

# **DADS from DAY ONE**

**Final Report  
September 30, 2003 -- September 30, 2007**

**Grant Number: 90FD0081**

***Submitted by***

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**Period covered by report: October 1, 2004 through September 30, 2007**

### **BACKGROUND**

The **Dads from Day One (DFD1)** demonstration project was designed as a front-end approach to connecting fathers with the necessary services so they can better provide financial and emotional support to their children. The project design was in response to child support issues identified by social researchers and task force groups (i.e., Partners for Fragile Families – PFF) who looked at the needs of children in fragile family situations (fragile families are defined as poor children and their often young, unwed parents who want to work together on behalf of their children). First in importance is the need for children to have both parents active in their lives, taking both financial and emotional responsibility for the children.

Statistics indicate that the characteristics of fathers in fragile families parallel those of the mothers. In addition, data collected on non-custodial fathers challenge the traditional view that all fathers could pay child support but choose not to. Child support enforcement agencies conducted research to learn about low-income non-custodial fathers and their families in order to better serve this population. They discovered that having fathers actively participate in a child's life lowers the risk for school drop-out, teen pregnancy, juvenile delinquency, and substance abuse. With these facts in mind, the project design for Dads from Day One was based on encouraging a connection between fathers and their children, and providing support for low-income, unwed fathers.

In addition, social research indicates that many poor, never-married fathers have a significant relationship with the mothers of their children at the time of the child's birth. The child support agency is required to have an in-hospital paternity program in birthing hospitals. This program provides an opportunity to build on an already-established process and take it one step further with service referrals and child support help.

The procedures incorporated into the DFD1 project design included:

1. Expanded paternity affidavit services at the hospital;
2. Family and parenting service referrals for unwed parents;
3. Comprehensive front-end services – intake and referral to already existing community- and faith-based service providers;
4. Child support order establishment; and
5. Monitoring of court-ordered cases.

The project objectives included specific results related to the child support program, such as:

- An increase in voluntary paternity affidavits;
- An increase in child support payments (this includes increased payments on current support obligations as well as increased amounts of support);
- A decrease in the percentage of orders entered by default;
- An understanding of the current program attributes that contribute to high default order rates;
- The development of successful caseload management techniques that will result in better order-establishment practices;
- A decrease in the accumulation of arrears; and
- An understanding of the special issues and difficulties in dealing with low-income unwed parents in the child support system.

There were additional overall goals related to working with fragile families:

- An increase in fathers' involvement (time) in their children's lives;
- An increase in marriage of parents;
- An increase in the employment and earnings of low-income fathers (this includes securing long-term stable employment – getting jobs, increasing wages, and increasing job retention); and
- The development of better understanding, increased communication, and new collaborations between the child support agency, courts, other government agencies and service providers, and community- and faith-based organizations.

Detroit, Michigan was the location chosen for the demonstration project. Detroit is in Wayne County, which is a large urban county. In 2002, Wayne County had an estimated population of 2,045,473, and about 16 percent of the population lived below the poverty line. Also in that year, the county had a total IV-D caseload of 321,888. Of these, 225,550 cases had an order and 42,820 cases did not have an order. During 2002, Wayne County established an estimated 19,892 support orders. In addition, while Michigan's statewide IV-D paternity establishment rate for fiscal year 2007 was 95.9 percent, Wayne County's IV-D paternity establishment rate for the same period was 78.6 percent.

The project design identified Hutzel Hospital in Detroit to recruit low-income, unwed parents to participate in the project. Hutzel Hospital is part of the Detroit Medical Center complex. This complex includes:

- Children's Hospital of Michigan;
- Detroit Receiving Hospital;
- Harper University Hospital;
- Hutzel Women's Hospital;
- Rehabilitation Institute of Michigan;
- Sinai-Grace Hospital;
- Barbara Ann Karmanos Cancer Institute; and
- Wertz Clinical Cancer Center.

This medical complex also includes emergency care facilities, pharmaceutical supply facilities, and administrative offices. The complex covers several city blocks in the center of Detroit.

In 2002, when the DFD1 project was designed, Hutzel Hospital had approximately 5,554 births (according to statistics reported by the Michigan Department of Community Health). Out of these:

- 4,260 were out of wedlock; and
- 1,565 children had paternity established through the in-hospital paternity program at the hospital.

This meant the paternity establishment rate was 36.7 percent.

Through a partnership agreement with Wayne County Third Circuit Court and Hutzel Hospital, the Dads from Day One office was located in the Kresge Eye Institute facility. This facility houses several social service agencies and client service programs such as Family Roads, and the on-site Department of Human Services Medicaid Outreach representative who assists with Medicaid applications. This seemed to be a logical location for the DFD1 office and a good location for patients and participants. It provided a neutral location, as opposed to a court house or government building, to work with participants.

There were two components for the implementation of this project: case management services, and research and evaluation. To complete these tasks, two contracts were established with resources outside of the state Department of Human Services (DHS) and the Michigan Office of Child Support (which is within DHS):

- A contract for case management services was established between DHS and Wayne County Third Circuit Court, Wayne County Friend of the Court; and
- A contract for evaluation and technical assistance was established between DHS and Courtland Consulting.

In addition, the Michigan Office of Child Support assigned a state project manager and contract compliance inspector to this project: Ellen Durnan.

## **CASE MANAGEMENT SERVICES: WAYNE COUNTY FRIEND OF THE COURT**

The case management activities included:

- Paternity establishment facilitation;
- Intake and initial needs assessment;
- Referrals to community- and faith-based services;
- Liaison services between the participants and the courts during order establishment;
- Monitoring of case progress through the court system; and

- Monitoring court order payments for the first three months.

### **Project Staff**

To fulfill the case management services activity requirements, the Wayne County Friend of the Court hired staff to participate in the project. A case management lead, case managers, and an administrative support clerk were hired for implementation of the project.

The case managers were the actual contacts with the project participants. They worked with the experimental group (participants who were enrolled in the project and received services). Case manager responsibilities included paternity establishment, intake and case needs assessment, designing service plans, referring to community-based and faith-based service providers, monitoring case progress through the court system, and monitoring court order payments. In addition, case managers recruited control group participants (participants who were asked to participate but were not provided services).

A case manager project lead position was established. The responsibilities of the project lead as described in the proposal were to:

- Supervise staff engaged in case management;
- Serve as a liaison between program participants and the Friend of the Court;
- Develop a plan and lead educational and training programs for staff and collaborative agency representatives;
- Represent the DFD1 program to outside agencies and organizations, and make presentations to agencies and community groups;
- Help develop program policies and procedures, manuals, forms and informational and promotional materials;
- Coordinate and ensure delivery of services from collaborative agencies;
- Conduct quality control checks;
- Administer functions of the program's Advisory Board, including planning, coordinating and chairing meetings;
- Monitor work of the program to ensure completion within established time frames;
- Develop standards and compliance with established policies and procedures;
- Assist with completion of the program evaluation;
- Make recommendations regarding the program;
- Assist with the preparation of reports; and
- Perform the tasks of a case manager if needed.

In addition to these staff members, Wayne County Friend of the Court appointed an executive sponsor; a Domestic Relations Specialist with the Third Judicial Circuit Court was designated as a single contact for court referrals on all DFD1 participants; and, an enforcement supervisor was appointed to monitor court cases established on DFD1 participants. One of the Third Circuit Court Family

Court judges participated on the DFD1 Advisory Board and requested to have project cases assigned to her court.

## **EVALUATION AND TECHNICAL ASSISTANCE**

The evaluation consisted of two parts: a process evaluation and an impact evaluation. The process evaluation included a systematic collection and synthesis of information on the program environment and processes. Courtland Consulting assessed program effects and provided feedback to the state. In doing so, it helped to refine the project and support the replication of successful program components in other counties and potentially other states.

The impact evaluation was incorporated into the project plan to determine the extent to which the project is associated with outcomes of interest: paternity establishment, payment of child support, the extent of fathers' contact with children, and the level of conflict between parents. Courtland Consulting was responsible for developing a plan for collecting and analyzing data on the project's outcomes using appropriate scientific methods and controls in the data collection and data analysis. This ensured that the estimated project impacts were unbiased. To ensure that the observed outcomes could be attributed to the project and not other factors, the impact evaluation used experimental and control groups and collected information from mothers as well as fathers.

In addition to the evaluation effort, Courtland Consulting was contracted to provide operational support for the program through performance monitoring, ongoing training, and technical support. Courtland employee Sharon Pizzuti was appointed the Evaluation Project Manager (EPM). The EPM was required to work closely with representatives from the project team to ensure that project goals, objectives and deadlines were consistently met. Responsibilities for this position included:

- Coordinating project Advisory Board activities, including the facilitation and dissemination of materials;
- Recommending assessment tools, protocols and case management processes;
- Monitoring the performance of the case management contractor;
- Writing overall processes and procedures;
- Coordinating links to other community agencies, service providers and relevant organizations;
- Supporting outreach efforts;
- Monitoring data collection and evaluation efforts;
- Supervising and coordinating research staff activities;
- Assuring that quarterly evaluation and summary reports are filed;
- Preparing the final project evaluation summary report;
- Developing the detailed project work plan;
- Communicating issues to management and securing resolution;

- Working with the Wayne County Friend of the Court and Office of Child Support Enforcement (OCSE) personnel as required in resolving technical issues;
- Reviewing work products for time, quality and accuracy;
- Reviewing schedule changes and helping identify the impact on the organization in order to determine whether the changes can be absorbed or a change of schedule/resource assignment is required;
- Approving scope and schedule changes as authorized by the Policy Project Manager; and
- Evaluating case management processes and the DFD1 project.

## **PROJECT APPROACH AND IMPLEMENTATION**

### **Advisory Board**

The establishment of an Advisory Board was part of the Dads from Day One grant design. The Advisory Board provided a communication venue for the community and program stakeholders and partners to provide guidance and advice. The Advisory Board members assisted in the achievement of the grant project goals by overseeing the execution of the project strategies and directives.

The membership of the DFD1 Advisory Board consisted of:

- State IV-D agency representatives (high-level county child support staff);
- The state project lead;
- Government service providers and agencies (Department of Human Services, Head Start);
- Hospital representative;
- In-hospital paternity project representative;
- Key service providers and representatives of community- and faith-based organizations;
- Members of the Michigan Judiciary, including the Third Circuit Court, probate court, and the Michigan Supreme Court;
- Michigan Friend of the Court representatives;
- Local fatherhood initiative representatives; and
- Michigan Fatherhood Coalition group representatives.

All the Advisory Board members designed and agreed upon a charter that defined the purpose of the Advisory Board. The charter also outlined the Advisory Board's goals and objectives, approach, meeting standards and frequency, and identified standard communication methods. The DFD1 Advisory Board was scheduled to meet monthly for the first six months of the program and quarterly thereafter.

The state project manager, the evaluation project manager, the Wayne County Friend of the Court, and the executive advisor planned the meeting agendas. The agendas included project updates, discussions about issues and challenges facing the project, and problem resolution. Guest speakers who presented to the

board members included national leaders in fatherhood initiatives, local community partners, and fathers who had benefited from the DFD1 project.

### **Target Group**

The primary target group for services related to the DFD1 project was low-income, unwed fathers with children born in Wayne County, and some ancillary services were provided to the mothers when necessary. Research has shown that most unwed fathers want to provide for the support of their child, and the majority are willing to acknowledge paternity. There is also research that shows two-thirds of fathers went to the hospital at the time of the out-of-wedlock birth, and some 80 percent of young unmarried fathers took care of the baby in some way in the year following the birth. In general, many support services are offered to mothers, but few supports are available to fathers. Empirical data collected through programs such as Parents Fair Share Demonstration strongly indicates that fathers in fragile families are in living situations similar to those of low-income mothers. Fathers need some of the same supportive services and resources that the mothers require.

### **DFD1 Case**

During the many planning meetings and work flow discussions, a case flow was designed for the DFD1 cases. The DFD1 case managers had to collaborate with the Hutzel Hospital Health Medical Records (HMR) staff in establishing DFD1 cases. The HMR staff is responsible for, among other things, completing and registering birth records and providing parents with the option of completing acknowledgment of parentage forms. In order to follow hospital protocols, the DFD1 case manager accompanied the HMR staff person in a “tag-team” approach to speak with mothers about acknowledging paternity and the DFD1 program opportunity. The HMR staff person was to bring up the DFD1 participation opportunity, and if the parent(s) agreed to hear more about DFD1, the case manager entered and explained the program. In addition, the DFD1 case managers participated in the maternity ward discharge class. This class is required for all mothers of newborns prior to release, and fathers may also participate. The case managers gave a short presentation about the DFD1 project and provided hand-out materials in an attempt to reach those parents not yet informed about the project.

The hospital stay for new mothers is very short. This means there is only a small window of time to make a contact with the new parents. Although there was always the hope that the father would be present at the hospital, in many instances, the mother was the first person of contact. The case manager supplied DFD1 program information, additional information about acknowledgment of parentage (when needed), arranged for consent forms to be signed when possible, and made a follow-up appointment. The parents were asked to come into the DFD1 office for an intake interview and a needs assessment, and review of the possible service referrals. Parents were given small incentive packages when they agreed to participate.

When the parents came to the DFD1 office for an intake interview and assessment, they completed consent forms. They discussed their family circumstances with the case manager. If a genetic test for paternity was requested, the case manager collected the genetic material at the office. Case managers were trained to collect genetic samples using the buccal swab process. If the parents qualified for DFD1 services and wanted to participate in the project, they completed an application for child support services. This step was necessary to ensure a child support connection with the case. Two processes then began with the DFD1 case: a child support case establishment and the DFD1 service provision case.

The application for child support services was faxed to the central unit of the Child Support Office. This unit was assigned to expedite the application process by entering the case information into the Michigan Child Support Enforcement System (MiCSES) and establishing a IV-D case. (The case referral process was expedited to prevent arrearage accruals.) The central unit then forwarded the case to the Prosecuting Attorney for case action and establishment. The case notes indicated the case was part of the demonstration project. The Domestic Relations Specialist in the case establishment unit worked on the DFD1 cases. Once the order was established, the case was forwarded to the enforcement unit. A copy of the order was forwarded to the DFD1 case manager assigned that particular DFD1-related case. The DFD1 case manager would then start monitoring the payments.

At the same time, the DFD1 case manager began the intake and assessment process for the volunteer participants. The DFD1 case manager met with the father, and mother if requesting services, to talk about the current situation and discuss possible related services and service referrals through the project. The case manager reviewed local service providers for job training, job placement, housing, counseling, substance abuse, and anger management, and made referrals. The case manager and participant(s) discussed the child support process, genetic testing, and establishing paternity. They also discussed how the case manager would work with the participant while the child support case moved forward and would provide support and information. Once notified that the child support case was established, the case manager would start monitoring payments on the support case, contact the participant, and determine the need for continuing or adding supportive services. The case manager's follow-up and ongoing contact with the participant was extremely important.

Information about the actual child support case was tracked through MiCSES the same way as all other Michigan child support cases. The DFD1 case information was tracked in a web-based data collection system designed by Courtland Consulting. The system allowed for the input of case data and case notes, and provided the ability to run queries for use as a case management tool.

The child support office in Wayne County was located in a local court office building. However, the DFD1 staff maintained an office in the Kresge Center part of Hutzel Hospital. This provided easy access for participants in a non-threatening, neutral environment. The DFD1 staff had computers and phones and were accessible to the public. DFD1 participants could contact their case manager for additional information and direction about the child support process.

### **Recruitment of DFD1 participants**

The recruitment approach in the demonstration project was continually reviewed and adjusted. Recruiting men into programs such as DFD1 has always been a challenge. The Advisory Board members discussed recruitment issues and reviewed recommendations on the approach. The initial participant recruitment process began by working with the hospital HMR staff in the hospital maternity ward. DFD1 case managers then “tag teamed” with the HMR staff when birth records and paternity acknowledgments were signed. The HMR staff introduced the idea of the DFD1 project and if the parent(s) showed interest, the case manager was asked to speak with the patient. The presumption was that both mother and father would be at the hospital following the birth of the child, even though the parents are not married. If the father was not in the room at that exact time, the case manager would return if the mother knew when the father might be there.

To increase participation numbers, different approaches were taken to recruit fathers. The case manager project lead worked in the reception lobby of the prenatal clinic one or two days a week for a few months to expose expectant parents to the issues of paternity establishment and the services provided with the DFD1 project. The case managers presented information about the DFD1 services, participation benefits, and paternity establishment issues at the maternity ward discharge classes. The case manager project lead presented project information at local schools. The state project lead and the case manager project lead made presentations to local community organizations and technical schools. Service providers in the community, both faith-based and community-based, were given information about the DFD1 program benefits and asked to provide interested parents with contact information. The state project lead attended state and national conferences, networked, and provided presentations about the DFD1 project to groups and agencies such as the child support field staff, the Department of Human Services, Head Start agencies, the Michigan Extension Program, the Parent Awareness Network, and the National Partnership and Community Leadership organization. The project staff and executive committee designed publications and flyers. These were shared with the hospital social service department, and distributed to the community.

In the last year of the project, money was available to devote to a public outreach campaign. Courtland Consulting was contracted by the state to design and implement a comprehensive outreach plan through identified marketing channels to increase participation in the DFD1 project. Courtland Consulting used several

media options recommended by focus groups, the DFD1 Advisory Board, the DFD1 case management team, service providers, Hutzel Hospital, and OCS support specialists. The campaign approach was to target Detroit-area, African American fathers between the ages of 22 and 25. The outreach project included:

- Radio advertising – ad development and broadcasting;
- Posters – graphic design and ad development;
- Conference and training booth display – equipment and graphic design; and
- DFD1 public website enhancements – graphic design and content.

Courtland Consulting developed educational commercials to recruit new fathers into the program and selected radio stations that best matched listener demographics to the desired target audience for the project. Courtland measured the effectiveness of ad(s) by providing a report to the state project lead evaluating the number of referrals, website statistics, etc. produced from the radio outreach marketing. In addition, the project manager participated in a radio talk show.

The state project manager and a Courtland Consulting representative attended a meeting with the Hutzel Hospital Director of Communications, Public Relations and Marketing. They discussed the need for additional outreach in the hospital. As a result, they designed posters to display within designated areas of Hutzel Hospital and other Wayne County community centers to increase program advertisement. Courtland provided graphic design, photography selection, and assistance to develop the content for the posters. The new posters and outreach materials were displayed in strategic areas around the facility.

The DFD1 website, designed originally by Courtland Consulting, was a secured login site for project staff and Advisory Board members. Courtland developed additional web pages on the site to share information with the public. These pages included a program information page, a link to a program brochure, a service provider page, a contact page, news and events, and a sponsorship notation. The website address was advertised to the public.

Finally, Courtland designed new graphics for an exhibit booth display to promote awareness of the DFD1 program for upcoming conferences and training sessions. Courtland provided the DFD1 program the Flexi-display exhibit booth. Courtland and the state project lead also researched the local events and activities where the exhibit booth could be displayed and materials could be distributed.

The state project lead also took over the networking and outreach component of the project. The original grant plan was to have the case manager project lead participate in the community networking and outreach activities. However, due to staffing issues and lack of time, the case manager project lead was not able to

fulfill that obligation. The state project lead focused on those activities during the outreach campaign.

### **Recruitment of Service Providers**

The project approach for DFD1 included partnerships and collaborations with community-based and faith-based organizations and agencies already established in the Wayne County, Detroit area. The case managers acted as intermediaries to help fathers and families connect to already established, already trusted organizations and agencies in the greater Detroit area.

The project design included referring fathers and families to already established community services, and providing fragile fathers the opportunity to gain control by obtaining the resources and information they need to earn income, pay child support and become involved parents. To secure the contacts and commitment of the community, there was outreach to over 200 community service providers. Service providers were invited to attend a program for sharing project information, goals and objectives of the demonstration project, and take part in a discussion about the agreement document, a Memo of Understanding (MOU). Of these 200 providers, MOUs were signed between Wayne County and 10 community services providers. The MOUs provided an agreement of customer referral procedures, information sharing, monitoring, and status updates; they also provided payment agreements where necessary. In addition, DFD1 established a partnership with the local Department of Human Services fatherhood initiatives. Through this collaborative effort, available services included:

- Computer and technology training;
- Domestic violence programs;
- Anger management programs;
- Parenting and co-parenting skills training;
- Couple counseling and one-on-one mentoring;
- Substance abuse programs;
- Employment counseling services, job readiness services;
- Literacy programs;
- Fatherhood development programs; and
- Teen support programs.

Outreach to faith-based and community-based organizations continued throughout the duration of the project.

## **DFD1 PROJECT CHALLENGES AND LESSONS LEARNED**

### **Start-Up Delay**

In Michigan, the Child Support Office is within the Department of Human Services (DHS). The Michigan Child Support Program works in partnership with the Friend of the Court (FOC) offices and the state Prosecuting Attorney (PA) offices within the Family Court Division. The child support process in Michigan is

judicial. The DHS office requires a contract with those who are providing services, and for the DFD1 project, this included the Friend of the Court. In addition, OCS entered into a contract for evaluation services with an independent contractor. The process for entering into a contract with OCS is governed by DHS:

1. First, a request to contract for services is submitted to the DHS Office of Human Resources and to Civil Service.
2. All unions that are included in the program areas are notified that there is a request for services outside of state government to perform certain activities.
3. The Office of State Employer is notified of the request for contract of services.
4. After this has been approved, then a request to either go forward with the open bid process for the contract is submitted, or, a request for an exception to the normal bid process based on sole source or best source is submitted.

When the request to contract for services for both the Friend of the Court and for the evaluator was submitted, there were some changes in the administration of DHS and in the political landscape of Michigan government. More emphasis was placed on keeping jobs within the state employee bank and not contracting out services that could be done by state employees. Applications or requests for contracted services became objects of scrutiny in the purchasing departments and the state employer offices. As a result, the request to contract for services did not move forward. State and union officials conducted many meetings about the child support program procedures and the use of state employees in services described in the project. Several high-level discussions were conducted with the IV-D Director and the Deputy Director of the DHS office. The Office of the State Employer put a “hold” on the progress of the request to contract for services. The Child Support Office was told not to discuss the project with any of the involved entities until a resolution was met. Any discussion about the grant before a decision was made to follow the normal bidding process or to contract based on best or sole source could possibly exclude the pool of applicants for the grant. All discussions, other than internal implementation issues, were discontinued until the DHS administration decided whether OCS could continue with the grant process.

As a result of the contract and open bid process and the issues surrounding the Civil Service and state employer, the implementation was delayed over a year. The contracts were not executed and authorized until January 2005. The federal government approved the grant beginning September 30, 2003. Once contracts had been signed, staffing had to be selected. The project case management team was not operational until June 2005.

The contract development and authorization was not the only barrier to implementation of the project. Hutzel Hospital was identified as a partner and

entered into a subcontract with Wayne County Circuit Court. The hospital provided office space for the project, and the case managers worked closely with the hospital Health Medical Records staff. Although Hutzal Hospital became an important partner in the project design and implementation, keeping a designated representative from the hospital actively involved in the design and implementation of the project was extremely difficult. The hospital executives did not participate in any design meetings. Hutzal Hospital's executive staff was asked to participate on the Advisory Board, but their participation was inconsistent and often not at a level where information and decisions could be shared or made. A hospital representative from one of the social service agencies participated when possible. Sometimes a nursing staff administrator or health records department administrator participated in meetings. As a result, the partnership with Hutzal Hospital was weak. The information received by the project staff was inconsistent. Information about the project was not shared with hospital administrators or staff through the normal hospital protocols. In addition, hospital administrators did not convey to DFD1 project leadership an important step in the project implementation until later in the design for implementation—the fact that the project would have to go through the Human Investigation Committee Institution Review Board (HIC IRB).

The project had to go through the HIC IRB, which was yet another approval process before implementation. Since this demonstration project did not quite fit with the normal HIC criteria, completing the paperwork and providing the information about the project design and approach was arduous. Materials had to be reviewed and approved, and protocols established and approved. The HIC gave final approval to implement on September 27, 2005. There was then a two-year delay between the time the grant was approved until actual service delivery to fathers and families began.

### **Recruitment and Retention of Men in the DFD1 Project**

Recruiting men into programs such as DFD1 is historically a challenge. With 4,000 to 5,000 unwed births at Hutzal Hospital each year, the initial presumption was there would be a large pool of candidates from which to draw participation. In addition, social researchers have consistently reported that unmarried fathers are usually in a relationship with the mothers at the time of the birth of a child and many are present at the hospital. This did not appear to be the case at Hutzal Hospital. Most of the initial contacts between the DFD1 case managers and the families began with the mothers. Mothers were the gatekeepers in the sharing of program information with the fathers. The length of stay in the maternity ward is minimal in most cases—sometimes just 48 hours. Mothers are tired and trying to work with their newborns. In addition there is a lot of information that is thrown at them while they are hospitalized: birth certificates, paternity affidavits, etc. DFD1 program information was shared in the pre-natal clinics so parents would be thinking in advance of the birth of the child. DFD1 program information was also shared at the maternity discharge classes, prior to the hospital release of the mother and child. Making a connection with a father was a great challenge.

Another approach was taken with child support workers. The state project manager made presentations to child support case workers and support specialists. She provided project information, explained the benefits for participating fathers, provided brochures to be shared with fathers and families, shared DFD1 contact information, and requested referrals for possible DFD1 candidates. This approach did not provide a meaningful source of referrals for the project.

There was an increase in interest in DFD1 with the launch of the outreach/marketing campaign. DFD1 project staff received many phone calls with requests for information. Some public interest increased when the posters were placed in community centers and churches and around the hospital. The lesson learned here is that perhaps a rigorous marketing/public outreach campaign should have been incorporated into the original plan and the campaign cost should have been included in the budget.

Service providers enlisted in the DFD1 service provision originally were thought of as a resource for recruitment into the program. The DFD1 case managers were to refer fathers and families to these service providers, and in turn, the providers would refer fathers to the DFD1 project when appropriate. This message seemed to be lost with the service providers. Referrals from those agencies were virtually non-existent. Also, working with these local agencies was challenging for case managers and the case manager project lead. Staffing changes and levels prevented some work from taking place. The solution to this issue may be that those involved in the direct delivery of program services—the case manager project lead or the case managers—should not be responsible for working on relationships with the service providers. The state project manager may need to take on that responsibility. In addition, regular meetings with the service providers and the project staff and leadership would be important. Having consistent contact with the community- and faith-based agencies and organizations could have provided insight into project referrals, service provisions, participant retention, and barriers to success. Some of the key service provider agencies were asked to participate on the DFD1 Advisory Board. However, those that were invited did not attend consistently. A plan for periodic meetings with the agencies may have provided a more successful relationship and cross-referral process.

In addition to recruitment, retention of participants in the service agency program was difficult. Case managers had the responsibility of communicating with the service provider to ensure the DFD1 participants were engaged in the referred program. The case manager was also supposed to contact the DFD1 participant if there was a lack of attendance or participation to determine if other resources were needed or if the program referred to was not effective. There was not a strong communication between the case managers and the service providers. In addition, contacting the DFD1 participant was a challenge. The population that

was eligible for the DFD1 program moves often, uses cell phones or provides friend's and family's cell phone numbers, or has no phone number at all.

An example of the challenges with retention in the program is the referral success rate with Education Data Systems, Inc. (EDSI). EDSI is a job training program that provides resume' writing, job training and job placement after completion of the program. The program had a high cost—\$1,800 for training and job placement per individual. The classes were all day, every day for several weeks. Employment consultants were responsible for case management and retention services. This included monitoring, counseling and assisting noncustodial parents in their efforts to obtain employment and address other family or child support issues. Because of the length of the program, special payment arrangements were made between Wayne County and EDSI. Unless the DFD1 participant participated for two weeks, no payment was due. The state project lead contacted Ola Obayan, the EDSI representative, about the attendance of DFD1 participants in the EDSI program. The results were not what was expected. Most of the DFD1 participants came only the first day and never returned. Approximately 87 referrals were made by the DFD1 case managers, and none completed the classes. Some participants did only the resume' writing and never returned. Ms. Obayan stated that many of the participants did not see the value in learning a skill. She suggested that providing an incentive payment to those who attended may have made a difference. Initially, the EDSI program was considered to be a great opportunity for DFD1 fathers at no cost to them. This is indicative of the types of retention problems faced with father service programs.

### **Support of Project Partners**

In the original project design, the DFD1 project incorporated a partnership and contract relationship with the Wayne County Friend of the Court and with an evaluation and technical assistance agency—Courtland Consulting. The working relationship with the Friend of the Court office, Courtland Consulting and the state project lead was essential. In addition, Hutzel Hospital became a key partner for the implementation of the project.

Initially, when the DFD1 grant proposal was designed, Wayne County Friend of the Court (FOC) managers and staff were involved. Meetings were conducted to discuss how the project would work into the regular business flow of the FOC office in Wayne County. Department managers were enlisted to track the DFD1 cases. The director of the FOC office wrote and signed a letter of support. However, by the time of implementation of the DFD1 project, the Friend of the Court director had changed three times. Also, department managers and those who had assisted in and supported the design of the grant left the office or had been re-assigned. This constant change of administration meant constant discussion and re-enforcement of the importance of the demonstration project and its goals. Some of the initial enthusiasm and investment in the project was lost in the constant staff transition. At times, the focus became the administration

of the project as opposed to the goals and outcomes of a fatherhood initiative and services to families and fathers.

Additionally, the demonstration project itself is part of a larger cultural shift for the child support agency. It is part of the child support agency's change in approach from strictly enforcement/collection to enforcement/collection/service provision. The fatherhood initiatives introduce a new concept for child enforcement agencies: engaging fathers and working with them to consistently provide emotional and financial help for their children, as opposed to forcing fathers "underground" and eliminating male role modeling and father involvement. The concept of engaging fathers is new and still not embraced by all child support professionals. Overcoming old attitudes and ideas is never an easy task.

One of the lessons learned from this experience is that there must be constant discussions about the initial goals of the demonstration project and fatherhood initiative. Such discussions were requested but dismissed as unnecessary. However, they are necessary. People involved in these types of projects come and go, and the initial goals and objectives need to be reviewed consistently to ensure success.

The partnership with Hutzel Hospital was never developed to the level that would have increased the success of the project. The initial engagement with the hospital was with the Chief Judge of the Michigan Third Circuit Court and the CEO of the Detroit Medical Center. The CEO was invited to participate on the Advisory Board, to attend meetings and to be involved in the project. A representative was asked to attend in lieu of the CEO. Representation from the hospital itself was weak and inconsistent. Several times, the state project manager asked hospital administrators for the opportunity to conduct presentations or to speak at staff meetings to introduce the DFD1 project, to make hospital staff aware of the opportunities provided to fragile families and fathers, and to make sure the social work department knew about the project. Each time the offer was dismissed. When the state project lead and the Courtland representative who worked with the outreach campaign met with the Hutzel Hospital Director of public outreach and marketing, a stronger relationship began. However, this did not happen until the end of the project. A lesson learned from this experience is that more consideration must be given to a realistic approach to a partnership and whom to develop working relationships with, especially in an organization as large as the Detroit Medical Center.

### **Turnover of Case Management Staff**

The Dads from Day One grant project was time-limited. Staff were hired by the Wayne County Friend of the Court as case managers, project leads, and administrative support. The staff hired were aware that there were time limits to the project and their positions, so it is understandable that they would leave if they were offered employment opportunities that provided long-term stability. The changes in staffing did create challenges. Filling vacancies was not easy,

especially when the project end was more imminent. There was a constant concern that new staff did not have proper training for the data collection, service provision, community partner connections, work flows, and the basic grant objectives. Initially, Courtland Consulting and the evaluation project lead provided a very complete training program that included manuals, in-person training sessions, hands-on computer system data input, review of the child support process at the Friend of the Court, and review of the original grant proposal. However, as new staff came on board, Courtland was not always included in the training process. Training was provided by staff members already working in the project. This often resulted in a lack of understanding and consistency in the data input and service provisions. The Courtland evaluation project lead had to consistently conduct data quality reviews, run queries, and request data clean-up from DFD1 staff. In addition to the data-quality challenges, the very basis for the grant proposal and the approach of engaging fathers and establishing a long-lasting connection between fathers and children was not always conveyed. While changes in staff are not controllable, the lesson learned here would be to require stringent training rules for new employees in a contract agreement that would be enforceable when necessary.

### **Outreach to Local Community Organizations and Service Providers**

The grant design for DFD1 was to connect fathers and families with already existing faith-based and community-based agencies and organizations established in the Detroit area. The case managers were to assess a family's or father's needs and provide resources and referrals to service providers. In addition, one of the main objectives of this initiative was to offer a connection with the child support program and assist with the processes of establishing paternity and establishing a court order that is within the father's ability to pay. Based on social research, it is evident that fathers avoid the child support process because of a lack of knowledge about the child support program and the fear of working with the courts. A major component of the project was to provide the extra service of guiding an unmarried father through the child support process by providing support and information, paternity establishment, genetic testing, and establishing a court order within his ability to pay.

Two recruitment events were held to solicit service providers in the Detroit area. Some service providers had costs associated with their provisions and wanted guarantees of payments to participate. Those services that were provided with no associated costs were of highest interest to the project; however, some service agencies that required payment for participation were also included. Recruitment of service providers was an ongoing component of the project. Initially this was considered the case manager project lead's responsibility. However, the case manager project lead did not actively pursue the providers and work on the relationship-building necessary to create a strong collaboration. The impact to the project was a weak connection with the service providers. Service providers did not refer many people to the DFD1 project. In addition, the service providers did not always provide information about the family or father participation in the

assigned service program, and retention in the program was not properly monitored.

In addition to the service providers, different community groups and organizations needed to know about the DFD1 project and what was being offered to families and fathers. While these groups are not always involved in direct service provision, they provide networks of support in the community, provide contacts, and increase public awareness. When the public outreach/marketing campaign began, the state project manager assumed the outreach role, to network and provide information about both the fatherhood initiative and the change in the child support program approach to fathers. The state project manager was invited to participate at many public events to discuss the project and the new approach. Many of the groups welcomed a connection to the child support program since child support issues are the main focus of any group working with father programs. The state project manager was invited to and participated on several community advisory boards, such as the Detroit Area Black Leadership Organization, the Michigan Fatherhood Coalition state board, the Detroit Area Roundtable, etc. The state project manager was successful in networking with the service providers and meeting and sharing information with the community organizations.

The key lesson learned from working with the many contacts, agencies, and organizations is that there are several levels of partnerships and collaborations in any particular project. And, each partnership/collaboration must be worked arduously and continuously to provide the kind of supports that lead to success.

There was an additional positive result from the DFD1 project and this outreach approach. Organizations, agencies and fatherhood groups started to better understand the child support program. For many, it was a welcome message to hear the admission that a change in approach was necessary with fathers, and that the child support agency is trying to adopt the new approach.

### **Changing the Face of Child Support Enforcement**

A demonstration project such as Dads from Day One helps to support and promote the new approaches to engaging fathers in the child support process. Unfortunately, the public perception of the child support program and the court system has been negative. The child support program originally began focusing on children and their mothers. The fathers who did not pay on child support orders were considered irresponsible and labeled “Deadbeat Dads.” It was assumed that fathers who did not pay made the conscious decision not to pay as opposed to the idea they could not **afford** to pay. The end result has been an increase in father absence in the lives of children. The results for children have been detrimental. Social research has shown that a dad’s involvement in his child’s life has a positive impact. The child support program needs to be part of the solution, not part of the problem. This requires a change in the implementation of the child support program. One of the successes of the DFD1

project has been the opportunity to provide the new message about engaging fathers, the importance of father involvement in a child's life, and the need for the child support agency to include service delivery in addition to enforcement and collection.

Through the DFD1 project, the child support program has reached out to a large urban area to provide information about the child support process and the importance of representing oneself in a courtroom setting. The public has heard that the child support program understands a need to involve fathers with their children and that the first steps to a new approach have been initiated.

In this same vein, the leaders and staff of the Michigan child support program have now been exposed to those ideas and concepts. This fatherhood initiative is part of a change in approach from strictly enforcement and collection to the inclusion of service provision. The fatherhood initiatives introduce a new concept for child enforcement agencies: engaging fathers and working with them to consistently provide emotional and financial help for their children, as opposed to forcing fathers "underground" and eliminating male role modeling and father involvement. The concept of engaging fathers is new and still not recognized by all child support professionals.

The seed of change has been planted. Presentations have been made to child support professionals at every possible opportunity. The DFD1 Advisory Board included four members of the Michigan judiciary: a Michigan Supreme Court Justice, a Juvenile Division Judge from the Third Circuit Court, the Chief Judge for the Third Judicial Court, and the presiding judge for the Family Division of the Third Circuit Court. In addition, the Michigan IV-D Director was included on the Advisory Board. These individuals can use their knowledge of DFD1 concepts to influence other areas of the child support program.

Dr. Jeffrey Johnson, President of the National Partnership for Community Leadership, came to a board meeting and made a presentation. Dr. Johnson participated in the writing of the Peer Learning College report on *Guiding Principles for Child Support Enforcement in Working with Fragile Families*. This project was developed to respond to welfare reform efforts and to changes in child support enforcement and paternity establishment goals. The overall goals of this project were to:

- Help government agencies and community-based organizations work more productively together to better support the needs of children in fragile families;
- Provide support for both parents to be private resources for their children; and
- Promote family-friendly income security and other social policies that recognize the contributions of both parents—including those who are noncustodial.

Dr. Johnson reviewed the results of the Peer Learning College and the discussion that led to the recommendations presented by Peer Learning College participants. These types of discussions and activities reached the child support community leadership and the community- and faith-based agencies. These types of discussions lead to change.

In addition, the message continues to move through the Michigan Child Support program. New activities are being planned to increase staff awareness about the need to engage fathers, treat fathers as customers, encourage financial and emotional support for children, and provide the kinds of services to fathers that promote healthy and stable relationships between mothers and fathers, enforce co-parenting skills, and result in positive outcomes for children.

## **STATISTICS**

Statistical analysis of project outcomes is included in the attached report compiled by Courtland Consulting. However, below are some statistics that have been collected in relation to Wayne County and Hutzel Hospital in the last few years.

The Michigan Department of Community Health tracked the following statistics related to out-of-wedlock births and in-hospital paternity establishment for Hutzel Hospital:

<b>Year</b>	<b>Total Births</b>	<b>Unwed Births</b>	<b>Paternity Established</b>
2002	5,554	4,260	1,565 – 36.7%
2003	5,521	4,178	1,542 – 36.9%
2004	5,208	4,067	1,632 – 40.1%
2005	5,125	3,944	1,392 – 35.2%
2006	5,468	4,224	1,605 – 38%

During this five-year period, the average percentage of births to unwed parents was approximately 77%.

Using the county performance measurements for fiscal year 2007, Wayne County has an open IV-D case count of 290,366; 223,157 with orders; and a IV-D paternity establishment rate of 78.6%. This is significantly under the statewide average of 95.9%.