to voluntary paternity acknowledgment programs.

## AGENCY COMMENTS

We have worked in close partnership with OCSE throughout the conduct of this inspection. Although we did not receive formal comments from ACF on our draft reports, they demonstrated through their collaboration a general agreement with this report and the companion reports. We worked with OCSE in developing a research methodology, provided extensive briefings on study findings and created additional documents to meet agency needs. We appreciate their cooperation and guidance, and will continue to work with them on the issues raised in these reports. The Office of the Assistant Secretary for Planning and Evaluation provided its general concurrence with both this report and the hospital experiences report.

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# INTRODUCTION

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## PURPOSE

This report describes State implementation of in-hospital voluntary paternity acknowledgment programs.

## BACKGROUND

The Omnibus Budget Reconciliation Act of 1993 (OBRA) amends Child Support Title IV-D of the Social Security Act, requiring States to implement hospital-based programs for the voluntary acknowledgment of paternity. The objective of these programs is to facilitate at-birth paternity establishment for children born to unmarried parents. Establishment of paternity at birth has many administrative, financial and emotional benefits. Mothers often lack information about the importance of and methods for establishing paternity. Consequently, they may not seek to establish paternity until a point at which the process becomes more difficult. Paternity researchers agree that the most opportune time for paternity establishment is the “happy hour” in the hospital immediately following birth and before the release of the mother and child. Without an establishment of paternity, unmarried mothers may never obtain a child support order and gain access to the enforcement services of their State child support office. Once a child support order is issued, never-married women are as likely to receive payment as are divorced women.

Many States implemented hospital-based programs before this legislation, and even now under the mandates, the voluntary paternity acknowledgment process may be structured and administered largely at State discretion. The voluntary paternity acknowledgment process seeks to reduce administrative burdens and provide a healthier, more positive introduction to parenting responsibilities. In most States, birthing hospitals<sup>1</sup> are the centerpiece of this effort. Under OBRA, State child support agencies must: 1) implement hospital-based voluntary paternity acknowledgment programs in every public and private birthing hospital; 2) require that a witness or notary public participate in the signing of voluntary acknowledgments; 3) make available voluntary acknowledgment outreach materials, including information on parental rights and responsibilities, and materials for training hospital staff; 4) provide Federal Financial Participation (FFP) payments, not to exceed 20 dollars, to birthing hospitals for each voluntary paternity acknowledgment at State discretion<sup>2</sup>; and 5) monitor birthing hospital compliance on at least an annual basis.<sup>3</sup>

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) further defines paternity establishment and encourages State uniformity and accountability. PRWORA makes the following refinements to the procedures listed above: 1) provision to mothers and fathers of both written materials and oral explanations regarding the rights and responsibilities of paternity establishment; 2) a uniform 60-day window for rescission following a voluntary paternity acknowledgment, after which acknowledgment would establish a legal finding of paternity; and 3) inclusion of State



vital records agencies in processing paternity acknowledgments and child support orders. Neither OBRA nor PRWORA precludes the use of the birth certificate rather than a separate paternity acknowledgment form if the birth certificate includes the necessary data elements.

As interpreted by the Office of Child Support Enforcement (OCSE), the intent of both OBRA and PRWORA is to make voluntary paternity acknowledgment part of the birth registration process. Therefore, State child support and vital records agencies are in the process of forging new or enhanced working relationships. This report describes those relationships and the actions taken by each to administer their State's in-hospital paternity acknowledgment program. Two companion reports will be issued as part of this study. The first entitled, "In-Hospital Voluntary Paternity Acknowledgment Programs: Hospital Experiences in Sample States (OEI-06-95-00161)" describes program usage nationwide using survey responses from birthing hospitals and State agencies in 15 sample States, and the second entitled, "In-Hospital Voluntary Paternity Acknowledgment Programs: Best Practices in Education and Outreach (OEI-06-95-00162)" highlights innovative training of parents and staff. In addition, two documents were produced for OCSE during our inspection entitled "Sample State Summaries" and "Common Data Elements - State Paternity Acknowledgment Forms" to meet immediate needs pertaining to implementation of PRWORA.

## **METHODOLOGY**

After preinspection research, we used comprehensive mail surveys to reach State child support and vital records agencies. In addition to completing the survey, agencies sent examples of paternity acknowledgment outreach materials and photocopies of their birth certificates and voluntary paternity acknowledgment forms. For child support agencies, the pretested survey instrument focused on the procedures in place for facilitating hospital-based paternity acknowledgment programs, their contact with and methods of monitoring birthing hospitals and their procedures for acquiring completed voluntary acknowledgment forms.

For vital records agencies, our focus was on the path of paternity documentation and collection of acknowledgment data, but also covered interaction with child support offices, outreach to birthing hospitals and applicable State laws governing the use of birth registry information. Vital records surveys were sent to the chief registrar in each State, the District of Columbia and the City of New York. In nearly all cases, the registrars themselves completed the survey. Child support enforcement agency surveys were sent to the central child support (IV-D) office in every State and the District of Columbia, where respondents were typically child support directors or paternity program coordinators.<sup>4</sup> In some cases, small groups of agency officers completed the form together. We received completed surveys and documents from every State child support and vital records agency surveyed.<sup>5</sup>

This study was conducted in accordance with the Quality Standards for Inspections issued by the President's Council on Integrity and Efficiency.

# FINDINGS

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All States have established in-hospital programs for voluntary paternity acknowledgment, although practices and experiences vary significantly by State. Despite a number of barriers identified, both child support and vital records agencies support the paternity establishment effort and report largely effective interaction with each other. Even though many States are still early in implementation, much progress has been made toward better interagency cooperation and smoother paternity documentation procedures.

However, considerable improvement could still be made in forging interagency partnerships. A number of vital records and child support agencies report confusion over their respective roles in administering the in-hospital programs. They also sometimes struggle in reconciling the long-established vital records' process of birth registration with the child support objective of establishing paternity for issuing child support orders. Although many State agencies have created successful working relationships in the last several years, others have made little effort to work together, particularly regarding the transfer of paternity documentation. As in-hospital acknowledgment programs mature, each State's growth and success will rely on interagency teamwork.

Both State agencies report birthing hospitals largely capable and willing to assist in the voluntary acknowledgment process. Most child support and vital records respondents view their relationships with hospitals as effective (with vital records reporting stronger ties), but only half of child support agencies monitor hospital participation by collecting data on nonmarital births and acknowledgments received per hospital. Additionally, there is disagreement regarding the appropriate role of hospital staff in assisting unmarried parents, and wide State variation in the use of outreach and educational materials for mothers and putative fathers.

## PROGRAM IMPLEMENTATION

*All States Offer Voluntary Acknowledgment Services, Although Not Every Program is Yet Statewide, and Both Child Support and Vital Records Agencies Give a Positive Evaluation of Program Impact.*

Most States offered some type of voluntary acknowledgment service prior to the Federal mandate, but these practices did not meet current program objectives.

Forty-three vital records agencies and 39 child support agencies report they used a method of voluntary acknowledgment prior to the Federal mandates, and a few States started procedures as early as the 1940's and 50's. But these programs usually lacked widespread hospital involvement<sup>6</sup> and linkage to the birth registration process. Implementation for these early programs typically included only the availability of acknowledgment forms without much hospital responsibility to promote the program or to explain paternity establishment to parents.

A number of States took the opportunity of new Federal policy to make other changes in their acknowledgment procedures that were not mentioned in OBRA. For example, some States began requiring notarization of paternity affidavits, changed the level of presumption given to a voluntary acknowledgment, or added previously missing acknowledgment revocation procedures. A typical State response was "*(before the law) we added the name of the father to the birth certificate when he signed an acknowledgment, but the form had no real legal significance,*" and "*we used paternity affidavits, but we didn't collect data or keep track of their use per hospital.*" Many mentioned they "*only kept forms at the public health office and didn't promote the idea (of paternity acknowledgment).*" PRWORA requires the U.S. Department of Health and Human Services to list a standard set of data elements to serve as a model for States in creating paternity acknowledgment forms or modifying their birth certificates, with the intent that common data elements may facilitate interagency and interstate sharing of information. Although all States have created affidavits for paternity acknowledgment, a few use these forms only when acknowledgment occurs out of the hospital, relying on the signing of the birth certificate for in-hospital acknowledgment (See Appendix A-2 for an example of a paternity acknowledgment affidavit.

Most Child Support Agencies Have Contacted All of Their State's Birthing Hospitals Regarding Paternity Services, and 36 Report Statewide Program Implementation.

Thirty-six child support agencies (77 percent) report all birthing hospitals are participating in their paternity acknowledgment program. An additional three States have contacted all birthing hospitals in their State to inform them of the program and to assist in offering paternity acknowledgment services to parents, but do not yet report Statewide implementation. The remaining 12 child support agencies have not yet contacted all birthing hospitals in their State. In States without complete birthing hospital participation, the following reasons are given for the delay: 1) too early for their office to require hospitals to participate (five States); 2) too early for their child support staff to have contacted every State birthing hospital (three States); and 3) agency first targeted birthing hospitals with a higher incidence of nonmarital births before attempting Statewide implementation (two States). A total of eight States, including some which report full implementation and some which have not yet gone Statewide, report they have targeted high-risk hospitals for special attention.

Child support and vital records agencies agree in-hospital programs encourage voluntary paternity acknowledgment, and a majority of States report acknowledgments have risen since implementation of the Federal provisions.

Forty-four of the responding child support offices (90 percent) deem the in-hospital process very helpful or helpful in encouraging unmarried parents to voluntarily acknowledge paternity. Vital records offices share this view, but not as strongly, with 33 (66 percent) reporting hospital-based programs are helpful or very helpful in encouraging acknowledgments, and an additional eight (16 percent) rating the programs as somewhat helpful. Thirty-six child support agencies (72 percent) and 27 vital records agencies (59 percent) report a higher or much higher number of acknowledgments have been received

since implementing OBRA. Most other respondents from both State agencies report no change due to the Federal mandates, or that it is too early in implementation to evaluate. Only one vital records agency claims acknowledgments are actually somewhat lower since implementation.

Child support agencies report few rescissions of in-hospital paternity acknowledgments.

Nearly 90 percent of the 28 State child support agencies which allow revocation of a voluntary paternity acknowledgment (usually within 30 to 90 days) report few or no rescissions of acknowledgments since program implementation. The low incidence of rescission appears to be a strong endorsement of voluntary acknowledgment, but using the number of rescissions as a performance measure for States is limited somewhat by the absence of a baseline: three-fourths of States did not keep records of rescissions before OBRA. Implementation of PRWORA will require States to adopt a 60-day rescission period, and does not specify whether revocation procedures should be administrative or judicial.

***Child Support and Vital Records Agencies Perceive In-Hospital Programs as Helpful to Parents and Find Advantages to At-Birth Acknowledgment Far Outweigh Disadvantages.***

Child support and vital records agencies believe in-hospital programs are helpful or very helpful to parents (47 child support and 42 vital records agencies). When asked to select specific advantages in-hospital programs provide to parents, 37 respondents (73 percent) selected five or more. The most common advantages identified are the father is more receptive at birth, the father is more likely to be present at birth, and parents are guaranteed exposure to their parental rights and responsibilities (see Table 1).

<b>Table 1: ADVANTAGES FOR PARENTS IN ACKNOWLEDGING PATERNITY AT THE HOSPITAL</b>		
	<b>Child Support</b>	<b>Vital Records</b>
Father More Receptive to Acknowledging at Birth	96% (48)	76% (35)
Father More Likely to Be Present at Birth than Later	86% (43)	76% (35)
Parents Receive Exposure to Rights and Responsibilities	86% (43)	48% (22)
Paperwork Easier Than After Hospital Dismissal	80% (40)	74% (34)
Parents Avoid Cost and Stress of Adjudication	78% (39)	59% (27)
Parents Avoid Fee for Amending the Birth Certificate	68% (34)	53% (24)

The sharpest contrast between child support and vital records agencies in reporting advantages was the exposure of parents to their rights and responsibilities. Forty-three child support respondents see this as an advantage, compared with only 22 vital records agencies. This may be caused in part by some vital records agencies not recognizing exposure about rights and responsibilities as an objective of the in-hospital program (see Table 8 for further explanation of the role of hospital staff).

State child support and vital records agencies find far fewer disadvantages with in-hospital acknowledgments (see Table 2). Twenty-two respondents selected only one disadvantage, and only one listed four or more disadvantages. Both child support and vital records agencies perceive the biggest disadvantage to be that parents may acknowledge without a true understanding of what they are signing. Vital records respondents unanimously view discouragement of mothers to seek prenatal care as a disadvantage, but child support agencies select this only rarely. We find no ready explanation for this discrepancy, but note that most vital records offices are housed within States' public health departments and, therefore, State registrars may be closer to the issue of prenatal care.

<b>Table 2: DISADVANTAGES FOR PARENTS IN ACKNOWLEDGING PATERNITY AT THE HOSPITAL</b>		
	<b>Child Support</b>	<b>Vital Records</b>
May Acknowledge Without a True Understanding of Its Implications	61 % (22)	78 % (25)
May Discourage Some Fathers from Visiting the Hospital	31 % (11)	13 % (4)
May Lead to More Rescissions	14 % (5)	25 % (8)
May Jeopardize Mom's Custodial Rights	14 % (5)	9 % (3)
May Discourage Mothers from Prenatal Care	6 % (2)	100 % (45)

## **PRACTICES AND PROCEDURES**

### *States are Fairly Uniform in the Routine Administration of Acknowledgments.*

Legislation in 47 States already requires the father to sign an acknowledgment of paternity before his name may be added to the birth certificate, a provision found in PRWORA. In 22 States, parents may acknowledge paternity before a child is born and 27 States have provisions allowing the father to sign an acknowledgment even if the mother is married to someone else. The most common method for accomplishing this is a three-way paternity affidavit which requires the signatures of the father, mother and husband (see Appendix A-3).

For parents who wait until after their hospital stay to acknowledge paternity, most States (47) allow the birth certificate to be amended to add the name of the father after the birth has been registered. Thirty-four of these States (71 percent) charge a fee for post-registration amendment, ranging from two to twenty-six dollars, with a median payment of ten dollars.<sup>7</sup> When asked whether they think this fee discourages parents from putting the father's name on the birth certificate, vital records agencies in only three States view the fee as a problem. A few of the States which charge are willing to waive fees if requested by the parents or by the child support agency.

***States have Made Progress in Transferring Paternity Information from Hospitals to Child Support Agencies, But Report a Continued Need for Improvement in the Methods, Timeliness and Completeness of Documentation Procedures.***

Acknowledgments typically go through vital records systems before reaching child support agencies, and are transferred more often by paper than electronically.

Paternity information must get from the birthing hospital to the child support agency for a support order to be established. As discussed earlier, acknowledgments may be completed on separate affidavit forms or may be included on the birth certificate itself. The path of documenting acknowledgments varies by State, but usually goes from birthing hospitals to the vital records agency, and then to the child support office. Acknowledgment information is received by child support offices using one or more of the following basic methods: 1) 23 State vital records systems receive acknowledgments from birthing hospitals and send photocopies of these to child support, either automatically or by request (43 percent); 2) 18 States use a multi-copy carbonless paternity affidavit form, with one copy typically going to the mother, one to the father, one to vital records and a fourth to child support enforcement<sup>8</sup>, allowing both vital records and child support to receive acknowledgments directly from the hospital (34 percent); 3) 15 State vital records systems provide child support personnel with on-line access to paternity and birth registration information (28 percent); 4) five State vital records systems create an electronic or paper list of available acknowledgments from which child support may request copies (nine percent); and 5) in two States hospitals send photocopies of acknowledgments to child support and original documents to vital records (four percent).<sup>9,10</sup>

Child Support agencies desire on-line access to paternity or birth registration databases managed by vital records.

Although 44 vital records agencies (85 percent) have operational Electronic Birth Certificate (EBC) systems for registration of births and the remaining vital records agencies all report plans to go "paperless," the majority of child support offices still receive only paper documentation of paternity acknowledgments from vital records.<sup>11</sup> As stated above, child support respondents in 13 States (28 percent) are able to access information on-line. One method of on-line access requires vital records agencies to transfer information upon request or in batches from the primary public health database to a smaller database shared by child support offices. This allows child support access to the

portion of the birth registration information directly related to paternity acknowledgment. This method of limited access may be a result of State privacy statutes which prohibit access to and use of birth registration information by child support unless a support case has been opened. In these cases, vital records grants only "authorized" access to paternity information. In Kansas, for example, the vital records agency provides child support staff with electronic access to a limited number of data elements for all paternity acknowledgments received, regardless of their child support status. When caseworkers find acknowledgments on-line that are needed for child support cases, they request a certified copy of the acknowledgment.

Another method of establishing on-line capability allows child support to directly access vital record's birth registration database on a read-only basis. This method is typically faster than the method mentioned above, which requires vital records agencies to transfer information to a second shared database. One State which uses this method reports child support has on-line access to birth registrations, including Social Security numbers of parents, just one day after the data arrives in the State vital records office. An alternative to on-line access requires vital records agencies to create an index for child support from its birth registration database, allowing child support caseworkers the electronic use and storage of information. The index may or may not include all available data elements. For example, the vital records office in California optically scans acknowledgments into a database where key data fields are entered to create an index. The index information is then provided electronically to child support offices on diskette.

Twenty child support agencies report that providing on-line access to paternity databases is the most important change vital records agencies could make to their end of the voluntary acknowledgment process. As both vital records and child support agencies begin to rely more on automation, on-line systems, once in place, may increase efficiency in transferring information. At this stage in program implementation, however, those who receive information electronically did not report faster service than those with paper transmission. Due to this marginal outcome and to the uniqueness of some State's procedures, it shouldn't be assumed that electronic transfer is always preferable. A number of child support agencies, particularly in States which have few local or regional agency offices, report they are satisfied with paper transfer and may not wish to expend the cost and man-hours required to make such electronic transfer systems operational.

Timeliness in receiving acknowledgments is a problem for some child support agencies.

Nine child support agencies (21 percent) are concerned about timeliness in receiving paternity information, and six of these offices report waits of three months or more for paper or electronic transfer. Of the other responding States, 28 report no problem in receiving documentation; three consider their program too new to evaluate; four report lateness as only an occasional problem, and two didn't know if timeliness was a problem.<sup>12</sup> Some of those who were not concerned about timeliness had to wait just as long for acknowledgment information as those who were concerned, but said that the wait was not a problem. One child support respondent wrote that this time "*can be used (for) preparing other aspects of the case.*" But delays in receiving acknowledgment

information may cause unnecessary scheduling of paternity interviews and prevent the child support agency from accurately reporting acknowledgments received.

If the wait for acknowledgments is excessive, it is usually the transfer from vital records to child support that presents a problem. Birthing hospitals are never cited as a cause of excessive wait: forty-two State vital records systems (at the State, regional or local level) receive acknowledgment information from birthing hospitals within two weeks, with a median time of 10 days. Hospitals are just as timely in providing information to child support offices in States where acknowledgments are sent by hospitals to both State agencies simultaneously. For example, Virginia hospitals send copies of acknowledgments in batches to child support the fifth working day of each month. Among States which require information to go through vital records to child support, however, there is large variance in the amount of time child support must wait for information. Reports of average transmission time vary from one day to six months, with most occurring around thirty days.

Information is sent by vital records to child support either upon request, in batches, or as-received. We found no real differences in timeliness between these methods. The key to reducing problems appears to be in jointly establishing a firm schedule that is reasonable to both agencies and that suits the circumstances and needs of the individual State. In Kentucky, an administrative assistant from the child support office simply goes to the State vital records office in person each week to collect paternity acknowledgment information. No matter which method is used, acknowledgments in a given State could actually travel through four agency offices: hospitals could send all birth registration information to the local registrar or town clerk (1), who may check the forms for completeness and send them on to the State vital records office (2), who upon formally registering the births sends information to the State child support office (3), through which the acknowledgment is sent to local child support enforcement caseworkers (4). However, we find no connection between delays and the number of offices involved.

#### Child support agencies want more birth information for establishing child support orders.

Twenty-two child support respondents report they would like more birth registration information than they currently receive, typically for locating the noncustodial parent after a child support order has been issued or for matching child support cases to paternity acknowledgments. In States which do not use a separate form for in-hospital acknowledgments, child support agencies are likely to receive only the portion of the birth certificate which includes the child's name and parent's names, dates of birth, signatures, and possibly Social Security numbers. Birth certificates are likely to contain much more information and, depending upon their obligation to privacy statutes mentioned above, vital records agencies might be able to provide child support with a greater number of data elements. In States which use a separate paternity affidavit for all acknowledgments, additional data elements may need to be added to the form. When asked what additional information they would like to receive, child support agencies most frequently cite Social Security numbers and the father's and mother's addresses and employers.



***Case-Matching is Performed by Half of States, Using Names of the Parents and Child.***

Just over half of State child support enforcement agencies report using case-matching procedures which allow them to match new paternity acknowledgments against existing child support cases. Of the 26 States which match, 20 rely on the central State child support office for matching, three on the local or regional child support offices, two on vital records offices and one State uses a private contractor. These case matches are most often completed by States continually as acknowledgments come in, but a number of States match new acknowledgments to cases in batches on a monthly or weekly basis. A few perform daily case-matches which include both new and existing acknowledgments. Information matched most often includes mother's name (24 States), father's name (23 States) and child's name (22 States). Other matching information includes child's date of birth, mother's and father's Social Security Numbers, and mother's date of birth.

***Both Child Support and Vital Records Agencies Give Mixed Responses on the Effect of Notarization Requirements, But Most Report it Has a Positive Impact or No Impact on Program Operations.***

Forty-three vital records offices report their State requires notarization of paternity acknowledgments, and the remainder require a witness. Some minor policy variations exist, such as the State which requires notarization only for minor parents, and a few States which notarize only when the acknowledgment is signed outside of the hospital setting, using a witness for in-hospital signings. Varied viewpoints exist regarding notarization, with some believing it creates an administrative barrier to acknowledgment and others advocating its formality. A surprising number of agency respondents are neutral on the subject. Only two vital records offices (5 percent) in States which require notarization claim the requirement has a negative impact on voluntary acknowledgment procedures, while 17 States (41 percent) report a positive impact and 22 States (54 percent) report it has no impact on program operations. But of child support respondents in these same States, more report a negative impact (10 States or 28 percent), while nearly half (49 percent) believe notarization to have a positive effect and the remaining 8 States (23 percent) report no impact. Of the seven child support agencies in States not requiring notarization, six opposed the use of notaries.

Proponents of notarization gave comments such as *"Notarization ensures that we know the identity of the people signing"* and *"Parents take the process more seriously if a notary is present and seem to appreciate the formality notarization brings."* Opponents of notarization claim that notaries are often unavailable during unmarried mothers' short hospital stays and that it is too difficult for rural hospitals to keep notaries on staff. One vital records office contributed the following: *"We did require notarization, but it often disrupted the process. An investigation into the reason notarization was required revealed that the first State to do acknowledgments required it so everyone else followed!"*

## INTERACTION BETWEEN CHILD SUPPORT AND VITAL RECORDS AGENCIES

### *In a Number of States, Both Child Support and Vital Records Agencies Appear Unclear About Their Own and Each Other's Responsibilities in Administering Acknowledgments.*

There is evident confusion over the division of responsibility between child support and vital records agencies in administering acknowledgments. When asked which agency in their State is primarily responsible for the voluntary acknowledgment process, child support and vital records agencies in nineteen States gave different answers. Of those which gave contradictory answers, the responses are as follows: nine States believe they alone are responsible when their counterpart reports sharing responsibility equally, seven States each name themselves as carrying primary responsibility, two States believe the other agency is alone in responsibility when that agency claims equal sharing of responsibility, and one State disagreed as to whether their shared responsibility lies at the State or the regional level. It appears that a number of agencies are unclear about what the other is doing, and this could create delays in documentation, as well as gaps in service to hospitals and in outreach to unmarried parents.

### *While Some of Child Support Agencies Still Lack Ties to Vital Records Agencies, Most Already Report a Considerable Degree of Cooperation.*

#### A variety of mechanisms for enhancing interagency collaboration are used.

The level of collaboration between vital records and child support agencies varies greatly by State. A few child support agencies have established documentation procedures which largely circumvent their State's vital records agency. For example, one State possesses a statute which instructs hospitals to forward completed acknowledgments to the State child support agency which serves as the sole repository of the forms. Vital records is therefore not involved with this State's voluntary acknowledgment program and receives only the birth certificates for registration. Nationwide, however, only three States report their child support agency houses their State's sole paternity database.

Most State child support offices hope to work together with vital records to administer the voluntary acknowledgment process, and with the implementation of PRWORA, vital records agencies will be required to become involved in processing acknowledgments. By working together, many child support officials hope to reap the benefit of vital records' long-standing relationship with birthing hospitals. The most common mechanisms in facilitating the acknowledgment process include communication between key personnel and informal communication (see Table 3 for a complete listing).<sup>13</sup> Examples of other types of interagency cooperation not mentioned in the table include jointly sponsoring State legislation, sharing aggregate data regarding nonmarital births, and organizing in-house or contract training of local registrars and county child support staffers. New Jersey, among other States, has coordinated joint training sessions for child support and vital records staff.

<b>Table 3: INTERAGENCY MECHANISMS</b>		
	<b>Child Support</b>	<b>Vital Records</b>
Communication Between Key Personnel	86% (44)	71% (36)
Informal Staff Communication	77% (39)	75% (38)
Shared Training Efforts for Hospital Staff	51% (26)	51% (26)
Interagency Agreement	39% (20)	47% (24)
Shared Automated Database	37% (19)	35% (18)
Joint Agency Committee or Task Force	18% (9)	16% (8)
Shared Training Efforts for Parents	14% (7)	12% (6)

States which employ multiple interagency mechanisms also report more effective child support and vital records agency relationships and fewer barriers to cooperation.

Child support and vital records agencies which use more than one interagency mechanism listed in Table 3 are much more likely to rate their relationships as effective or very effective. In fact, the effectiveness rating by both became more positive as the number of interactive tools increased. Of those with only one mechanism in place, 48 percent rate their relationship with their counterpart as effective or very effective, compared with 82 percent which use four or more mechanisms. Nearly half of these also use more interactive training methods (workshops, on-site visits). Another measure of satisfaction is the absence of perceived barriers to interagency cooperation. As the number of interagency mechanisms used increases, child support and vital records agencies are more likely to report no barriers to collaboration: 25 percent of those which use only one mechanism perceived no barriers, whereas 43 percent of those who use four or more mechanisms perceived no barriers. Therefore, in States where agencies communicate more often, there are fewer perceived barriers to program operations.

*Some Child Support Agencies May Perform Duties Alone that Are Better-Suited to Collaboration with Vital Records Agencies.*

Vital records agencies often already have the infrastructure needed to collect and store paternity information.

State child support offices sometimes create structures that may already be in place. One example is the collection of birth registration and paternity acknowledgment data. State vital records offices are usually better-equipped to manage large databases, and in States where the child support offices capitalize on this ability there are interagency agreements which allow for the regular transfer of both individual and aggregate data from vital records agencies to child support agencies. In trying to find data which may eventually be used by Federal and State child support officials for performance measures of voluntary acknowledgment programs, we asked vital records offices what data relating to paternity they already collect. The most common data elements collected by vital records are nonmarital births that occurred in the State (38 States), nonmarital births to State residents (37 States), acknowledgments received from all sources (29 States), acknowledgments received from hospitals (26 States), and acknowledgments received from each individual hospital (16 States). If child support agencies communicate their needs, vital records offices may be able to add other desired fields to their birth registration database.

Both vital records and child support agencies offer training for hospital staff.

Another area of possible underutilization of pre-existing vital records services is the training of hospital staff in the voluntary acknowledgment process. Both child support and vital records agencies currently target many of the same hospital staff and use similar methods. All of the vital records agencies responding report they train hospital staff in the birth registration process. Forty-seven States train birth registration clerks, 18 States train obstetrics nurses and 15 States train additional obstetrics staff. Other hospital staff who may receive training from vital records include medical social workers, nursery attendants and pediatrics staff. However, although hospital staff training by vital records is nearly universal, 12 vital records agencies (24 percent) do not include information about the voluntary paternity acknowledgment process in their birthing hospital training.

As for child support agencies, 46 of the 51 IV-D respondents report they train hospital staff in the voluntary acknowledgment process as is mandated by OBRA. Forty-two child support offices train birth registrars, 29 train obstetrics nurses and 24 train other obstetrics staff. Other hospital staff targeted are medical social workers, nursery attendants and pediatrics staff. The type of training and degree of effort varies widely, with brochures and on-site seminars topping the list (see Table 4).

<b>Table 4: TYPE OF TRAINING PROVIDED TO BIRTHING HOSPITAL STAFF</b>		
	<b>Child Support</b>	<b>Vital Records</b>
Brochures/Pamphlets	89% (41)	54% (26)
On-site Lectures or Seminars	67% (31)	71% (34)
Other (examples: regional workshops, individual meetings, 1-800 numbers, etc.)	65% (30)	40% (19)
Training Video	33% (15)	21% (10)

Although it is unlikely to replace training by child support agency staff, adding paternity acknowledgment materials to vital records agencies' on-going, systematic training may save child support agencies time and resources used to meet continuing hospital needs and enhance hospital participation. Depending upon State-specific factors such as respective size of agency staff and number of birthing hospitals served, it may be appropriate for child support to prepare training materials which address the paternity acknowledgment process and encourage vital records to help in distributing the information. Vital records offices have long communicated with hospital personnel on the birth registration process and, as reported above, they usually enjoy positive relationships with hospital birth registration staff. Even if child support staff prefer to conduct training efforts on paternity themselves, they may still benefit from some combination of effort with vital records in holding joint hospital training seminars, distributing forms or brochures, creating new instructional materials and conducting follow-up contact with hospital birth registration personnel.

Regardless of the training methods used, child support and vital records agency follow-up to initial hospital training efforts is lacking. Most child support agencies (39 States) rely primarily on hospitals notifying them when in need of additional instruction and materials for new hospital employees. More proactive methods by child support to provide additional instruction are less common: 18 child support agencies conduct periodic phone checks and 16 conduct status checks in person. Only six State child support agencies automatically send new materials throughout the year. Hospital staff training materials are most often created by child support offices (44 States), with some materials created by vital records staff (16 States), private contractors (11 States), local child support offices (seven States), and OCSE (two percent).

***A Majority of Both Child Support and Vital Records Agencies Characterize Their Relationship with the Other Agency as Effective or Very Effective, Despite Identifying a Number of Barriers to Collaboration.***

When asked to judge their relationship with the State child support enforcement agency, 31 vital records offices (62 percent) report the relationship is effective or very effective. Another 13 vital records offices (26 percent) say that their relationship is somewhat effective and only 6 States (12 percent) claim an ineffective relationship. The ineffective relationships are reported to be largely due to the perception that their child support agency is trying to "reinvent the wheel" and establish birth registration policy and procedures without first consulting them. Typical comments included: *"Child support ignores vital records programs until they start to implement and then they initiate discussions,"* and *"The mission and priorities of one agency are not necessarily those of the other."* Some believe vital records agencies would more readily become involved if paternity acknowledgments were not viewed as solely benefiting child support. A number of respondents from both child support and vital records agencies echo this opinion that paternity acknowledgment be viewed from a broader public health perspective. One agency representative reports the following: *"One of the major impacts of this policy is the difficulty in projecting the image that paternity establishment is for all children born to unmarried parents and not only for child support clients."*

Of child support agencies, 36 respondents (74 percent) judge their relationship with vital records to be effective or very effective. Another 11 (22 percent) assess their relationship as somewhat effective and only two child support offices claim an ineffective relationship with their vital records counterpart. When child support respondents offer any negative comments about vital records, they typically mention issues such as a slow pace of automation and excessive fastidiousness regarding form completion. As shown in Table 5, child support and vital records agencies differ greatly in what they see as the most significant barriers to a more effective relationship. Twenty-two child support agencies (45 percent) find the greatest barriers to be differences in automation, compared with only 6 vital records agencies (12 percent). Vital records find little or no funding from child support for their services to be the greatest barrier, with 26 States citing this 54 percent), as contrasted with only 12 child support agencies (25 percent) mentioning funding. Of those listing barriers, 42 percent of vital records and 54 percent of child support agencies list only one, indicating a fairly positive view of the potential for interagency collaboration.

Table 5: BARRIERS TO INTERAGENCY COOPERATION		
	Child Support	Vital Records
No Barriers to Interagency Cooperation	31 % (15)	27 % (13)
Differences in Automation	45 % (22)	12 % (6)
Little or No Funds from Child Support Agency to Vital Records Agency	25 % (12)	54 % (26)
Inflexibility by One Or Both Agencies	25 % (12)	8 % (4)
Statutory Conflict	16 % (8)	17 % (8)
Unclear About Relative Agency Responsibilities	12 % (6)	25 % (12)
Poor Communication	10 % (5)	21 % (10)

Fifteen child support agencies (31 percent) and 13 vital records agencies (27 percent) report no barriers at all to interagency cooperation. Nearly all child support and vital records agencies (96 percent), indicating no barriers to cooperation, also report their relationship with the other agency as effective or very effective and that they have a high level of interagency communication: all of the child support agencies reporting no barriers to interagency cooperation use informal communication and 87 percent of them use communication between key personnel.

***Both State Agencies Express Support for Payments by Child Support to Vital Records.***

Vital records agencies strongly desire child support payment for their services.

The issue of payment by child support agencies for vital records services is the most prominent of the barriers listed by vital records agencies in Table 5, and most vital records agencies believe they should be paid by child support. Twenty-two vital records offices report they are being paid or have been paid in some manner by their child support agency for services connected to voluntary paternity acknowledgment. However, fewer child support agencies (19) report they pay vital records. This discrepancy may reflect hesitancy on the part of a few child support agencies to claim a payment policy because they are unsure about the validity of paying vital records under Federal guidelines.<sup>14</sup> Of child support offices which do not pay, four claim that payment to vital records is not allowed

under Federal regulation. At the same time, 17 of the 19 child support agencies which do pay report using Federal funds.

Of vital records agencies which are paid, 81 percent (17 States) report the additional funds are beneficial, helping their offices to process voluntary acknowledgments. They report being paid most often for issuance of certified copies, generation of monthly aggregate reports, prorated computer use time and data entry of paternity forms. Some others are paid for on-line access to paternity databases and a couple are paid in hours by assigning a data entry staff person employed by child support to work in vital records. Of the 30 vital records agencies which have never been paid, 26 desire payment. When asked why they believe they should be paid for paternity acknowledgment services, 15 report they believe it unfair to expend resources on a child support objective without compensation, 13 claim they can provide better service to child support if they are paid, and 10 report they simply need more money to process acknowledgments. As mentioned before, regulations written to interpret OBRA require that voluntary acknowledgments become a part of the birth registration process, and PRWORA mandates involvement of vital records in hospital-based programs. Alluding to this provision, the Massachusetts child support office writes about the importance of compensating vital records for involvement: *"It makes sense for RVRS (vital records) to be central repository of all acknowledgments, given their traditional function of maintaining records and this would provide at least one link between acknowledgments and birth certificate data matches and resulting reports. (This incorporation could) possibly require programming changes on the part of the vital records agency."*

Child support agencies are divided over whether to pay vital records for services and products related to paternity, but a majority who do pay report services or relationships have improved as a result.

Because child support officials may favor paying vital records but feel unable to pay, or conversely may have made an agreement to pay but no longer favor such payment, we asked child support respondents about this important issue in two ways. First, we asked if they favor paying and why or why not. Next, we asked if they do pay or ever have paid and what was the result. Half of responding child support agencies say they believe they should pay vital records for products and services relating to voluntary paternity acknowledgment, whether they currently pay or not.

The most prominent reasons given by child support agencies for paying vital records agencies are simply that it seems unfair not to compensate vital records for work which primarily benefits child support enforcement (16 States), that vital records needs more money to process acknowledgments (15 States), and they believe they may receive better service from vital records if they pay (14 States). Of the remaining half of child support agency respondents who do not favor paying, reasons given include the belief that it is the vital records agency's job to process all birth registration documents including paternity acknowledgments (20 States), that the IV-D budget is already too limited (3 States), that they send child support staffers to help process acknowledgments in the vital statistics offices (3 States), and that they don't believe the money is truly needed (2 States). Of the 19 child support agencies which report paying vital records agencies, 17 pay currently and two



formerly paid but no longer do so. When asked if payment improved or enhanced services, 11 child support agencies who paid (69 percent) said they did receive better service and/or experienced an improvement in their interagency relationship with vital records.

## **CONTACT WITH BIRTHING HOSPITALS**

### ***Only Half of State Child Support Agencies Monitor Hospital Participation.***

Federal law requires under OBRA that child support agencies annually monitor the participation of every birthing hospital in their State. At this point in implementation, only 27 child support offices (53 percent) monitor hospital participation. Further, in nearly all of these States their monitoring consists only of collecting data on the number of acknowledgments received from the hospital compared with the number of nonmarital births the hospital assisted. This measure requires tracing acknowledgments to each specific hospital. Fourteen other State child support agencies (27 percent) track the number of acknowledgments that come from each birthing hospital, but do not yet compare these figures to the number of nonmarital births assisted. Only a few child support agencies have begun to truly assess hospital participation by also evaluating the process the hospital uses to complete acknowledgments, such as hospital staff involvement or parent use of outreach materials. Further description of these assessment efforts are included in a companion report subtitled "Best Practices in Education and Outreach." For child support agencies which pay hospitals for processing acknowledgments, the financial transaction required guarantees a natural count or tracking of acknowledgments per birthing hospital.

### ***The Majority of State Child Support Agencies Choose Not to Pay Hospitals for Completed Paternity Acknowledgments, But Most Which Do Pay Believe Payment Helps Hospitals and Enhances their Acknowledgment Program.***

Twenty child support agencies (40 percent) report they either do pay or had paid hospitals for acknowledgments received. The payment amounts range between 10 and 25 dollars per acknowledgment, with 11 States paying the median of 20 dollars. All but one State agency which pays hospitals reports an improvement in service and in their relationship with hospitals as a result of payment. In States which chose not to pay hospitals, the main reasons given by child support agencies include: it is the hospital's job to process birth registration information and therefore they shouldn't be compensated (13 States); child support funds are too limited to pay (12 States), and the amount of money is too small to matter to hospitals (four States).

### ***Vital Records Agencies Report Somewhat More Effective Relationships with Birthing Hospitals than Do Child Support Agencies.***

Vital records agencies report close ties with their State's birthing hospitals. Forty-four vital records offices (90 percent of those responding) judge their relationship with hospitals as effective or very effective. Of child support agencies, 36 (72 percent) report effective or very effective working relationships with birthing hospitals. Of course, hospital birth registrars are more accustomed to working with vital records personnel, having long standing

relationships due to the birth registration process. Vital records staff in a few States report they know the birth registrars by name in nearly every hospital in their State. Child support offices which have worked closely with their vital records counterparts appear to have the most positive relationships with birthing hospitals. In these cases, hospitals may benefit from greater interagency collaboration because their State child support and vital records agencies have constructed a unified set of procedures and send hospital staff a clear, repetitive and singular State message on the voluntary acknowledgment process.

***Both Child Support and Vital Records Agencies Perceive Similar Barriers to Hospital Program Participation, the Greatest Being Lack of Staff to Administer Acknowledgments.***

Although vital records agencies may work well with hospitals regarding the birth registration process, we couldn't assume that these collegial relationships extended to the voluntary acknowledgment process specifically. Therefore, we asked vital records agencies for any internal facility barriers which may hamper hospital participation in acknowledgment programs. The most common barriers to hospital implementation are shown in Table 6, but over 20 percent of all agency respondents report no internal barriers to hospital participation. Child support and vital records agencies strongly agree in identifying lack of hospital staff as the most significant barrier to hospital participation.

<b>Table 6: INTERNAL BARRIERS TO HOSPITAL PARTICIPATION</b>		
	<b>Child Support</b>	<b>Vital Records</b>
No Barriers Found	22% (11)	20% (10)
Hospital Understaffed to Deal with the Acknowledgment Process	64% (32)	63% (31)
Staff Doesn't Recognize the Importance of Their Role	46% (23)	20% (10)
Staff is Inflexible and Resistant to Change	20% (10)	8% (4)
Little or No Payment to Hospitals by Child Support Agency	16% (8)	N/A

***State Child Support and Vital Records Agencies Report Hospital Staff are Generally Positive and Capable of Administering Acknowledgments, But Appear Unclear Regarding the Appropriate Role of Hospital Staff in Communicating with Unmarried Parents.***

Few hospital staff are viewed by child support and vital records agencies as reluctant to participate in voluntary acknowledgment programs.

Nearly half of child support agencies (23 States) report no birthing hospitals are reluctant to participate in their paternity programs. Of the remaining 26 States which responded to this question, most describe only a few hospitals as reluctant. Hospital associations play a role in

encouraging participation in voluntary paternity acknowledgment programs in 35 States, according to child support respondents. These organizations typically send letters encouraging hospitals to participate, and in a few cases are also involved in staff training.

While both child support and vital records agencies give moderately high ratings to the ability and effort of hospital staff in administering acknowledgments, vital records agencies are more apt to assess these elements as fair or poor.

Vital records and child support agencies generally endorse hospital staff, although vital records agencies judge the ability and effort of hospital staff somewhat lower than child support. This is noteworthy, considering vital records agencies clearly have stronger, on-going relationships with hospital birth registrars. Thirty-nine child support respondents rate hospital staff ability as excellent or good, compared with only 31 vital records agencies. Similarly, staff effort is rated excellent or good by 31 child support agencies but only 25 vital records agencies. Taken as a whole, child support and vital records agencies rate hospital staff ability higher than their effort (See Table 7). Based on other study findings, this perception of hospital staff possessing more ability than the effort they put forth may be due more to lack of time than lack of interest on the part of hospital staff. Some agency respondents believe hospital staff effort would be greater if there was more individual accountability. One child support agency added the following: ". . . hospital staff would be more conscientious about explaining the program if they were required to send a signed statement from the mother stating that she had the program explained to her and that she chooses not to participate." Two States currently use such a form which requires the mother to sign that she has received information about the process and chooses not to acknowledge paternity in the hospital or is unable to do so (see Appendix A-4 for an example). Wider use by child support agencies of hospital monitoring and assessment procedures may also address this issue of accountability.

<b>Table 7: ABILITY AND EFFORT OF HOSPITAL STAFF</b>				
	<b>Ability</b>		<b>Effort</b>	
	<b>Child Support</b>	<b>Vital Records</b>	<b>Child Support</b>	<b>Vital Records</b>
Excellent	19% (8)	12% (5)	23% (9)	7% (3)
Good	76% (31)	60% (26)	56% (22)	51% (22)
Fair	5% (2)	21% (9)	18% (7)	35% (15)
Poor or Very Poor	0% (0)	7% (3)	3% (1)	7% (3)

Child support and vital records agencies disagree regarding the desired role of hospital staff in administering acknowledgments.

Child support and vital records agencies appear undecided about the responsibilities of frontline hospital staff in assisting unmarried parents through the acknowledgment process. Our survey outlines three areas of potential hospital staff responsibility: acknowledgment documentation; parental rights and responsibilities; and advocacy of paternity acknowledgment. The first two are clear responsibilities of hospital staff. Staff must help to facilitate the documentation of the voluntary acknowledgment, just as they always have with birth registration, and, according to OBRA and PRWORA, must also inform parents of their rights and responsibilities. However, agency respondents did not uniformly identify these as appropriate hospital tasks.

In regard to hospital staff acting as advocates of paternity acknowledgment, their appropriate role is somewhat controversial. Some believe that hospital staff should not actively urge or encourage acknowledgment, especially if the hospital is being paid for submitting completed forms, as this may jeopardize the voluntary nature of acknowledgment. However, 34 child support and 23 vital records respondents support this more proactive role by hospital staff (See Table 8).

<b>Table 8: ROLE OF HOSPITAL STAFF</b>		
	<b>Child Support</b>	<b>Vital Records</b>
Helping to Facilitate Paper and/or Electronic Documentation	96 % (49)	80 % (40)
Informing Parents of Their Rights and Responsibilities	90 % (46)	74 % (37)
Actively Urging and Encouraging Parents to Acknowledge	67 % (34)	46 % (23)

**CONTACT WITH PARENTS**

*Child Support Agencies Report that Putative Fathers More Often Create a Barrier to Acknowledging Paternity than Do Mothers, and Consider the Parent Relationship to be the Most Important Factor in Choosing to Acknowledge.*

Of the 32 State child support offices which responded to this question, 18 (56 percent) believe it is most often the father who creates a barrier to acknowledging paternity, 11 (35 percent) report the mother and father share responsibility equally for not acknowledging and three (nine percent) report the mother as most often reluctant. When State child support agencies were asked what they believe guides unmarried parents in choosing to acknowledge, a number of factors were selected by respondents as having a strong or very strong influence: 1) new parents cohabitating or in long relationship (38 States); 2) emotional feelings with baby's arrival (37 States); and 3) exposure to idea of paternity acknowledgment from hospital staff (30 States). Factors

reported to influence parents *not* to acknowledge include: 1) bad relationship between the new parents (42 States); 2) unmarried father doesn't visit the hospital (39 States); 3) new mother's fear of sharing custody (35 States); 4) short length of hospital stay (33 States); and 5) lack of understanding about paternity (30 States). In the companion report subtitled "Hospital Experiences in Sample States" we provide more detail on these potential influences.

***Nearly All Child Support Agencies Report Conducting Some Type of Outreach to Unmarried Parents on Paternity Acknowledgment.***

Forty-six child support agencies conduct education and publicity aimed at unmarried parents. Among States which do outreach, the most common method is a brochure (44 States), followed by a video (23 States), and workshops or lectures (20 States). Twenty-five States offer these materials in languages other than English, with Spanish being the most frequent alternative. These outreach materials are created primarily by child support agencies at the State level (41 States), but many are also developed by private contractors (14 States), local or regional child support staff (five States), vital records agencies (five States) and OCSE (two States).<sup>15</sup> In the companion report subtitled "Best Practices in Education and Outreach" we will provide details regarding the variety of educational outreach techniques which States and hospitals use in their voluntary paternity acknowledgment programs.

***Half of State Outreach Materials to Unmarried Parents Positively Encourage Paternity Acknowledgment, While the Other Half are Strictly Informational.***

Beyond mapping out the procedure for establishing paternity both at-birth and post-birth and listing the rights and responsibilities that accompany acknowledgment (including the obligation for child support), parent outreach brochures typically address issues such as welfare eligibility, custody, genetic testing, status of minors, interstate procedures, and use of the father's surname. A number of States also choose to address more personal issues in their materials, using a Q & A format to answer questions such as, "What if the mother was using birth control?" and "Why should I acknowledge if the father and I are getting along and he is already helping me support the child?" About half the States appear to use a very positive, encouraging tone which focuses on the benefits of fatherhood, while the other half offer more formal materials which primarily detail the legal aspects of paternity and the procedures required for establishment. The most frequent title used for brochures, videos and informational packets is, "Paternity Means Legal Fatherhood."

***A Small Number of Child Support Agencies Follow-up After Discharge With Parents Who Do Not Acknowledge Paternity During Their Hospital Stay.***

Seven child support offices (14 percent) contact all unmarried mothers who do not acknowledge paternity in the hospital. The purpose of these contacts is to offer mothers another opportunity for assistance in acknowledging before the birth is registered. A phone call or letter a week or more after dismissal is typical. Child

support offices most often receive the birth registration information necessary for these follow-ups from State or local vital records agencies. No vital records agency reports use of a follow-up procedure. As part of a demonstration project sponsored by OCSE, the State of Colorado contacted all parents who did not acknowledge paternity within 60 to 90 days. This follow-up was conducted irrespective of the family's child support status, and so, included all unmarried parents who do not acknowledge paternity at birth. However, a number of States have privacy statutes which would inhibit child support staff from receiving birth registration information such as phone numbers and addresses from unmarried parents not in the child support caseload.

## RECOMMENDATIONS

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Overall, we find both child support and vital records agencies are making positive changes in the implementation of hospital-based paternity acknowledgment programs. Both State agencies are supportive of the paternity acknowledgment effort, appear to recognize its importance, and are increasingly capable of successfully administering the acknowledgment process. Still, considerable improvement could be made in forging interagency partnerships. Based on our findings, we recommend the Office of Child Support Enforcement (OCSE) take the following actions to improve the State operation of in-hospital voluntary paternity acknowledgment programs. The first and second recommendations duplicate those found in a companion report on hospital experiences in sample States:

***AGENCY INTERACTION AND DIVISION OF DUTIES.*** **Promote interagency collaboration, and assure child support and vital records agencies more clearly define their respective agency roles.** Although it is too early to determine which specific mechanisms are the most conducive to effective interagency cooperation, we find that States reporting the best relationships are those actively communicating and using multiple methods of interaction. OCSE should provide technical assistance to enhance agency interaction and encourage joint problem-solving among child support and vital records agencies, especially in States not actively communicating. Also, both agencies in a number of States appear unclear about their own and each other's responsibilities in administering acknowledgments. When asked which agency in their State is primarily responsible for the voluntary acknowledgment process, agencies in nineteen States gave different answers. This could create delays in documentation, as well as gaps in service to hospitals and in outreach to unmarried parents. OCSE should consider encouraging States to draft a flexible interagency agreement which would make clear the procedures and activities specific to each agency, therefore avoiding possible duplication of effort, developing efficient administrative mechanisms and maximizing the use of State and Federal resources.

***STATEWIDE HOSPITAL IMPLEMENTATION AND ASSESSMENT.*** **Monitor Statewide hospital implementation by assuring all States collect acknowledgment data for each birthing hospital and by encouraging development of hospital assessment procedures.** Although nearly all sample child support agencies have contacted all birthing hospitals regarding the Federal mandates, only 36 report complete Statewide hospital participation. In addition, we find that programs vary widely among hospitals in States which have achieved Statewide compliance. Only half of child support agencies in sample States have implemented hospital monitoring procedures by collecting data on the number of acknowledgments received per hospital and comparing it to the number of nonmarital births each hospital assists. OCSE should consider developing a uniform reporting mechanism for States to record data collected for each birthing hospital. OBRA requires States at a minimum collect data on hospital nonmarital births and acknowledgments received, but States should be encouraged to also assess hospital practices and procedures in obtaining these

acknowledgments. OCSE should provide technical assistance to States in creating hospital assessment procedures, and in doing so consider developing assessment criteria which would evaluate the *process* birthing hospitals use to obtain acknowledgments as well as the *outcome* of acknowledgments received. Examples of potential assessment criteria include use of hospital staff training and outreach materials, hospital staff contact with unmarried parents, and documentation handling. Not only are many hospitals often not monitored in their program participation, but few child support offices conduct follow-up efforts to determine continuing hospital needs. A uniform State reporting mechanism would serve to determine State compliance with the hospital data collection requirement, and would also allow OCSE to monitor Statewide program implementation.<sup>16</sup>

**USE OF FUNDS. Clarify the appropriate use by child support agencies of Federal Financial Participation (FFP) monies in compensating vital records agencies.** Of vital records agencies who were paid, a large majority report the additional funds are beneficial, helping their offices to administer the voluntary acknowledgment process. Additionally, most child support agencies who pay report better service and/or an improvement in their interagency relationship with vital records. But regardless of the merit of payments to vital records, it is clear that some child support agencies are confused about the validity of paying as it concerns the use of FFP funds.

#### **AGENCY COMMENTS**

We have worked in close partnership with OCSE throughout the conduct of this inspection. Although we did not receive formal comments from ACF on our draft reports, they demonstrated through their collaboration a general agreement with this report and the companion reports. We worked with OCSE in developing a research methodology, provided extensive briefings on study findings and created additional documents to meet agency needs. We appreciate their cooperation and guidance, and will continue to work with them on the issues raised in these reports. The Office of the Assistant Secretary for Planning and Evaluation provided its general concurrence with both this report and the hospital experiences report.



## ENDNOTES

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1. A 'Birthing hospital' is a hospital which has an obstetric care unit or provides obstetric services, or a birthing center associated with a hospital. (Federal Register, Vol. 59, No. 246).
2. Payments may be made up to \$20 to birthing hospitals and other entities that provide prenatal or birthing services for each voluntary acknowledgment obtained pursuant to an agreement with the child support agency (Federal Register, Vol. 59, No. 246).
3. Regulations written to interpret OBRA '93 require States to "assess" each birthing hospital's program on at least an annual basis (Federal Register, Vol. 59, No. 246). This "assessment" requirement specifies only the collection of data on nonmarital births assisted and acknowledgments received per hospital. Following consultation with OCSE, we use in this report the phrase "monitor hospital participation" to refer to this type of data collection. The term "hospital assessment" refers to a broader effort which would include the evaluation of hospital *procedures* as well as *outcomes*.
4. Surveys were not sent to IV-D offices in the United States territories.
5. Child support and vital records agency surveys were received between April and August of 1996.
6. Child support respondents in about half of these States (22) report their pre-OBRA acknowledgment services were offered Statewide. See Hospital Participation section for further discussion.
7. In four States, the fee is only applicable after one year, in one State after 90 days, and in one State the fee is waived if the birth is part of the child support agency caseload.
8. Sending the copy designated for the child support may be at the parents' option.
9. In most States (85 percent), the vital records agency permanently houses all original birth registration documents, serving as the legal repository for voluntary acknowledgments.
10. Some State child support and vital records agencies use multiple methods for transmitting documentation information, so percentages equal greater than 100.
11. Even when vital records agencies have operational Electronic Birth Certificate systems, their paternity data may be stored completely separately of birth certificate data and therefore not be automated.

12. The two agencies which responded that they didn't know whether or not timeliness was a problem may not know because they were answering at the State child support level, and the problem of late information (if it exists) could be felt more by the local or regional child support offices.
13. The discrepancies between child support and vital records agency responses in the same categories are due in part to a few agencies which responded to the survey but did not answer this particular question, and to different interpretations among survey respondents as to what is meant by scaled responses such as "informal communication."
14. The regulation which interprets OBRA '93 indicates the State child support agencies may enter into agreements with the agency responsible for maintaining the Statewide database in order to obtain identifying information about acknowledgments recorded in the database and the entity that maintains the acknowledgments in order to obtain authenticated copies. It appears that Federal Financial Participation funds may be used for such documentation costs (Federal Register, Vol. 59, No. 246). Because PRWORA requires the involvement of vital records agencies in paternity acknowledgment programs, regulations interpreting the Act may redefine the criteria used for payment of FFP to vital records agencies.
15. Although only four percent of respondents reported using outreach materials created by OCSE, a number of State-generated materials appeared to have been developed using OCSE materials for guidance.
16. States already have incentives for improving their paternity establishment rates, as PRWORA requires State child support agencies to increase their rates by a specific amount over the previous year or be subject to penalties. Additionally, PRWORA requires that the Secretary of Health and Human Services recommend to Congress a new incentive funding system for State child support agencies which is to be based on program performance. In preliminary documents, a joint workgroup of representatives from OCSE and State IV-D programs recommended that the Secretary include a paternity establishment measure as one of five State performance requirements for receiving incentive funds. The penalty and incentive structures, while encouraging overall paternity rates to increase, do not directly address the issue of Statewide birthing hospital participation in voluntary acknowledgment programs.

# APPENDIX A

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## SAMPLE PATERNITY ACKNOWLEDGMENT FORMS

### INDEX:

Paternity Acknowledgment Affidavit	A-2
Three-way Paternity Acknowledgment Affidavit	A-3
Mother's Rejection of Paternity Affidavit	A-4

Name of Child - First, Middle, Last	Date of Birth - (Month, Day, Year)
Place of Birth - City, State	Hospital

### MOTHER'S INFORMATION

Name of Mother - First, Middle, Last	(Maiden)	Date of Birth - (Month, Day, Year)
Mother's Address (Street, City, State & Zip Code)		Mother's Telephone Number
Mother's Place of Birth (City, State)		Mother's Social Security Number
Mother's Employer	Occupation (Indicate most recent employment. Specify: Cashier, registered nurse, cook)	Type of Business or Industry (Retail, Sales, hospital, food service) Specify
Hispanic origin <b>Yes No</b> (Circle One - If yes, specify below: Mexican, Cuban, Puerto Rican, Etc.)	Race - American Indian, Black, White, Etc. (Specify Below)	Education - Indicate Highest Grade Completed
Mother's Medical Insurance - Company Name		Policy Number

### FATHER'S INFORMATION

Name of Father - First, Middle, Last	Date of Birth - (Month, Day, Year)
Father's Address (Street, City, State & Zip Code)	
Father's Telephone Number	
Father's Place of Birth (City, State)	
Father's Social Security Number	
Father's Employer	Occupation (Indicate most recent employment. Specify: Cashier, registered nurse, cook)
Type of Business or Industry (Retail, Sales, hospital, food service) Specify	
Hispanic origin <b>Yes No</b> (Circle One - If yes, specify below: Mexican, Cuban, Puerto Rican, Etc.)	Race - American Indian, Black, White, Etc. (Specify Below)
Education - Indicate Highest Grade Completed	
Father's Medical Insurance - Company Name	
Policy Number	

I have read the back of this form and I understand it. I certify that I am the natural mother and the man named above is the biological (natural) father of this child. I consent to this Affidavit Acknowledging Paternity. I request that this child's last name be changed if a new name is given on the back.

\_\_\_\_\_

Mother's Signature (Current Last Name)

\_\_\_\_\_

Date Signed

\_\_\_\_\_

Print Name

I have read the back of this form and I understand it. I certify that I am the biological (natural) father of the child named above. I accept the obligation to provide child support as determined by state law. I request that this child's last name be changed if a new name is given on the back.

\_\_\_\_\_

Father's Signature (Current Last Name)

\_\_\_\_\_

Date Signed

\_\_\_\_\_

Print Name

State of \_\_\_\_\_ County of \_\_\_\_\_

Signed and affirmed before me on the \_\_\_\_\_ Day of \_\_\_\_\_ 19 \_\_\_\_\_

\_\_\_\_\_

Signature of Notary Public

My Commission expires on \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

Signed and affirmed before me on the \_\_\_\_\_ Day of \_\_\_\_\_ 19 \_\_\_\_\_

\_\_\_\_\_

Signature of Notary Public

My Commission expires on \_\_\_\_\_

\_\_\_\_\_

Name, City, State & Zip Code Where Affidavit Signed

\_\_\_\_\_

Name, City, State & Zip Code Where Affidavit Signed

MOTHER'S REJECTION OF PATERNITY AFFIDAVIT

I affirm that I have been given the option to complete a paternity affidavit within the first 72 hours after the birth of my child, that the paternity affidavit has been fully explained to me, and I do not choose to complete this form.

I understand that by giving up this option the only procedure available to me for paternity establishment for the child(ren) listed below will be a paternity action in a court of law with jurisdiction over paternity.

Printed Name of Mother \_\_\_\_\_

Signature of Mother \_\_\_\_\_ Date \_\_\_\_\_

Printed Name(s) of Child(ren):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THREE-WAY PATERNITY AFFIDAVIT

NON-FATHER'S AFFIDAVIT

Pursuant to KRS 213.046, I, \_\_\_\_\_, having duly sworn do hereby state and affirm that I AM NOT the natural father and all information relating to me shall be removed from the birth certificate of a \_\_\_\_\_ child, named \_\_\_\_\_  
(sex) (full name of child at birth)  
born on \_\_\_\_\_, 19\_\_ at \_\_\_\_\_, \_\_\_\_\_,  
(hospital) (city)  
Kentucky.  
\_\_\_\_\_  
(social security number) (signature of non-father)

Subscribed and sworn to before me on this the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_.

My commission expires \_\_\_\_\_

Notary \_\_\_\_\_

FATHER'S AFFIDAVIT

Pursuant to KRS 213.046, I, \_\_\_\_\_, having duly sworn do hereby state, affirm, and acknowledge that I am the natural father of a \_\_\_\_\_ child, named \_\_\_\_\_  
(sex)  
born on \_\_\_\_\_, 19\_\_  
(full name of child at birth)  
at \_\_\_\_\_, \_\_\_\_\_, Kentucky.  
(hospital) (city)  
My date of birth is \_\_\_\_\_ and my highest grade of education completed was \_\_\_\_\_.  
My race is \_\_\_\_\_ and I was born in \_\_\_\_\_.  
(city and state)  
\_\_\_\_\_  
(father's social security number) (father's signature)

Subscribed and sworn to before me on this the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_.

My commission expires \_\_\_\_\_

Notary \_\_\_\_\_

MOTHER'S AFFIDAVIT

I, \_\_\_\_\_, having been duly sworn, do hereby state, affirm, and acknowledge that I am the natural mother of the above said child and that \_\_\_\_\_, the above affiant, is the natural father of said child. My maiden name is \_\_\_\_\_.  
Child's name should read \_\_\_\_\_.  
\_\_\_\_\_  
(mother's social security number) (mother's signature)

Subscribed and sworn to before me on this the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_.

My commission expires \_\_\_\_\_

Notary \_\_\_\_\_