Promoting Family-Centered Child Support Policies for Michigan Families with Low Incomes

A Report on the Assessment of the Michigan Child Support Program

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[a] **Acknowledgement:** The authors thank the Michigan Office of Child Support staff—Erin Frisch, Julie Vandenboom, Keegan Malone, Jennifer Arsenault, Christopher Budny, Sandra Ross, and Vanessa Washington—for their expertise and advice on this assessment. Special thanks also go to Ian Broughton for data support and Kimberly Kerns for research support. Additionally, the authors thank Mindy Scott and Kristen Harper for their substantive review; Domonique Martinez for citation support; and Melissa Perez and Brent Franklin for copyediting the report.

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Executive Summary

Within the field of health and human services, agencies and officials are increasingly interested in prioritizing families' needs. Agencies are seeking family-centered approaches to guide the design, delivery, and assessment of programs as a central strategy to enhance family well-being, strengthen family relationships, and boost families' engagement in programs (Berger & Font, 2015; Park et al., 2018; Rosinsky et al., 2022). As part of this wave of interest, the Michigan Department of Health and Human Services (MDHHS) Office of Child Support (OCS) launched an initiative in 2024 to assess its current child support services and develop recommendations that center families in the state child support program.

Michigan's current child support program has been largely shaped by federal requirements. Historically, federal laws governing both child support programs and the broader social safety net have focused on supporting cost recovery (see box at right). That is, families receiving public assistance have been required to assign their rights to child support to the state in which they live. Parents ordered to pay child support send that support to their families through a centralized state disbursement unit. For families receiving public assistance, however, states may keep collections to offset the costs of public assistance. These provisions stand in stark contrast to efforts to ensure that families with low incomes are treated fairly and have the resources they need to support their well-being.

Child Support and Cost Recovery

Historically, the U.S. child support system has sought to use support payments to offset the costs of supporting families living in poverty (Social Services Amendments of 1974, Pub. L. No: 93-647). Families receiving public assistance were the core focus of child support systems. Today, federal law requires families supported by Temporary Assistance to Needy Families—or the Family Independence Program, in Michigan—or by Medicaid to assign their rights to child support to state child support agencies to allow state recovery of benefit costs (42 U.S.C. § 608(a)(3); 42 U.S.C. § 1396k). Federal law also requires states to either restrict or deny TANF benefits to families who do not cooperate in establishing child support orders (42 U.S.C. § 608(a)(2)).

Child Trends partnered with OCS to conduct an assessment to answer the following question:

For Michigan families who have received support, currently or previously, under either Medicaid or the Family Independence Program, how does the state's approach to cost recovery affect how its child support services center families?

This executive summary provides an overview of OCS' core areas of interest and the methods used to conduct the assessment, a review of the assessment's key findings, and the implications for Michigan's work to improve child support services.

Assessing family-centered child support policies

Specifically, our assessment aimed to analyze how Michigan's child support policies' interactions with Medicaid or the Family Independence Program are described "on the books" and how they are implemented "on the ground." We explored whether and how these policies present opportunities or barriers to engagement in child support or public assistance programs and how they affect individual well-being and family relationships—the priority outcomes of interest for any family-centered assessment.

The assessment drew upon three sources of data:

- **A document review of two types of child support policy in Michigan**: *"cooperation" provisions* that require assisted parents to work with child support agencies to establish paternity and enforceable child support orders; and *"assignment" provisions* that require assisted parents to transfer their legal rights to child support funds to the state for the state to distribute these funds to state assistance programs, thereby offsetting program costs
- **Focus groups with parents**
- **Focus groups with child support program administrators**

Key findings

While Michigan's assignment policy seems inconsistent with a family-centered approach, its family-first distribution policies may offset detrimental effects on families. Michigan's current assignment policy is designed to shift the right to child support from families to the state to offset the cost of benefits provided to families with low incomes. The policy enables distribution of child support collections to the state with limited consideration for families' resources. For example, when a parent who receives child support also receives public assistance, the child support collected from the parent paying support is often used to reimburse the state instead of going to the family. This means that even when support is paid, the family does not receive that benefit, and this is more likely among families with ongoing financial needs. However, in 2023, Michigan adopted a pass-through of full current support; at the time of our assessment, the state is considering additional distribution options allowed under the federal Deficit Reduction Act of 2005.

Michigan's cooperation policy may undermine family centering due to its adversarial nature and potential for biased application. Based on administrator interviews, the vast majority of parents referred by public assistance for establishment of paternity and child support orders were unmarried. This finding is logical, given that paternity is assumed for children born within marriage and divorce decrees typically include child support orders. Therefore, Michigan's cooperation policy including its penalties for parents determined to be noncooperative particularly burdens unmarried parents. Administrators also reported that staff could use subjective evaluations to compel parent cooperation—potentially conflicting with the goal of structured decision making to limit human biases. Parents reported that the cooperation process was often initially limited to only the parent receiving public assistance, rather than both. The process compelled parents to report the other parent's name under threat of benefit loss, rather than through sufficient discussion and conversation between both parents—making the process center parental behaviors instead of the child's interest.

Parents reported feelings of discomfort or disengagement in their cooperation with the child support program; for some, these feelings increased tension between the two parents. Parents reported concerns about domestic violence, new animosity between parents, low monetary value of child support orders, and burdensome cooperation processes. Further, parents reported that the child support program dehumanized parents ordered to pay child support, as it focuses on cooperation on child support without addressing adequate parenting time.

Parents reported being insufficiently informed about important provisions related to cost recovery when applying for the Family Independence Program and Medicaid, including child support assignment, cooperation requirements, and pass-through policies. Parents receiving child support did not realize that applying for the Family Independence Program would trigger a child support referral, and some felt confused after receiving a notification of the referral months after they had applied for benefits. Parents also reported that no one from child support had explained the risks of noncooperation. Administrators confirmed that parents referred to child support to receive support seemed unaware of the cooperation requirements in both Medicaid and the Family Independence Program and agreed that staff only discussed the consequences of noncooperation when parents prompted them.

Parents expressed interest in child support payments being sent directly to their children instead of being used to reimburse program costs. Parents receiving child support reported struggling financially to raise children, and many were confused about how child support programs distributed funds between them and the states. Parents paying child support largely

supported child support pass-through to families but conditioned their support on the other parent spending the money properly.

Administrative barriers led parents to distrust and disengage from child support processes. Insufficient, delayed, top-down, unresponsive, and biased communication fostered mistrust and disempowerment among parents receiving and paying child support. Parents receiving support reported receiving crucial information about cooperation, assignment, and distribution rules late or without explanation of the accompanying paperwork. Scheduling was difficult due to work constraints. Contacting the program often yielded no response or offensive replies, such as responses blaming parents' partner choice or other insensitive remarks. Parents reported similar challenges across agencies, including the Medicaid program and the child support program. In addition, the complexity of court paperwork and lack of resources for legal aid further hindered participation for both parents.

Implications for child support policy and practice in Michigan

Four implications for Michigan's policy and practice emerged from the assessment:

1. Improve communication to ensure that both parents understand assignment and cooperation in a timely manner.
2. Improve the complaint process and public education to make child support processes feel less adversarial and more meaningful to families.
3. Address deeper structural issues that may cause barriers to parent engagement, including staffing challenges and fragmented coordination among programs.
4. Conduct quantitative data analysis to examine how new distribution options would distribute collections to children experiencing poverty.

Introduction

The Michigan Department of Health and Human Services Office of Child Support (hereafter, MDHHS OCS) launched an exploratory, family-centered assessment of its child support program in the summer of 2024. This assessment is part of a federally funded project designed to examine and analyze child support services and develop recommendations that promote family centering within state child support programs.

In health and human services, centering the needs of families is a growing priority. A family-centered approach to program design, implementation, and evaluation gives priority to improving family well-being, relationships, and engagement (Berger & Font, 2015; Mas et al., 2019; Stormshak et al., 2009). This approach requires shifting from an authority-centered structure (which features centralized decision-making with limited participant involvement) to

approaches that directly incorporate family feedback and adapt policies and services to their needs (Moynihan et al., 2015; Van Veelen et al., 2018; Walter & Petr, 2000). A family-centered program assumes individual differences, striving to understand and adapt to unique behaviors and preferences (Epley et al., 2010; Pettoello-Mantovani et al., 2009). It ensures program participation burdens are proportional to available resources, setting reasonable expectations (Bell et al., 2023; Chudnovsky & Peeters, 2021). Furthermore, family-centered programs prioritize transparent policies and practices, employing structured, evidence-based decision making to minimize bias and potential family alienation (Chen & Ganapati, 2023; Crepaz & Arikan, 2024; Daigneault & Macé, 2020; Ko & Moffitt, 2024; Zhao et al., 2023).

Historically, child support in the United States has not been a family-centered system. Enacted as Part D of Title IV of the Social Security Act of 1975 (hereafter referred to as Title IV-D), the U.S. child support system aimed to reduce government spending on families in poverty (Tollestrup, 2023)—a policy strategy known as "cost recovery." Initially, programs served only public assistance recipients, mandating families to cooperate and assign their rights to child support for recovery of benefit costs, and services expanded to voluntary participants during the 1980s. Later legislation strengthened enforcement tactics—including wage garnishment, tax refund intercepts, license suspension, and criminalization—to penalize and secure support from parents ordered to pay support. These involuntary measures and enforcement tactics have complicated various aspects of family life—including child and parent well-being and co-parenting relationships—especially for families with low incomes. Michigan's child support program has been largely shaped by federal law and its tradition of this financially driven, enforcement-focused approach.

Motivated by broad public support for family centering, MDHHS OCS joined a federally-funded initiative project as a co-lead state, partnering with the child support programs in Minnesota and California. This project includes state family-centered assessments, the implementation of a staff training tool, information system upgrades, family-centered assessment resources, and a consortium for knowledge sharing among participating state and Tribal child support programs. MDHHS OCS collaborated with Child Trends to develop and implement a family-centered assessment of its child support program to ultimately improve families' well-being and experiences within the program. Concurrently, Child Trends created a resource guide to both aid these state assessments and to later disseminate to the broader field.

About this Report

This report summarizes the process and findings of Michigan's family-centered assessment, as guided by the conceptual model and analytic principles of the resource guide. To conduct the

assessment, key staff from MDHHS OCS and Child Trends met monthly to plan the assessment, and Child Trends executed the assessment.

This report begins with an understanding of the government level of the assessment (*Identifying Level of Policy and Practice*) and the context and timing of the assessment (*Understanding the Policy, Economic, and Demographic Context*), and how each of these factors play a role in shaping the assessment of family-centering. Then the report describes five key activities conducted as part of the assessment, similar to those outlined in the resource guide, including:

- *Setting the Foundation:* This activity involves defining assessment purposes and scope, assembling an assessment team, and determining policy, practice, and outcomes of focus.
- *Identifying Family-Centered Considerations:* This activity involves identifying policy or practice for further exploration, interpreting findings from empirical analysis, and exploring the implications of unexpected findings.
- *Engaging Service Users and Communities:* This activity includes building intentional and authentic community partnerships, partnering with community and family member champions, and approaching engagement as a long-term partnership .
- *Leveraging Data:* This activity involves proposing questions and objectives for data analysis, identifying the population of interest and sample, determining the type of data and methods for data collection.
- *Planning for Change:* Based on assessment findings, this activity determines the level and scope of change, foster a family-centered environment locally, develops plans for ongoing monitoring and assessment, and specifying implementation details for the change.

The resource guide summarizes all relevant tasks for a comprehensive family-centered assessment for state programs to adapt based on their needs and priorities. The Michigan family-centered assessment adapted tasks from the Resource Guide to fit OCS' allocated resources, timeline, and priorities. For example, communities were engaged during data collection rather than during the problem identification or policy development activities. This aligns with the resource guide, which recognizes that community engagement in all assessment phases may not be feasible in some circumstances. Programs are encouraged to identify the phases where community engagement offers offer the greatest benefit, based on their resources and timeline.

Project Background

Identifying level of policy and practice

Program assessments may focus on federal, state, county, or municipal-level governments. The government level for this assessment was the state program level because MDHHS OCS is a co-lead state on the project, and its primary interest lies in evaluating the state child support program. Although the assessment gathered feedback and insights from county IV-D staff (e.g., staff from county prosecuting attorney offices), its main focus is on how local implementation of child support policy and practice can inform state-level policymaking and programming decisions. While many state child support policies and practices are enacted or developed to comply with federal legislation and regulations, this assessment aims to identify opportunities within federal legal boundaries to promote strategies that center families in the state program.

Understanding the policy, economic, and demographic context

Policy context. Under federal law, families receiving Michigan's Family Independence Program (the state's Temporary Assistance for Needy Families program, hereafter referred to as FIP) and Medicaid must cooperate with the Michigan child support program to establish paternity and child support orders. As a condition of receiving benefits, they must also assign their right to child support collections, which the state can then use to offset the benefits provided to families. Although the state recognizes the financial need of families with low incomes to receive child support, in addition to public benefits, existing laws and financial incentives have prevented it from fully meeting this need by passing more collections to families.

Michigan recently launched several family-first distribution policies. In January 2023, the Michigan child support program began passing through full current support collections to families currently receiving FIP (Michigan Department of Health and Human Services, 2022). Previously, families received partial pass-through support ($100 for one child; $200 for two or more). Currently, payments exceeding the initial $100 or $200 are also sent directly to families. In addition, effective January 2025, the program ceased recovering state-owed birth expenses and forgave all existing state-owed birth expense debt. Previously, parents paying support could be held liable for Medicaid-covered birth costs, potentially leading to significant child support debt accrued from child's birth. The policy change now stops charging parents ordered to pay child support for Medicaid-covered births and eliminated prior debt for those who had Medicaid-covered births (Michigan Department of Health and Human Services, 2024). As of 2025, however, payments for arrears accrued while families received FIP are still sent to the state for reimbursement.

When the assessment team began planning, MDHHS OCS was conducting a policy analysis of family-first distribution options for child support collections, including several options consistent with the options provided under the federal Deficit Reduction Act (DRA) of 2005. These options prioritize the disbursement of child support collections to specific subgroups of parents who have been ordered to receive support and received benefits from FIP, deprioritizing efforts to use collections to offset state benefit costs. Here is an overview of the options considered:

- *Distribute federal tax refund offset collections to families first.*
    - Current policy: When a child support payment comes from a federal tax refund offset (FTRO) and there are state arrears (typically accrued while families received assistance), the FTRO reduces those state arrears only.
    - Under this option: For current and former Medicaid-only recipients or former FIP recipients, this option allows the state to apply the FTRO as it does other payment sources: to family current support first, then family arrears, and state arrears last. For current FIP recipients, because existing policy still directs payments beyond current support to state arrears before family arrears, this option means the FTRO will be applied to current support first (i.e., which will be passed through to current FIP recipients), then state arrears, and finally family arrears.
- *Pass-through assigned arrears collections to <u>former</u> FIP families*
    - Current policy: Child support arrears for former FIP families, accrued while receiving assistance, are owed to the state even after program exit; these are called permanently assigned arrears. Currently, payments that apply to permanently assigned arrears are sent to the state instead of the family.
    - Under this option: Former FIP families would receive collections that apply to permanently assigned arrears rather than the state. The debt due to the state decreases by the amount of the arrears sent to the family.
- *Pass-through assigned arrears collections to <u>current</u> FIP families.*[b]

[b] The DRA does not specifically describe this option. It is unique because Michigan is passing through current support today to FIP families but does not pass-through arrears payments. Support for this option may be found in the federal Office of Child Support Services (OCSS), *Action Transmittal (AT)-07-05, Instructions for the Assignment and Distribution of Child Support Under Sections 408(a)(3) and 457 of the Social Security Act,* under the definition of "Excepted Portion". This definition, in part, says that the excepted portion (i.e., $100/$200 amount threshold) in current FIP IV-D cases "may include collections applied to current support and/or arrearages".

- Current policy: Child support arrears for current FIP families, accrued while receiving assistance, are owed to the state (i.e., permanently assigned arrears). Currently, payments applied to permanently assigned arrears are sent to the state.
  Under this option: Current FIP families would receive collections that apply to permanently assigned arrears rather than the state. The debt due to the state decreases by the amount of the arrears sent to the family.

- *Discontinue post-1997 pre-assistance assignments.*
  - Between October 1, 1997, and September 30, 2009, FIP families were required to assign their rights to child support owed prior to their FIP benefit receipt. Because currently the state only retains FTRO collections that apply to these arrears, these were known as conditionally assigned arrears.
  - This option would unassign (grant) these families' rights to post-1997 pre-assistance assignments. Child support payments would then be applied in the following order: current support first, family arrears second (with conditionally assigned arrears becoming part of family arrears), and permanently assigned arrears last.

MDHHS OCS has conducted an internal analysis to estimate the fiscal impact of each option and the level of effort to revise their information system to support implementation. MDHHS OCS planned to leverage opportunities from this assessment project to assess other implications of the DRA options, particularly for subgroups of families whose parents ordered to pay support[c] had a documented risk of child support debt or enforcement penalties. These subgroups included parents with low incomes, unmarried parents, and Black, Hispanic, and Native American parents (Jean et al., 2002; McLeod & Gottlieb, 2018; Robbins et al., 2022; Sorensen et al., 2009; Turner & Waller, 2017).

While administrative data analysis can quantify how each DRA option might benefit various subgroups financially (e.g., by estimating additional child support directed to families),[d] the Michigan assessment prioritizes community engagement to allow families the opportunity to

[c] This report refers to parents ordered to pay support (or parents paying support) and parents ordered to receive support (or parents receiving support). Parents ordered to pay support do not primarily live with their children and may currently or later receive a child support order or establish parenting time with their children. Note that for unmarried couples, legal custody is presumed for the mother at birth (Mayeri, 2015). Therefore, before paternity is established, an unmarried mother is considered the parent receiving support. The person receiving support may not always be a biological parent. For example, grandparents, uncles, or other caregivers with custody may be the recipient of child support.

[d] The Center for Policy Research conducted administrative data analysis of the DRA options outside of this assessment. Findings from this analysis will be summarized in a separate report.

share their perspective and experiences. Given that families lack direct experience with distribution policy options and may find it difficult to articulate specific feedback for each, the assessment team decided to broaden the scope of their policy analysis to include additional policies related to cost recovery: cooperation and assignment policies. This expansion allows for the exploration of additional family-centering challenges inherent in efforts to offset state costs, extending beyond the original four distribution options. The "*Setting the Foundation*" section explains how the assessment arrived at decisions regarding specific policies for assessment.

Broader economic and demographic context. Over the last decade (roughly 2014-2024), Michigan has experienced complex demographic shifts and persistent poverty. While the state's population grew modestly, largely due to international migration, it grappled with an aging population, declining birth rates, and domestic out-migration (Butler, 2023; Michigan Center for Data and Analytics, 2024). Michigan remains predominantly White (78.7%), with Black or African American individuals as the second largest group (14.1%) (U.S. Census Bureau, 2023). The Hispanic or Latino population has grown (currently, 6.0% of the total state population), contributing significantly to the state's overall population increase (Arnold & Gandhi, 2024).

Michigan's overall poverty rate declined from its peak of nearly 17.5 percent in 2011 to 13.0 percent in 2019. It has remained stable since then and has consistently been 1-2 percentage points higher than the U.S. national average (Leach & Bauby, 2024). Child poverty is a particular concern in Michigan, with the official poverty rate stood at 17.6 percent in 2023 (U.S. Census Bureau, 2024). Poverty rates vary significantly across demographic groups. For example, in 2019-2023, child poverty in Michigan was notably higher among Black (36.6%) and Hispanic/Latino children (23.7%) than White children (12.2%); single-parent households with children experience a particularly high poverty rate of 30 percent (KIDS COUNT Data Center, 2024, 2025b). Since the mid-2000s, government programs, including taxes and benefits, have played an increasingly important role in reducing child poverty in Michigan (Nolan et al., 2017), especially during the COVID-19 pandemic (Fox & Burns, 2021).[e]

In 2024, approximately one percent (or 23,094) of Michigan children aged 0-18 received FIP benefits (KIDS COUNT Data Center, 2025a). Additionally, 37 percent of all births and 39 percent of children aged 0-18 were insured by Medicaid (Kaiser Family Foundation, n.d.-b, n.d.-a). Nationwide, Black and Hispanic parents, parents with low incomes, young parents (under 30), and never-married parents are particularly likely to participate in the IV-D child support program (Sorensen, 2021).

[e] These trends are based on the Supplemental Poverty Measure, which accounts for government taxes and benefits.

Although public statistics on the characteristics of families served by the Michigan child support program are unavailable, it is anticipated that the program serves a disproportional share of parents with these characteristics, as well as parents referred to child support by Medicaid.

Assessment Activity I: Setting the Foundation

Assembling an assessment team

MDHHS OCS established a project structure led by the director of its child support office, responsible for major substantive decisions and publication reviews, and a program re-engineering specialist, who coordinated internal and external communication and staff delegation. These lead personnel then assembled a group to collaborate with Child Trends researchers. Aligning with the original intent to analyze the DRA options, this team comprised an assignment/distribution policy analyst, a financial policy manager, an evaluation and analysis manager, and an IRB specialist from MDHHS OCS. When the assessment expanded to cover the cooperation process, a case management policy manager, a case management policy analyst, a subject matter expert on cooperation policy, and an enforcement policy manager joined the team.

The team held monthly calls for planning and strategy. Specifical support, like an IRB submission for parent focus groups and a data request, occurred via individual calls and emails. Two policy specialists from the team provided one-on-one support to Child Trends in analyzing assignment and cooperation policies. Based on these analyses, Child Trends developed interview protocols for parents and program administrators and gathered team feedback. Child Trends conducted these interviews, analyzed the qualitative data, and developed this report with input from the team.

Defining assessment purposes and scope

As previously described, the underlying challenge in Michigan's DRA analysis is emphasis on cost recovery and the resulting differential treatment to families receiving aid. Families receiving public assistance must cooperate with the child support program to establish paternity and enforceable child support orders. Families off aid, however, can choose whether to establish orders with the IV-D child support program or to pursue private orders or informational agreements. Families who have previously received FIP or Medicaid benefits may not receive the full child support payments from their payors to the program's cost recovery approach.

To engage families in Michigan's assessment, the assessment team broadened the assessment scope beyond distribution to explore how assignment and cooperation policies had influenced current and former FIP/Medicaid families receiving child support services. The populations of

interest include FIP/Medicaid families who were referred from FIP/Medicaid to the IV-D child support program as well as families who chose not to participate in FIP/Medicaid after they learned they had to cooperate with child support. After some internal discussions, the assessment team decided to focus the assessment on the following question:

- **How does Michigan's cost recovery approach affect family centering for current and former FIP/Medicaid families receiving IV-D child support services?**

The team believed that answers to this question would have important implications for family centering in the program, as FIP and Medicaid families are required to work with the state child support program and may not receive the full child support paid by the other parent. Additionally, their child support payors tend to have low incomes and employment barriers that limit their ability to pay support and predispose them to the risk of enforcement for nonpayment or late payment (Plotnick et al., 2015; Vogel, 2020). The family-centered assessment sought to understand how child support policies and practices pose barriers to these families accessing or engaging in child support services. Although reaching out to members of the population who left FIP or Medicaid due to noncooperation with the child support program was beyond the assessment's timeline and scope (since they were not participating in the child support program either), this remains an important population for understanding the broader communities affected by the chosen policies and could be revisited later.

Determining policy, practice, and outcomes of focus

Based on the key assessment theme identified, the team considered relevant policy areas that could differentially affect or were unique to FIP/Medicaid families and their parents ordered to pay support, such as the prevention and management of state arrears (when families received benefits, unpaid child support became state debt due to assignment policy) and interventions addressing barriers to paying child support among families with low incomes.

Eventually, the following policies emerged as top priority areas for examination within this assessment:

- Requiring families on aid to assign rights to child support to the state
- Requiring families on aid to cooperate with the child support office to establish paternity and enforceable child support orders
- Specific distribution policies that prioritize child support distribution to previously or currently assisted families, such as the four DRA options

These policy areas provide the structures to either aggravate or ameliorate differential treatment based on aid status within Michigan's child support program.

The assessment aimed to analyze how these policies are described "on the books" and how they are implemented "on the ground." It explored whether and how these policies present opportunities or barriers to engagement in child support or public assistance programs like FIP and Medicaid, and how they affect individual well-being and family relationships—the priority outcomes of interest for any family-centered assessment. Because families receiving public assistance and most of their payors are economically disadvantaged, child support policy that disproportionately impacts them should be addressed.

Assessment Activity II: Identifying Family-Centered Considerations

To identify areas for further analysis—specifically qualitative data analysis in this assessment—we reviewed Michigan's policy documentation. This included policies on cooperation, assignment policies, and DRA distribution options. The aim was not to produce empirical findings, but rather to pinpoint policy and practice areas that could be:

- Improved to better reflect families' perspectives, experiences, and well-being
- Further explored using quantitative or qualitative data.

The following sections briefly outline the review method and list recommended areas for further assessment.

Method: Policy documentation review

After the assessment team identified the main policy topics—cooperation and assignment—for the family-centered assessment, the researchers then reviewed documentation on these policies. The primary goals of this review were: (1) to identify potential challenges to family-centering practices within each policy topic, based on the Guiding Principles for Family-Centered Assessment (see *resource guide*); and (2) to develop plans for focused interviews with parents and program administrators to solicit their perspectives, feedback, and experiences regarding the key aspects identified in goal one. Two policy experts from the state department were assigned to support the researchers by orienting them to relevant documents and interpreting the language within those documents. Most of this support was offered via email or on individual calls with the policy expert who could address the researchers' questions.

Specifically, the researchers received the policy and procedural documents listed in Appendix 1 and reviewed them against the following principles (see details in *resource guide*):

- **Principle 1: Prioritizing a family-centered over an authority-centered approach**: A family-centered assessment prioritizes family well-being, experiences, and perspectives in its analysis, contrasting with authority-centered approaches that emphasize cost, efficiency, or bureaucratic convenience.
- **Principle 2: Fostering child well-being within the context of family relationships**: A family-centered assessment identifies opportunities to promote holistic child well-being—including emotional, social, and economic—while also recognizing co-parenting relationships, parenting preferences, and capacity.
- **Principle 3: Understanding and adapting to individual differences**: To respect individual differences, a family-centered assessment identifies rigid policies that assume uniform behavior and highlights those program strengths that allow for adaptable procedures based on family circumstances.
- **Principle 4: Ensuring responsibility and burden proportional to resources**: A family-centered assessment identifies and addresses burdens disproportionate to an individual's available resources, or unequal burdens given similar resource levels (e.g., high child support orders for low-income payors).
- **Principle 5: Identifying opportunities for transparent policy and practice**: A family-centered assessment identifies opportunities for family engagement through transparent policies and practices, clear communication, and streamlined procedures that allow families to understand and utilize services effectively.
- **Principle 6: Promoting structured and evidence-based decision-making processes**: A family-centered assessment identifies and addresses policies and practices prone to error, bias, or discrimination by emphasizing guided or structured decision-making that systematically considers family circumstances.

The findings from the documentation review are summarized below. Inferences were primarily drawn from textual analysis based on the guiding principles, rather than empirical data such as administrative data or qualitative data from parent focus groups. The latter will be described in a separate state report and later sections of this report.

Identifying policy or practice for further exploration

Assignment policies may contradict the principles of family centering, child well-being, and proportional burden

Michigan's assignment policy (Section 5.15: Assignment of Support, Michigan IV-D Child Support Manual; Appendix 1) transfers the right to child support from families to the state to offset the cost of benefits provided to families with low incomes. This approach could present several challenges to family-centered practices.

First, the assignment policy may contradict principles (1), (2), and (6): Family-centered policy prioritizes child well-being, considers it within the context of family relationships, and is evidence-based when data is available. Research shows parents tend to view child support differently from government assistance—receipt of formal child support is positively associated with spending time with children and providing informal support (Nepomnyaschy, 2007). However, assignment overlooks the possibility that payment and receipt of child support can be a way to strengthen the bond between the paying parent and child.

Additionally, increased child support distributed directly to families through pass-through policies has been found to reduce the likelihood of child maltreatment, increase order establishment, and payment (Cancian et al., 2013). Without a pass-through policy, the state competes for limited resources with children from low-income families who have received public assistance.

While most children are entitled to financial support from both parents, children from families who have received public assistance would be an exception.

Second, the assignment policy does not necessarily align with principle (4): family-centered policy ensures responsibility or burden proportional to resources. A child support order considers the combined incomes of both parents to ensure each parent's contribution is proportional to their incomes. However, when the assignment policy directs child support collections to the state for program reimbursement, this is not entirely based on available resources to both parents. For example, this reimbursement to the state can be highest in cases where the parent ordered to receive support has lower incomes and receive higher benefits and the parent ordered to pay support pays relatively high support. Conversely, for parents with higher incomes and lower benefits, the policy directs lower child support to the state, regardless of the payor's ability to pay support. No empirical analysis has been conducted to quantify the extent to which the assignment policy aligns with the proportional burden principle.

Family-first distribution policies may address the insufficient family-centering within assignment policies

The state child support program is currently considering family-first distribution options (including several pass-through options), authorized by the federal Deficit Reduction Act of

2005. All four options prioritize distribution of child support collections to families (Summary of Options Available Under the Federal Deficit Reduction Act of 2005; Appendix 1).

Adopting some or all these options would allow Michigan's child support program to be more family-centered than not adopting any options at all. Of the four options, sending assigned arrears collections to current FIP families stands out for three reasons. First, most families currently receiving FIP have minor children, which could help promote the well-being of this key population as outlined in principle 2 (child well-being and family relationships). While sending collections to former FIP families might benefit children, many in those families have already been emancipated. Second, research finds parents are more likely to co-parent and provide child support when their children are young (Nepomnyaschy & Garfinkel, 2010). Most current FIP recipients have young children, and if increased support encourages parenting time or fosters parent-child relationships, this could help promote principle 2. Third, current FIP recipients have low to no incomes, and the pass-through of child support arrears would align with principle 4 (proportional burden). In contrast, under the other DRA options, some former FIP recipients might have exited poverty. Despite the benefits of the pass-through options, the pass-through for current FIP recipients does not apply equally to all current FIP recipients. Specifically, the pass-through only benefits the family if the other parent pays support *in the month it is due*. If the parent who is ordered to pay support does not pay support to the current FIP recipient in the month it is due, the support is accrued as state owed debt.

This analysis does not suggest that former recipients do not need or could not benefit from family-first distributions, but rather that families with lower incomes and younger children may be a priority if the state program must make a choice. Further data analysis is needed to assess the inferences derived from these principles. This analysis could involve a statistical comparison of demographic characteristics (e.g., income and poverty, age of children) among eligible parents and children across the four options.

Complex distribution policies might hinder multiple programs' ability to present transparent policy to parents

Child support distribution depends on several factors: Type of support (current or past-due), payment timing (during or after assistance), payment amount, and payment source (Sections 5.15 and 5.35, Michigan IV-D Child Support Manual; Appendix 1). For example, in January 2023, Michigan implemented full pass-through of current support to FIP recipients, meaning that when a family receives cash assistance and a parent pays current child support, the family retains that payment. However, if the parent ordered to pay support does not pay support on time, past-due child support is owed to the state. For former FIP families, payments exceeding the current support amount are applied first to current support, then to family arrears, and

finally to state arrears. For current FIP families, the order of family and state arrears is reversed. However, for both current and former FIP families, payments from a federal tax refund are applied solely to state arrears.

The Michigan IV-D Child Support Manual, designed for IV-D program staff and publicly available, describes these policies in detail. The manual is well structured, with some sections including scenarios that illustrate the concepts of these and other policies. However, as revealed in later administrator interviews, these policies are still not easily understood by child support professionals.

The publications designed for program applicants and participants (DHS-Pub-748 and MDHHS-1171; Appendix 1) are generally accessible, yet they lack specific information for parents regarding child support distribution policies. The distribution policies described previously are either not explained in the parent handbook (DHS-Pub-748; Appendix 1) or might have been purposively omitted to increase the handbook's accessibility. In addition, while the benefit information booklet (MDHHS-1171; Appendix 1) clearly explains the pass-through of current support, it is unclear about past-due support or child support distribution after parents leave FIP. Information is even less complete for Medicaid-only applicants and parents referred by Medicaid-only than for their FIP counterparts. Based on the booklet, it is unclear whether MDHHS OCS retains medical support collected from the parent paying child support to reimburse medical assistance provided to the child. As revealed in later parent interviews, former FIP families felt inadequately informed of these policies and were unsure where their payments were sent.

While largely federally structured with state options that have varied financial implications, the complexity of these distribution details can impede communication with parents and can even be difficult for program staff to recall. This may limit government transparency and create information barriers for parents and staff (principle 5: transparency policy).

The cooperation policy might undermine family centering, child well-being, and proportional burden due to its adversarial nature and differential application to unmarried parents with low incomes

As a condition of receiving benefits, FIP/Medicaid participants for whom paternity or a child support order has not been established are required to cooperate with the child support program in establishing paternity and a child support order (Section 5.15: Assignment of Support, Michigan IV-D Child Support Manual; Appendix 1). Noncooperation will result in a minimum of one month of family ineligibility for FIP participants without good cause (a status that exempts the cooperation requirement due to family violence); for Medicaid-only

participants, noncooperation will lead to adult ineligibility, also unless good cause is established (BEM 255; Appendix 1).

There are several challenges in family centering in these cooperation policies. First, the cooperation policies particularly burden unmarried parents, conflicting with principle 4 (proportional burden). Since paternity is assumed for children born within marriage, and divorce decrees typically include child support orders, these policies (including the consequences of noncooperation) disproportionately affect unmarried parents receiving assistance.[f] A parent ordered to receive support who is cooperating has to respond to requests and provide information to help establish paternity and a child support order (Section 2.15: Cooperation/Noncooperation/Good Cause, Michigan IV-D Child Support Manual; Appendix 1). They include identifying and locating the alleged parent, appearing for genetic testing, attending appointments at the Prosecuting Attorney's or Friend of the Court office, and participating in legal proceedings. These procedural requirements carry hidden costs for program participation. Research shows a particularly high risk of noncompliance with procedural mandates among never-married parents, parents in deep poverty, and Hispanic parents (Brodkin & Majmundar, 2010), as well as those facing transportation and child care barriers, and work conflicts (Barnes et al., 2023). In the child support program, this inherent difference in treatment could create additional barriers to benefit receipt and increase the relative risk that unmarried parents with low incomes will forego their benefits due to the cooperation requirement, compared to previously married parents.

Second, the cooperation policies uniformly assume government intervention in establishment of paternity and child support benefits all families who seek FIP or Medicaid benefits, which may conflict with principle 3 (individual differences). The cooperation process focuses on obtaining information on the parent receiving support, the alleged parent, and their child(ren) to initiate a court action. Neither this process nor the ensuing court proceedings necessarily consider the wide range of co-parenting practices, parenting preferences, or unique family circumstances. Parents may not feel the need to make child support agreements legal, or they might believe the other parent already provides what they can. Some parents may not want the other parent to pay, or they may not want a co-parenting relationship with them (Grall, 2020). Regardless of these possibilities, an enforceable child support order is presumed to serve all FIP/Medicaid families.

[f] Table 1 of this report indicates that, as of January 2025, roughly 10% of all FIP referrals were previously and currently married parents, compared to 44% of them were unmarried parents, although the percentage of missing marital status data is high (45%).

Third, the cooperation process lacks a design that purposively engages both parents in reaching a support agreement before a court action referral (Section 2.20: Court Action Referrals, Michigan IV-D Child Support Manual; Appendix 1). It focuses on the cooperation of the parent receiving support for IV-D program staff to file summons with the court, rather than facilitating a structured mediation or negotiation process between the parents. This nature of IV-D involvement can inadvertently foster an adversarial perception among parents. Specifically, the agency's requirement that the aid recipient report on the other parent may lead either parents to feel as though the aid recipient is "turning in" the other parent for child support enforcement. This perception could be even worse, especially if the parent ordered to pay support is unaware of the automatic referral to child support when a parent receiving support applies for FIP or Medicaid benefits, or that the process is beyond the aid recipient's control. This approach to cooperation may run counter to principle 2 (child well-being in the context of family relationships).

If the parent receiving support fails to cooperate and there is sufficient information about the alleged parent, an agency complaint can be filed by a prosecuting attorney representing the state (Section 4.03: Agency Complaints, Michigan IV-D Child Support Manual; Appendix 1). State laws grant this attorney the legal authority to file in the same manner as the parent ordered to receive support or to verify an agency complaint not verified by them. As such, the cooperation process up to this point requires minimal participation and input from either parent. However, once a court case is filed, both parents must be notified of the proceedings and are expected to participate in or provide input to the court action.

Finally, because the IV-D child support program is structured to pursue child support, program staff would not address, or would have very limited capacity to address, needs as defined by families or common in non-IV-D cases (e.g., parenting time).[g] This could lead aided parents and their payors to view the process as more authority-centered than family-focused, conflicting with principle 1 (family-centered approach).

The application of noncooperation to an assistance case is limited, though staff are allowed some discretion in determining cooperation after noncooperation has been applied

Clear guidance is offered to IV-D staff regarding relatively objective factors to consider when evaluating cooperation of the parent receiving support (Section 2.15:

[g] Parenting time is required to be addressed in a support order (MCL 552.452(4) and MCL 722.717b). However, IV-D staff have limited ability to address parenting time when establishing an order. According to MDHHS IV-D Memorandum 2016-031, "IV-D funds are available for IV-D worker time spent establishing custody and parenting time provisions in first-established child support orders. However, the amount of IV-D funding available is limited. IV-D program costs must be minimal and incidental to IV-D establishment activities. IV-D funding is available for up to one hour of billable IV-D staff time when establishing parenting time."

Cooperation/Noncooperation/Good Cause, Michigan IV-D Child Support Manual; Appendix 1). These factors include the duration of the parent's relationship with the parent paying support and the parent's last contact with the parent paying support. However, after noncooperation has been applied, subjective evaluation, such as assessing a the demeanor of the parent receiving support (Section 2.15), is permitted to determine whether the parent receiving support is cooperative, increasing the risk of falling short of principle 6 (structured decision-making). For instance, if a parent receiving support misses appointments but provides a reason, program staff may use discretion and judgment to evaluate the validity of the reason or whether the parent willfully chose to miss the appointment. If interaction occurs between the parent receiving support and program staff during the cooperation process, a determination of noncooperation could result from that interaction. It remains unclear from the written guidance whether the application of noncooperation is a standardized practice or subject to discretion and biases across program staff and locations.

Noncooperation is determined by parental behaviors rather than necessarily by the child's best interest; therefore, this approach may not always align with principle 2 (child well-being in the context of family relationships). Specifically, benefit (FIP) sanctions applied to a noncooperating parent receiving support can reduce the child's financial aid and economic well-being, even though a child's Medicaid eligibility is not contingent upon child support cooperation. Therefore, staff are instructed to apply noncooperation to an assistance case as a last resort. Furthermore, while program staff's access to locating tools, wage databases, and other resources can relieve parents receiving support of the burden to identify the alleged parent (principle 4: proportional burden) and reduce their risk of being deemed noncooperative, these resources might inadvertently facilitate staff disengagement with parents receiving support (principle 2). All these factors warrant consideration when assessing noncooperation determination policies.

The reasoning behind policy designs is not always apparent, and unjustified inconsistencies exist across similar policies

A challenge in Michigan's child support policy is the variation in assignment and cooperation requirements across different public assistance programs. While these policies currently apply only to FIP and Medicaid participants, starting in 2024, Michigan eliminated the child support cooperation requirement for families receiving child care and food assistance (IV-D Memorandums 2024-002 and 2024-017; Appendix 1). A memo to statewide IV-D agencies explained this change, citing that noncooperation sanctions could prevent families from accessing essential food and child care, and the state recognizes the need to "prevent additional financial hardships for families" where possible (IV-D Memorandum 2024-002; Appendix 1).

Federal law mandates cooperation with state child support programs for Medicaid and TANF (FIP), thereby precluding Michigan from removing this requirement for these programs.

Another example for discretionary policymaking is whether to require child support cooperation for foster care cases. In 2022, federal Children's Bureau guidance revised foster care referrals to child support, recommending they be the exception (Children's Bureau, 2022). Previously, parents living with children before their foster care placement had to pay child support to the state. This revision followed research indicating that mandatory child support could hinder family reunification by destabilizing parents economically (Cancian et al., 2017).

Consequently, MDHHS OCS determined that pursuing child support is not in the child's best interest in most foster care cases. Although the child support program continues to receive foster care referrals and will establish paternity if paternity has not been established, the program has stopped establishing new child support orders for foster care cases without existing orders. For cases with existing orders, state law (MCL 552.605d) mandates continued enforcement and the assignment of collections to the state. To assess the appropriateness of existing orders or their potential impact on family reunification, families can either wait for the three-year review cycle initiated by the IV-D program for all public assistance cases (including foster care) or file their own court motion to request a review (Section 3.45: Review and Modification, Michigan IV-D Child Support Manual; Appendix 1). Both of these mechanisms can be lengthy or difficult for families involved in child welfare.

These examples illustrate unequal treatment of families based on program type or the timing of order establishment, creating an uneven burden irrespective of available resources (principle 4: proportional burden).

Assessment Activity III: Engaging Service Users and Communities

After completing the policy documentation review, the assessment team convened to discuss community engagement strategies. This involved determining audiences, goals, objectives, processes, and desired outcomes. The policy documentation outlines state instructions for IV-D workers on cooperation and assignment processes, but it does not detail how policies are implemented on the ground or how parents experience or perceive the implementation from a user's viewpoint. The documentation review identified key areas that could impact family centering for further exploration. These initial findings then inform the assessment team's development of community engagement plans.

The assessment primarily engaged communities during the data collection phase. Beginning in 2021, the state child support program developed and began utilizing a formal structure, the Community Advisory Council, to engage child support communities. The Council's main

participants are parents (or caregivers) ordered to receive support and parents ordered to pay support. This Council meets virtually monthly to provide feedback on the program and to shape policymaking, primarily focusing on policy and programmatic issues affecting the fairness and inclusion of these families and their communities. The assessment team discussed leveraging the Council for this assessment, but due to existing agenda items the Council was already tasked with, they decided to recruit parent participants separately for this assessment. Nonetheless, as described in the section below, the assessment team still benefited from the Council, as it utilized a participant list pulled from administrative records for earlier Council recruitment to identify parent participants for the assessment. Since much of the community engagement occurred as part of empirical data collection for the assessment, the process of community engagement is summarized in the *Leveraging Data* section below.

Assessment Activity IV: Leveraging Data

Method: Parent focus groups

Participant recruitment

We held three focus group sessions to understand parents' experiences with the assignment and cooperation processes, and/or the implementation of full pass-through of current support since 2023. These include a focus group with two parents ordered to receive support who received FIP before 2023 (meaning the new policy did not apply to them), an interview with a parent ordered to receive support who received FIP in 2023, and a focus group with two parents ordered to pay support, regardless of whether their children received FIP.

The assessment team used convenience sampling, recruiting participants from two lists of non-probability sampled parents. The first list included approximately 120 individuals who self-identified as interested in providing feedback to the state child support program after attending an information session about the Community Advisory Council about a year ago. The second list, with 16 parents, was created specifically to identify individuals who would be affected by the implementation of the pass-through of full current support in January 2023. While the team considered probabilistic sampling, they did not proceed because OCS's research and data unit was at capacity and a representative sample was not essential for the assessment. The goal of this engagement was to collect information about families' experiences with the program, how they feel, understand, or process those experiences, and their perceived impact on their children and families, rather than measuring the prevalence or likelihood of such experiences.

An OCS liaison on the assessment team initiated recruitment by sending an email to parents on the two pre-determined lists, inviting their participation and providing a link to an online eligibility survey (Appendix 2). This eligibility survey also allowed parents to provide consent for

Child Trends to use their emails for individual scheduling. A total of 42 parents responded to the survey, and 30 of those who completed it were considered for recruitment (Table 1). Twelve parents reported that their children had lived with them for over 50 percent of the time, that they had applied for FIP and had a child support order (row 2, column A). Another 9 parents reported their children had lived with the other parent for over 50 percent of the time and that they had a child support order (parents ordered to pay support; row 2, column B). Among the 12 parents ordered to receive support, 4 reported having a support order and receiving FIP around January 2023 (row 2a, column A). Similarly, 4 of the 9 parents ordered to pay support reported this.

Table 1. Parent recruitment: Parents identified as eligible for focus groups[1]

Steps to select participants	(A) Parents ordered to receive support	(B) Parents ordered to pay support
1. Child lived with respondent for over 50% of the time: Yes (A); no (B)	18	12[2]
2. Respondent had a child support order	12[3]	9
a. Received FIP and had a current child support order around January 2023 (6 months before or after): Yes	4	4
b. Received FIP and had a current child support order around January 2023 (6 months before or after): No, not applicable, blank	8	5

Note: (1) Twelve parents who began but did not complete the survey are excluded from this table. (2) Of these 12 parents, 5 reported having lived with children and having children who lived with the other parent. To ensure a sufficient number of participants in the focus group for parents ordered to pay support, we included these 5 parents in that group. (3) In this step, our analysis was limited to parents ordered to receive support who had applied for FIP. This exclusion criterion was not applied to parents ordered to pay support, as they might not be aware of whether the other parent of their children had applied for FIP.

We identified the most popular time slot for each of these groups: Parents ordered to receive support and affected by the new policy and those ordered to received support and unaffected by the new policy. Due to the small number of parents ordered to pay support who shared time slots, we combined both affected and unaffected parents ordered to pay support into a single group (Table 2). To schedule focus groups, we contacted 8 parents who reported availability for the chosen time slots (row 2a), as well as 4 parents who had not indicated availability (row 2b).

In the end, a total of 5 parents attended focus groups, including a parent ordered to receive support affected by the new policy, two parents ordered to receive support unaffected by the new policy, and two parents ordered to pay support.

Table 2. Parent recruitment: Parents identified as eligible and contacted by assessment team

Participation availability	(A2a) Parents ordered to receive support, new policy	(A2b) Parents ordered to receive support	(B2) Parents ordered to pay support
1. Eligible respondents[1]	4	8	9
2. Eligible respondents contacted by team (i.e., 2a & 2b)	3	4	5
a. Indicated availability for the time slot most respondents selected	2	3	3
b. Did not indicate availability	1	1	2
3. Participated in focus group	1	2	2

Note: (1) This row's numbers were pulled from Table 1, including cells A2a (parents ordered to receive support who received FIP and had a child support order around January 2023), A2b (parents ordered to receive support who did not receive FIP around January 2023), and B2 (parents who did not live with their children and were ordered to pay support).

Protocol development

A focus group protocol, informed by a review of policy documentation and assessment team discussions, was developed to gather information from parents. The entire protocol was estimated to take roughly 90 minutes to execute with parent participants. OCS policy experts on the assessment team reviewed and approved the protocol.

Specific questions tailored to both parents ordered to receive support and those ordered to pay support were designed to elicit their views on various facets of the assignment and cooperation requirements. In addition, questions were developed to understand parents' experiences with the implementation of full pass-through of current support for those impacted by this policy. In summary, the protocol addressed the following policy topics and subtopics (examples are below; see Appendix 3 for the complete focus group protocol).

- Cooperation with the child support program
  - Communication of the requirement

        - Parents ordered to receive support: Where did they learn about this requirement? What guidance were they provided regarding the cooperation process? Was it clear?
        - Parents ordered to pay support: Did they know the reason the child support program contacted them? What guidance did they receive about the contact?
    - Perceived impact of the requirement
        - Parents ordered to receive support: How did they feel about the fairness of the cooperation process? Was it difficult to meet the requirement? How did it affect the other parent, their relationship with the other parent, and their children?
        - Parents ordered to pay support: Were they aware of this requirement? How did they feel about it? How did they feel when they were told to work with the court to establish paternity or a child support order?
- Assignment of right to the state and distribution policies
    - Assignment policy
        - Both parents ordered to receive support and those ordered to pay support: Were they aware of the assignment policy and its purposes? Where did they hear about it? Would they support this approach to cost recovery?
    - Full pass-through of current support
        - Both parents ordered to receive support and those ordered to pay support: Were they aware of this new policy? Did they support this policy? How might this policy affect eligible parents and children?
        - Parents ordered to receive support affected by policy change: Was there a change in the child support they received in January 2023? If so, how did it affect them?
        - Parents ordered to pay support affected by policy change: Did they know if their children or the other parent received their support? How did the policy change affect them?
    - Proposal that would send arrears collections to families
        - Both parents ordered to receive support and those ordered to pay support: What were their thoughts on this proposal? How might this policy, if enacted, affect parents ordered to receive support, those ordered to pay support, and their children?

Parents attending the focus groups completed a priming questionnaire to provide basic demographic information (Appendix 4). However, due to the small sample size (see Tables 1 & 2), their characteristics are not statistically summarized in the analysis.

Method: Administrator interviews

Participant recruitment

To understand how assignment and cooperation policies were implemented, the assessment team interviewed two statewide Support Specialists and three county Prosecuting Attorney (PA) Office Chiefs.

Support Specialists are the initial contact for families referred to the IV-D child support program from FIP or Medicaid for cooperation. They initiate and manage paternity and child support establishment cases by gathering information from parents receiving support and databases to identify the alleged parent, verify data accuracy, and determine the necessary child support action. Once compiled, cases are referred to the local Prosecuting Attorney (PA) or Friend of the Court (FOC) for legal action on paternity and order establishment. Roughly 70 Support Specialists statewide operate as a call center to fulfill these duties.

After receiving Support Specialist referrals, a PA (or a combined PA and FOC) office may conduct further searches to locate parents ordered to pay support as part of their establishment efforts. Once identified, the PA (PA-FOC) office coordinates genetic testing, advises parties of their right to voluntarily sign an Affidavit of Parentage (AOP), and files paternity actions with the court if parents do not voluntarily acknowledge paternity. To obtain court orders for child and medical support, they use the Michigan Child Support Formula to calculate recommended support amounts, prepare legal documents, and file legal complaints, representing the State's interest in court. Each county has one or multiple PA (PA-FOC) offices, or several small counties share a single PA (PA-FOC) office that performs these roles.

The assessment team developed recruitment criteria for PA offices for interviews. Recognizing that child support operations and client demographics vary between rural and urban counties, the assessment planned to conduct two interviews with rural PA offices and two with urban offices. To focus on assisted families, the team initially selected counties with poverty rates[h] higher than the median (14%) among all Michigan counties. From this list, they then chose 6-7 urban and rural counties[i] with the highest share of Black and Hispanic populations. Based on their assessment of each selected county's likelihood to respond, OCS staff reached out to one or two counties at a time. This process successfully recruited two urban counties and one rural county. One rural county declined due to staff turnover, and the team stopped attempting to recruit another rural county after receiving no response.

Protocol development

[h] Estimates were drawn from the U.S. Census Bureau's 2022 American Community Survey 5-year data.
[i] We used the 2023 USDA Rural-Urban Continuum Codes Metro to define urban and rural counties. The counties we consider urban include those in: (1) metro areas of 1 million population or more, (2) metro areas of 250,000 to 1 million population, (3) metro areas of fewer than 250,000 population, (4) non-metro areas of 20,000 or more, adjacent to a metro area. The rural counties include: (5) non-metro areas of 20,000 or more, not adjacent to a metro area, (6) non-metro areas of 5,000 to 20,000, adjacent to a metro area, (7) non-metro areas of 5,000 to 20,000, not adjacent to a metro area, (8) non-metro areas of fewer than 5,000, adjacent to a metro area, (9) non-metro areas of fewer than 5,000, not adjacent to a metro area.

A total of two protocols were developed for 90-minute interviews with Support Specialists (Appendix 5) and Prosecuting Attorney office staff (Appendix 6). OCS policy experts on the assessment team reviewed and approved the protocol.

These protocols cover the same topics, including (1) parent demographics, (2) communication of assignment and cooperation policies, (3) determination of noncooperation, (4) parent barriers to cooperation, and (5) revision of noncooperation to cooperation. The questions under each topic are identical between the Social Specialist protocol and the Prosecuting Attorney protocol, with the exception of some questions under "determination of noncooperation." Below are a few examples under each topic (see Appendices 5 and 6 for more information).

- Parent demographics: What were some of the basic demographics of the parents they typically worked with?
- Communication of assignment and cooperation policies: How did they communicate these policies with parents? Did they communicate these policies with parents ordered to receive support and parents ordered to pay support differently? How did parents react after being informed of these policies?
- Determination of noncooperation
    - Support Specialist: Which parent behaviors led the Support Specialist to classify cases as cooperative, and which led to noncooperation?
    - Prosecuting Attorney: Under what circumstances did they most often place a case in noncooperation status? How did they typically make that decision?
    - Both: Which types of cases were at high risk of a noncooperation determination?
- Parent barriers to cooperation: What administrative barriers to cooperation did they observe parents facing? What strategies and resources did you have access to for addressing or removing barriers to cooperation?
- Revision of noncooperation to cooperation: How did they re-assess cases to move them from noncooperation to cooperation status?

Method: Administrative data analysis

The assessment retrieved and analyzed data from MiCSES, Michigan's child support administrative database. This allowed for an examination of the relative risk of parents receiving support being placed in noncooperation based on available key demographic characteristics.

We used parent-level data for parents receiving support who were receiving FIP and/or Medicaid and had been referred to the child support program to comply with the cooperation requirement as of January 24, 2025. A total of 6,273 parents met these criteria: 5,835 were referred from FIP, and 438 from Medicaid-only. Most of these parents had one child support case, though some had two or three. The focus on referrals triggered by parental use of benefits is due to the fact that in Michigan, parent noncooperation with child support would affect only the parent's Medicaid eligibility instead of the child's, but it would reduce FIP benefits for the

family. Despite this approach, it is worthwhile to note that there were 323,185 unique referrals in MiCSES with current Medicaid for the dependent(s) on the case.

We statistically tested whether rates of noncooperation varied by the age of the oldest child, the highest number of children across all cases, and key demographic characteristics of parents receiving support such as age, marital status, and race/ethnicity. The rate of noncooperation was defined as the percentage of parents receiving support with at least one case placed in noncooperation within each demographic subgroup. While it is unknown when noncooperation was determined or if all parents receiving support in this dataset had been in the system long enough for a determination outcome, we present rates of noncooperation by key demographic subgroup to offer a preliminary assessment of relative risk.

Results: Parent focus groups

Policy communication

Parents reported not being informed about the child support assignment and cooperation requirements when applying for FIP and Medicaid.

Parents ordered to receive support did not realize that applying for FIP would automatically trigger a child support referral and reported learning about the cooperation requirement only afterward through a letter from the child support program. Some parents ordered to receive support noted that the letter was generally clear and easy to understand. In contrast, others said they received it months after applying for benefits, feeling confused. In addition, parents ordered to receive support stated that no one from child support explained the potential consequences of noncooperation.

Similarly, parents ordered to pay support described their initial contact with the PA office or the court as unexpected, confusing, or even adversarial. One parent reported finding out about his child support case seven months after it was filed with the court, by which time he had already accrued months of child support arrears.

Regarding the assignment policy, parents ordered to receive support stated they were not informed initially or when they received child support payments. They only learned about this after looking up payment statements online and seeing the payment breakdown. They felt that breakdown was confusing because there was no clear formula explaining the allocation of funds.

In contrast, parents ordered to pay support reported hearing about the assignment policy in court. These parents did not understand why only a portion of their payment reduced child

support arrears, wishing instead that payments could be applied as a lump sum to lower the total amount owed.

The majority of interviewed parents were unaware of the new full pass-through policy.

None of the interviewed parents had heard about the full pass-through implemented in January 2023. One parent ordered to pay support learned about the new policy through his involvement in the state child support program's Community Advisory Council.

Impact of the cooperation requirement

Parents felt discomfort or disengagement in their cooperation with the child support program; for some, this increased tension between the two parents.

Parents ordered to receive support expressed discomfort with the requirement to provide information about the other parent to the child support office. One parent noted, "I didn't want to get him in trouble, but they told me I had to." They also reported the other parent's distress about being placed on child support. Even though they understood this was a FIP/Medicaid program requirement, they were still frustrated that the parent ordered to receive support had applied for benefits. One parent receiving support reported that this requirement triggered a fear of domestic violence due to needing to appear in court with the parent ordered to pay support, and she was not aware of the good cause policy at the time. While the parent ordered to pay support stated they would not have had a child support order if the child support program had not been involved, they felt the cooperation process created animosity between the two parents who previously got along.

Parents ordered to receive support described the cooperation process as burdensome, yielding low support payments that did not feel worthwhile given their emotional investment and time. Parents ordered to receive support were asked to investigate the other parent's whereabouts and income but were not invited to offer input when the support order amount was set. Ultimately, they received very low orders (all reported orders of less than $100 per month), which they felt were insufficient to support their children. Parents ordered to receive support have not received payments or have received irregular and low payments, leading them to believe their orders were not enforced by the program; this further increased their disappointment with the cooperation requirement.

> *Parent ordered to pay support commenting on the cooperation requirement: They're making the person choose under duress. It's like, hey, I'm gonna take this from you. So give me the person's name. So put them on child support or you can give it to us when you can keep it like that's they're making, they're like, tying their hands behind the back. It's like, hey, you can't eat or you can eat. Which one you gonna choose?*

The parent ordered to pay support felt adversarial and disengaged in the cooperation and ensuing court processes. They believed the cooperation requirement, which ties child support to public assistance and compels parents ordered to receive support to "just put a name down," had resulted in distress for the parent ordered to receive support and conflict between them. They argued that this requirement erroneously led many people who were not parents to pay child support. Furthermore, without addressing parenting time, the child support program made the parent ordered to pay support feel dehumanized, treating them as payors rather than parents or caregivers, and alienated them from the parent ordered to receive support. One parent ordered to pay support stated, “They don’t want you to be a dad, they just want your money.”

<u>Perspectives on assignment and distribution</u>

Parents wished child support payments were sent directly to their children instead of reimbursing program costs

> *Parent ordered to receive support commenting on pass-through policies: …for the parents who's receiving it, it's a load off your shoulder. You got some financial help, like that's what most of us who are on, who risk asking for. That's what we are asking for—financial assistance, financial help, financial relief. So that's exactly what it would do. It'll probably actually help the child more so in the long run.*

Although they understood the program needs funds to aid families, parents ordered to receive support expressed a desire to receive the full child support payments that the parent ordered to pay support made for their children's basic needs. Parents ordered to receive support said they struggled financially to raise children, emphasizing that any support would help them and benefit their children in the long run. Furthermore, they were confused about how the program distributed child support funds between them and the state, and whether cost recovery policies had resulted in the very low payments they received. One parent ordered to receive support held differing views on the pass-through of current support versus arrears collections, arguing that using arrears payments to recover program costs is less justifiable given that public assistance programs are no longer supporting those families.

Regarding the potential impact on relationships, parents ordered to receive support did not anticipate pass-through affecting co-parenting or parent-child dynamics. However, one parent ordered to receive support noted that pass-through policies could motivate parents ordered to pay support to pay more child support, pay off their debt more quickly, and reduce the risk of penalties like incarceration. For the child support program, one parent stated that a benefit of pass-through is eliminating the need to communicate these complex policies to either parent.

> *Parent ordered to pay support commenting on pass-through: But you're taking the bulk of our arrears. Then our family's still not getting that.*
> *So what's the point? Taking arrears if you're not going to give any of that extra support to the family. Because that's what it's for, right? Right, it's child support, not government support, correct?*

Parents ordered to pay support generally supported child support pass-through to families but conditioned their support on the parent ordered to receive support spending the money appropriately. One parent ordered to pay support held a similar view to a parent ordered to receive support regarding arrears pass-through. He saw no issue with assigning current support but stating that arrears collections should be sent to families since the program no longer supports them. Another parent ordered to pay support stated that the earlier partial pass-through policy did not provide enough child support for their child and believed the full amount should be distributed.

None of the interviewed parents ordered to pay support had direct experience with child support pass-through and therefore could not see how it would have affected their co-parenting or parent-child relationships.

Parent engagement

Administrative barriers had led parents to distrust and disengage from child support processes

Both parents ordered to receive support and parents ordered to pay support reported long wait times as barriers to engagement in child support processes. Most parents interviewed stated they were not informed of the next step, let alone the possibility of waiting months for it. Additionally, parents ordered to pay support believed that differences in wait times between parents ordered to receive support and parents ordered to pay support had placed them in an unfavorable negotiation

> *Parent ordered to receive support recalling a conversation with program staff: The lady on the phone, specifically said to me. You only have, well, I can't say specifically racial bias, but she said you only have one kid, one order. You should be grateful.*

position. They felt that parents ordered to receive support had been working with the child support program or the court for a significant time before the parents ordered to pay support were notified of their child support case.

Insufficient, delayed, top-down, unresponsive, and biased communication fostered mistrust and disempowerment among parents ordered to receive support and parents ordered to pay support. Parents ordered to receive support reported receiving crucial information about cooperation, assignment, and distribution rules late or without explanation of the accompanying paperwork. Scheduling was difficult due to work constraints. Contacting the program often yielded no response or offensive replies, such as blaming partner choice or making insensitive remarks implying homelessness or questioning their jobs. Parents reported similar challenges across agencies, including the FIP/Medicaid program (for PRS), the child support program, and interactions with the PA/FOC and the court.

In addition, the complexity of court paperwork further hindered participation for both parents ordered to receive support and parents ordered to pay support. Overwhelmed by volume and legal jargon, many lacked access to affordable legal aid, forcing them to navigate the system independently. These difficulties discouraged parents from seeking necessary modifications to support or parenting time orders.

Both parents ordered to receive support and parents ordered to pay support perceived structural barriers as limiting their ability to contribute to children

Parents ordered to receive support viewed child support enforcement as weak and inconsistent. Parents reported investigating the other parent's employment on their own, but providing this information to the child support program often yielded no results, in part because the program could not enforce "under the table" earnings. Some parents believed the parents ordered to pay support intentionally failed to inform their employer of the child support order, thereby circumventing their obligation and resulting in low payments. Parents ordered to receive support reported that non-payment, irregular payments, and low payments were common in their child support case histories. Overall, they felt that the time and emotional cost of participating in the child support program exceeded the child support they received.

Parents ordered to pay support (all unmarried fathers) believed the child support system sets fathers up for failure. They noted that an unmarried mother is the presumed primary parent with inherent rights to the child. In contrast, an unmarried father must go above and beyond to prove his contribution and be acknowledged as a father within the system. They felt the cooperation requirement is an adversarial process that does not provide an opportunity for meaningful conversations about each parent’s role in childrearing, and the process typically

begins with the mother rather than them or both parents together. One parent paying support had to put themselves on child support to begin a conversation about parenting time; they later obtained sole custody of their child and became a parent ordered to receive support.

Results: Administrator interviews

The cooperation requirement draws unmarried parents with low or no incomes into the child support program

Based on the PA and Support Specialist interviews, almost all parents referred to the program were unmarried individuals participating in FIP (mostly with no income) or Medicaid (mostly with no or low income). When married or separated parents were referred, they typically had a pending divorce case and had not yet established a child support order. Referred parents were predominantly female, and many were parents of color. In the rural county, parents were primarily White and Native American. In the urban counties, parents were predominantly Black (e.g., 80%); one of the PA offices also served a sizeable number of Arab American families due to the nearby large community. In the urban counties and statewide, referrals included Medicaid-only cases and some FIP-Medicaid cases (hereafter referred to as FIP cases since all FIP participants are eligible for Medicaid). In the rural county, however, referrals consisted solely of Medicaid-only cases. In the urban counties and statewide, while many parents had young children (under five), there was a wider range of parent and child ages, with parents ranging from teenagers to those in their 40s or 50s. In the rural county, parents were typically in their 20s with young children. The urban counties also reported a small portion of their referrals involving grandparents with custody of their grandchildren.

Most parents referred to the child support program and ordered to receive child support were unaware of the cooperation requirement in the FIP and Medicaid programs

Based on the Support Specialist interviews, the vast majority of parents (e.g., 90%) were unaware of the cooperation requirement. They might not have reviewed the application packet with their FIP or Medicaid eligibility workers or might not have read the application themselves. Once the child support referral was made, they would receive a letter stating that to prevent disruption in benefit receipt, they needed to contact the child support office to provide information concerning the absent parent. They might again ignore or misunderstand the letter—some might not consider the other parent absent if they were still active in the child's life.

Most staff only discussed the consequences of noncooperation or the assignment policy when prompted by parents, rather than discussing these topics with everyone

The Support Specialist staff informed parents receiving support that because their child was receiving Medicaid and only one parent resided in the household, they were required to make a referral to the court. This referral would allow the court to review the case and determine if any reimbursement to the state was necessary. Both Support Specialist and PA staff stated they would not discuss the specifics of assignment, including the possibility of a portion of child support payments being directed to state programs for reimbursement. They cited a lack of expertise in this area and noted that child support distribution (to the state or family) depended on the order amount, which had not yet been determined by the court when they processed the case. Furthermore, they indicated they would only address the consequences of noncooperation if they observed noncooperative behaviors from parents, such as not responding to letters or phone calls.

State doctrines might be communicated to parents who raise concerns or questions to solicit cooperating behaviors

Depending on the conversation, the Support Specialist staff might explain the state's position on the benefits of establishing paternity and child support, as well as the importance of personal responsibility. For example, they would point out that in addition to child support, establishing paternity could enable the child to receive Social Security benefits. If parents declined child support services, they might need to pursue other avenues to establish paternity, such as hiring a private attorney. Some staff informed parents receiving support that state assistance was not free, emphasizing that the state is not obligated to provide for children and that parents should be held responsible for their own. Most parents de-escalated when this rationale was explained to them.

Determining noncooperation is mostly straightforward, though staff could use discretion to identify whether parents receiving support conceal information about parents paying support

Parents can call the child support program or fill out an online form to provide information about the alleged parent of their children. The Support Specialist staff stated that the information parents receiving support provided did not have to be complete (e.g., lacking the other parent's Social Security number) because they could use locating tools, databases, or publicly available information to identify and contact the alleged parent. Providing a name and a few demographic characteristics (e.g., age) could be sufficient at this stage of cooperation. In some cases, the Support Specialist staff had to use discretion to assess whether a parent receiving support had intentionally concealed the other parent's identity, often when their available tools could not locate them. The Support Specialist staff typically placed a case in non-cooperation status when they did not hear from parents receiving support after two letters and one outreach call.

Non-cooperation determination processes vary by county office. For example, in the two urban counties interviewed, the primary factor triggering a noncooperation determination at the PA office would be the failure of the parent receiving support to appear for the genetic test with the child. For cases with established paternity, even when the parent receiving support or the parent paying support failed to respond, the PA office could still file the agency complaint with the court for review of the proposed child support order and enter a default order for the family. In the rural county interviewed, a case would be placed in noncooperation if the parent does not respond to two phone interview letters and an outreach attempt or fails to sign the complaint in-person or electronically.

Co-parenting relationships, insufficient program knowledge, and benefit disincentives affect a parent receiving support's cooperation with the child support program

Often, the Support Specialist and PA staff could not tell why parents receiving support chose not to cooperate, as many did not contact their office, preventing any discussion of their reasons. However, when they did hear from non-cooperating parents ordered to receive support, those parents often had amicable co-parenting relationships they did not want to disrupt. Alternatively, the other parent might have rarely or never contributed to the children's upbringing, leading the parent receiving support to believe pursuing a child support order would not be worthwhile. Some parents receiving support cited they did not want the other parent involved in their child's life. Some parents were unaware or did not believe their benefits would be sanctioned for noncooperation; these parents often contacted the program to cooperate when they lost access to needed benefits. Still other parents receiving support, particularly those on Medicaid, chose not to cooperate because the child's benefits would not be affected, and if they initially applied for Medicaid for themselves, they might find health insurance elsewhere, such as through their employer, or choose to remain uninsured. PA and Support Specialist staff noted that almost all FIP participants cooperated, largely due to their greater need for assistance (often without income) and the potential sanctioning of the child's benefits for noncooperation.

Locating challenges, parent distrust in the program, low incomes, and parenting time challenges affect parents paying support's cooperation or engagement with the PA office or the court

Based on the interviews, the first and foremost challenge in connecting parents ordered to pay support with the PA office or the court was locating them. The locating tools available to staff often yielded inaccurate information. By the time the PA office began to process a case, the information from the parent receiving support might be outdated due to the paying parent's high transiency, often resulting from employment or housing instability. Many parents paying

support held the stereotype that the child support program would "throw them in jail." The perceived possibility of rigid, punitive enforcement, compounded by the low incomes and precarious employment of many parents paying support, led both parents to try to avoid program involvement.

Some parents paying support were confused as to why the PA office did not require the parent receiving support to attend court hearings to discuss parenting time, while they themselves had to cooperate in establishing a child support order. The PA office had to explicitly tell them that pursuing child support was in the state's interest, not parenting time, and that they could not go beyond what was required by law. Similarly, another PA office reported that many parents paying support needed help with employment and mental health but that the office lacked the resources or capacity to address these needs.

The good cause process presents a significant administrative barrier for both program staff and families

Parents receiving support hesitant to cooperate due to family violence typically contacted the child support program, which then directed them to apply for good cause with FIP or Medicaid. The Support Specialist staff would hold the child support case for 45 days and check for progress on the good cause application from public assistance at the end of that period. One PA office stated that if they saw offender registries or convictions, they would dismiss the case with prosecutorial discretion rather than awaiting the good cause determination from public assistance programs.

The good cause process was often slow or unresponsive, partly because of the unreliable interface between the child support (MiCSES) and public assistance (Bridges) systems. Information entered into the system was sometimes lost for weeks or months, discovered only when staff contacted the receiving program to confirm its status. At other times, delays occurred because assistance staff did not respond promptly to good cause applications or failed to enter necessary updates for the child support program. These issues sometimes confused parents receiving support, especially when actions they initiated with public assistance were not reflected in the child support program. Overall, staff attributed the lengthy good cause processes, lasting months or even years, to technological challenges and insufficient collaboration between child support and assistance programs.

For parents receiving support who expressed concerns about family violence but still wanted to pursue child support, the PA offices always sought consent for participation and offered necessary protection. They would place a separate domestic violence marker to flag this status in all paperwork accessible to staff handling the case. Parents were given the option to

participate in virtual calls and turn off cameras during hearings. They were not required to be present online or physically with the other parent if they felt uncomfortable. All of these processes became easier and more familiar for both staff and parents following the COVID-19 pandemic.

Overall, long wait times, staffing shortages, and fragmented systems could pose barriers to parent engagement

Once parents receiving support provided the name and other information about the parent ordered to pay support, the Support Specialist staff informed parents of an estimated timeframe to hear from the PA office. This wait time, typically around three to six months, varied by county size, ranging from one or two months in small counties to six to twelve months in large counties. Many of those PA offices struggled to fill vacancies and retain staff. The staffing issues could further compound challenges in locating parents ordered to pay support, who were often transient or experiencing housing instability. As a result, contact information could change before the PA office reached out. When outreach to parents paying support failed, or when those parents did not respond and were thus considered non-compliant, default paternity and support orders could be pursued.

All staff interviewed shared comments centered on the idea that fragmented systems posed barriers to family engagement due to a lack of timely information access and interagency coordination. The cooperation process is handled by multiple agencies: a case begins with a public assistance program before moving to contact with a Support Specialist, the prosecuting attorney's office, and then the Friend of the Court. This interagency coordination can be challenging, especially between the assistance program and the child support program. In addition, given the complexity of child support and public assistance policies, staff in each phase of the child support process are often only trained in their own area and have little knowledge or capacity to support other staff's work. This can often result in inconsistent and delayed information for families, leading to parents' misunderstanding or misconception about the program or the other parent.

Results: Administrative data analysis

Parents receiving support referred from FIP were younger or had younger children, and were more likely to be non-Hispanic Black than those referred from Medicaid-only.

Table 1 presents the average characteristics of parents receiving support and children participating in FIP or Medicaid who were referred to the Michigan child support program as of January 2025. These characteristics are shown for the total referred population and disaggregated by aid status.

Characteristics of all parents referred to child support are similar to those of parents referred by FIP, as FIP referrals constituted 93.0% of all parents receiving support referred. Therefore, this summary highlights the differences between parents referred by FIP and those referred by Medicaid-only to the child support program. Overall, parents receiving support referred from FIP had younger children and were younger themselves. They were also more likely to be non-Hispanic Black than White, compared to parents receiving support and referred from Medicaid-only.

Table 1. Characteristics of parents receiving support and children participating in FIP or Medicaid and referred to the Michigan child support program as of January 2025, by aid status

	(A) All referrals	(B) FIP referrals	(C) Medicaid-only referrals	Statistical difference[1] between (B) and (C)
	N = 6,273	N = 5,835	N = 438	
Age of oldest child	8.8	8.3	15.3	***
Oldest child less than 5	26.9%	28.6%	3.7%	***
Number of children	1.7	1.7	1.7	
One child	56.3%	56.3%	55.3%	
Parent age	32.7	32.2	39.2	***
Parent ages less than 30	37.1%	39.1%	10.7%	***
Parent sex: Female	93.9%	94.7%	83.3%	***
Parent race/ethnicity				
Non-Hispanic Black	61.4%	63.3%	36.3%	***
Non-Hispanic White	31.2%	29.3%	56.8%	***
Hispanic	4.9%	4.9%	4.1%	
Non-Hispanic other	2.5%	2.5%	2.7%	
Parent marital status				
Single	44.3%	45.3%	30.8%	***
Divorced or separated	6.1%	5.9%	8.9%	**
Married or cohabitation[2]	4.0%	3.8%	5.5%	*
Missing value	45.3%	44.5%	54.8%	***

Any case in noncooperation	4.0%	4.2%	2.1%	**
Number of cases	1.4	1.4	1.0	***
More than once case	30.4%	32.4%	3.0%	***

Notes: 1. T-tests were conducted to compare group differences between FIP and Medicaid-only referrals. The asterisks (*, **, ***) denote that the difference between groups is statistically significant at the 10%, 5%, and 1% levels, respectively. 2. Across all groupings—all referrals, FIP referrals, and Medicaid-only referrals—a very low percentage (less than 0.5 percent) of parents were cohabiting.

Parents receiving support with young children (less than 5 years old) show the highest risk of being placed in noncooperation status.

Table 2 summarizes the rates of noncooperation by demographic subgroup for parents receiving support and participating in FIP or Medicaid who were referred to the Michigan child support program as of January 2025.

Statistical tests of subgroup differences in noncooperation rates descriptively reveal a higher risk of noncooperation among:

- Parents receiving support with young children less than 5 years old (7.6%) compared to those with older children (2.7%)
- Parents receiving support with one child (4.8%) compared to those with two or more children (3.1%).
- Younger parents receiving support less than 30 years old (6.1%) compared to older parents (2.8%).
- Hispanic (5.9%) and non-Hispanic Black parents (4.3%) compared to non-Hispanic White parents (3.3%).

Differences based on known marital status are statistically insignificant.

Table 2. Rates of noncooperation by demographic subgroup of parents receiving support participating in FIP or Medicaid and referred to the Michigan child support program as of January 2025

	(A) Rate of noncooperation N = 6,273	**(B) Statistical difference relative to the base group**
Age of oldest child		
Less than 5 (base)	7.6%	

Aged 5 or above	2.7%	***
Number of children		
One child (base)	4.8%	
2 or more children	3.1%	***
Parent age		
Less than 30 (base)	6.1%	
Aged 30 or above	2.8%	***
Parent race/ethnicity		
Non-Hispanic Black	4.3%	*
Non-Hispanic White (base)	3.3%	
Hispanic	5.9%	**
Non-Hispanic Other	3.8%	
Parent marital status		
Single (base)	3.0%	
Divorced or separated	2.6%	
Married or cohabitation	2.0%	
Missing value	5.4%	***

Note: The asterisks (*, **, ***) indicate that the difference for each subgroup is statistically significant from the base group (indicated in parentheses) at the 10%, 5%, and 1% levels, respectively.

Assessment Activity V: Planning for Change

Reviewing key findings

Michigan's child support policies, particularly assignment and cooperation requirements, face challenges in aligning with family-centered principles. The assignment policy, which shifts child support rights from families to the state to offset benefit costs, may contradict principles of child well-being and family relationships. Direct receipt of child support can strengthen parent-child connections and improve child outcomes. However, the current policy can lead to the state competing with families with low incomes for limited resources.

The cooperation policy particularly burdens unmarried parents and can be unfavorable for either or both parents. Parents receiving support feel their emotional toll is not justified by irregular and low child support payments that resulted from the process. Parents paying support feel alienated because the process has not engaged them from the outset. Partially

structured determination of noncooperation could lead to inconsistent decisions and reduce financial aid for children, and public assistance programs miss the opportunity to serve families who left public assistance in response to the requirement.

Michigan has made strides by implementing a full pass-through of current child support in 2023 and eliminating child support requirements for recipients of food and child care assistance. However, communication regarding the assignment and cooperation policies remains complex and unclear. Many parents are unaware of these requirements when applying for benefits and only learned about them later. Most parents could not figure out how much child support they were supposed to receive after some of it was sent for reimbursement. And most wished payments went directly to their children rather than reimbursing the state.

Administrative barriers like long wait times, staffing shortages, and fragmented systems contribute to parental distrust and disengagement. The good cause process for victims of family violence also presents significant administrative hurdles.

Determining the level and scope of change

The Michigan child support program is moving in the right direction to center families by implementing and considering family-first distribution policies

Michigan's child support program is federally mandated to require parents to assign their right to child support that accrues while they are on assistance. Unless federal law changes, or the state ceases to use the federal TANF block grant (which may not be feasible given the current fiscal and political landscape), the assignment policy will continue to affect families. However, the state could choose to distribute child support collections to families even after the right to support is assigned to the state, and the state program is moving in this direction. It implemented a full pass-through of current support to current FIP families in January 2023 and has been considering four family-first distribution options made available through the 2005 Deficit Reduction Act (DRA). Full distributions to families could also lessen the program's need to communicate assignment and distribution policies with families.

Before major reforms take place, the state could improve communication to ensure both parents understand assignment and cooperation in a timely manner

The state could address communication challenges in several ways. First, the child support program could strengthen collaboration with public assistance programs to enable their ability to inform parents about child support assignment and cooperation policies. If staff from either program can explain child support policies during a benefit application, communicating public benefits, child support assignment, and cooperation as a package, this would clarify concerns or

misconceptions about the child support program to parents seeking benefits early in the process. Interactive communication methods (e.g., verbal and video communication) might increase the accessibility of information presented to parents. From parents' perspectives, knowing about child support referrals upfront could help parents process the requirements earlier to optimize decisions for their families, whether it be starting a conversation with the parent paying support earlier, finding alternative support in replacement of public assistance earlier, or applying for a good cause exemption earlier.

Second, if both parents in non- or low-conflict cases are informed in a timely manner about an upcoming referral to the Prosecuting Attorney's office, this could help parents prepare for the involvement and potentially reduce co-parent tension or parent alienation towards the child support program. In our focus group, parents ordered to pay support perceived gender bias within the child support program, partly because they believed the parent receiving support had more information and control over the PA referral process. This led them to feel "left out" by the program. This perceived information asymmetry could make parents paying support feel their engagement in the process is less valued than the other parent's. Some of their perception might be valid because the current child support program, which originated from legislation in the 1990s and earlier, has largely relied on the assumption of an absent parent, despite the rise of cohabiting and co-parenting families.

Third, information received by parents receiving support and parents paying support has been inconsistent across cases, as some parents request more information than others. For instance, SSs only inform parents paying support about the reason for a referral—that their children are on assistance—when the parent specifically inquires. Neither Support Specialist nor PA staff discuss the consequences of noncooperation until they observe noncooperating behaviors. Further investigation is needed to determine whether this approach burdens parents (by propelling them to find information on their own) and whether it unintentionally disadvantages those less able to navigate the program independently.

Fourth, the child support program could offer more information to help parents understand how distribution policies (and policy changes) might affect the child support amount they receive, contingent on payments made. Distribution policies currently feel like myths to families; some attributed low payments to the responsibility of the obligor, although it could have been due to partial payments sent to the state for reimbursement.

The program may improve the complaint process and public education to make child support processes feel less adversarial and more meaningful to families

Interviews and focus groups both suggest that high tension between parents, even in cases without family violence, takes an emotional toll on everyone involved (parents and staff). One PA office proposed offering more education on parenting and co-parenting to families. Parents are often preoccupied with winning conditions, such as securing specific custody arrangements or child support payments, without fully grasping the deeper contributions they could make to their children. Public education for all parents interacting with the child support office might help address some of this challenge. Some of these behaviors have deeper roots, such as each parent's own upbringing, which would necessitate government intervention beyond the child support program to address behavioral health, mental health, relationship, and general health education. However, even when considering just the child support program, its design may inadvertently facilitate co-parenting conflict.

The U.S. operates under an adversarial legal system, where two opposing sides present arguments and evidence to an impartial judge or jury. This is reflected in the PA's role during the order establishment process. PAs assist the parent receiving support in filing legal complaints against the parent paying support or file agency complaints themselves if the parent receiving support does not participate. Crucially, they represent the state's interest in court, not the family's.

Parents are not given sufficient opportunity to discuss child support and parenting time before their case is filed with the court. Even in cases without family violence, parents report feeling that tension escalates, or fear it will escalate, throughout the cooperation process. Although both parents are invited to a settlement conference during the PA phase to review proposed child support orders and other legal paperwork with an attorney, it remains unclear how these conferences are handled in practice. Specifically, it is uncertain whether parents are primarily informed about procedures and requirements in those conferences, or if they have guided, genuine conversations aimed at reaching agreements and arrangements that align with each parent's understanding and ideal of their child's best interest. The state program should further explore how PA offices can better engage parents in their conversations and guidance to families.

Distrust in child support enforcement is another reason for the perceived conflict between parents during a cooperation process. Parents expressed concerns such as, "I don't want to get him in trouble." Similarly, staff reported that parents believed the program would "throw them in jail." The public image of the child support program remains that of a rigid, punitive system—one that enforces orders without considering unique family circumstances. Although this assessment does not focus on enforcement, improving enforcement policies and practices could help promote parent engagement in the initial cooperation phase.

Before these conditions improve, from a family-centering perspective, opting out of cooperation with the child support program might be a rightful course of action for parents—to preserve co-parenting relationships or protect themselves from emotional harm, even though this could lead to financial penalties (benefit sanctions) for their families.

The state program could address deeper structural issues causing barriers to parent engagement including staffing challenges and fragmented coordination among programs

Improving family centering in the program requires adequate staff availability and capacity. During both the recruitment phase and interviews, the assessment found many PA offices were understaffed. Some had vacancies but struggled to find and retain individuals for those vacancies. This challenge can lead to long wait times, unaddressed inquiries, or even inappropriate responses because staff might lack the time to fully engage with each family. Waiting months (e.g., 3-6 or 6-12 months) for letters from or contact with the PA office is not uncommon, especially in large urban counties. This could mean missing the opportunity to engage families and provide timely child support for their children. It could also lead to program inefficiency when parents cannot be reached due to outdated information, requiring extra efforts. In addition, parents reported receiving biased or judgmental comments from program staff. The state child support program could examine its policies, including those related to training, professional development, and compensation to reduce turnover and develop a stronger child support workforce.

Parents also experienced communication breakdowns when navigating multiple programs and when answering their questions required deep expertise. They reported insufficient and delayed communication as they progressed from the public assistance program, to the child support program, the PA office, and finally to the Friend of the Court. Not only do each of these agencies specialize in their areas, but they also tend to work in their own silos. OCS began a navigator pilot program in Calhoun, Genesee, Kent, and Wayne counties in mid-2024 in response to similar feedback from the Community Advisory Council. This program, designed by the PA and FOC offices in these counties, aims to help parents navigate the child support program, obtaining the resources and information they need. While OCS awaits more results from this program, they could examine other gaps in coordination for families, particularly those between public assistance and child support, as well as potential solutions such as case management, cross-training, co-locating staff for support, or updates to information systems to facilitate cross-program coordination.

Developing plans for ongoing monitoring and assessment

Quantitative data analysis may be conducted to examine how much each DRA option would distribute collections to children in poverty, alongside other criteria

Each DRA option comes with its own impact on the state budget and varying effects on subgroups of families. To analyze how each option centers families, it is recommended that quantitative data analysis be conducted and specific priorities and criteria be developed to compare against the results of this analysis. For example, based on the disproportional burden principle, analysis may examine distribution outcomes in relation to family income and poverty, such as how much the distribution can reduce the poverty gap for families.

Additional considerations, such as child age and child support debt, may be factored into the analysis. The analysis may examine how each option benefits families with young children, since they tend to have low incomes, high child expenses (e.g., child care costs), and parental penalties (declined incomes and job opportunities due to time spent on caring for children). The analysis may also consider outcomes for both parents ordered to receive support and parents ordered to pay support. For example, an OCS policy analysis suggests Options B and C could lower the child support debt owed to the state. As a parent receiving support in the focus group pointed out, this could reduce the risk of the parent ordered to pay support being subject to enforcement penalties down the road (e.g., drivers' license revocation) and promote their economic opportunities (e.g., through increased mobility) that might ultimately benefit the child. The analysis may examine the interaction between each option and other child support initiatives, for example, by identifying cases in which the parent receiving support could receive collections that would have been sent to state arrears without the option and the parent paying support is on a state debt reduction plan (which might be paused to ensure families receive higher payments).

Concluding the Assessment

This report summarizes an exploratory, family-centered assessment of the Michigan child support program, conducted in summer 2024. As a co-lead state in a federal project, Michigan partnered with organizations like Child Trends to examine child support services and develop recommendations for improved access and fairness. The assessment specifically analyzed how Michigan's cost recovery approach impacts family centering for IV-D child support services, with a focus on cooperation and assignment requirements for families receiving FIP and Medicaid.

The assessment identified critical communication gaps, strained family relationships due to cooperation and assignment policies, and pervasive parental distrust and disengagement within the child support program. Many parents were not aware of the cooperation and assignment

requirements during benefit applications, often learning through unexpected contacts from the program. They reported discomfort with co-parents due to the cooperation process, found this and other child support processes burdensome and unsupportive, and in some cases, were concerned about family conflict. Administrative hurdles like long wait times and poor customer service worsened their distrust.

Staff interviews revealed several administrative factors influencing parent perspectives. For instance, staff noted that non-cooperating parents often had amicable co-parenting relationships they did not want to jeopardize, or felt pursuing an order was not financially beneficial. Additionally, staffing shortages and inter-agency collaboration challenges created communication gaps and engagement barriers, potentially leading to inconsistent, delayed information and family distrust in the program.

Advancing towards family centering through adoption of family-first distribution options, Michigan's child support program can continue to improve. Despite federal mandates limiting the complete removal of assignment and cooperation requirements, the state can still pursue full distributions to families even after rights are assigned. The program could enhance communication and re-evaluate engagement strategies, such as by improving collaboration with public assistance programs for timely policy information and engaging both parents upfront to reduce tension. The program could proactively share accessible information on cooperation and assignment policies to help families understand impacts and optimize their decisions. Further steps might include improving the complaint process, offering public education on co-parenting to foster less adversarial interactions, and exploring pre-court alternatives. Mitigating long wait times, staffing shortages, and fragmented systems is also essential to reduce parental distrust and ensure consistent, timely information delivery. By addressing these challenges, Michigan can further strengthen its family-centered child support policies, better supporting the well-being of families with low incomes and their children.

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Appendices

Appendix 1. Policy, practice, and procedural documentation reviewed for the assessment

Document name	Document description	Audience(s)
Summary of Options Available Under the Federal Deficit Reduction Act of 2005	This internal document summarizes the options available through the 2005 federal Deficit Reduction Act (DRA) that the state is considering for implementation; these options would prioritize the distribution of child support collections to families rather than the state.	MDHHS OCS policymakers and policy analysts
Michigan IV-D Child Support Manual Section 2.05: Referrals and Applications	This section covers the legal requirements and implementation guidance for processing IV-D applications and referrals.	Child support program staff (including SS, PA, and FOC)
Michigan IV-D Child Support Manual Section 2.15: Cooperation/Noncooperation/Good Cause	This section describes three key areas: the cooperation requirement, the determination for noncooperation, and the good cause process that exempts cases from cooperation.	Child support program staff
Michigan IV-D Child Support Manual Section 2.20: Court Action Referrals (CARs)	This section describes federal requirements for case initiation and court action referrals, as well as the responsibilities of the Support Specialist, Prosecuting Attorney, and Friend of the Court concerning court action referrals.	Child support program staff
Michigan IV-D Child Support Manual Section 3.45: **Review and Modification**	This section details the legal authority governing child support order reviews and modifications, as well as the specific process for IV-D program staff.	Child support program staff
Michigan IV-D Child Support Manual Section 4.03: Agency Complaints	This section describes the legal requirements for agency complaints, situations in which the PA office files an agency complaint, and the required information and legal documentation for such complaints.	Child support program staff
Michigan IV-D Child Support Manual Section 5.15: Assignment of Support	This section covers assignment rules, including child support owed pre- and post-assistance that is no longer assigned, and detailed FIP assignment processes	Child support program staff
Michigan IV-D Child Support Manual Section 5.35: Allocation/Distribution	This section explains allocation and distribution policies. Allocation refers to dividing a payment across a payor's multiple IV-D cases. Distribution then applies the collected support to different	Child support program staff

	types of obligations once it has been allocated.	
MDHHS IV-D Memorandum 2016-031	This memorandum describes the availability of IV-D funding for addressing child custody and parenting time in initial child support orders.	Child support program staff
MDHHS IV-D Memorandum 2024-002	This memorandum informed IV-D staff of the elimination of the child support cooperation requirement for child care assistance (only) recipients, effective 2024.	Child support program staff
MDHHS IV-D Memorandum 2024-017	This memorandum informed IV-D staff of the elimination of the child support cooperation requirement for food assistance (only) recipients, effective October 2024.	Child support program staff
Bridges Eligibility Manual BEM 255	This section of the manual summarizes child support cooperation policies across child care assistance, food assistance, FIP, and Medicaid programs. It also details how child support noncooperation will affect eligibility and benefits in these programs.	MDHSS benefit program staff
MDHHS1171INFO-1022-web	This information booklet from MDHHS outlines eligibility for FIP, Medicaid, food and child care assistance, and other state benefits, including details on child support cooperation and assignment.	Families applying for state assistance
DHS-Pub-748 "Understanding Child Support: A Handbook for Parents"	This handbook for parents introduces the Michigan child support program and child support processes, including application, order establishment, child support payment, and enforcement.	Families participating in child support

Appendix 2. Eligibility survey

Question	Respondents asked this question	Response categories
1. Are you 18 years of age or above?	All respondents (All)	Yes, no
2. Do you have a child(ren) under the age of 18 who does not live with you but lives with his/her other parent?	All	Yes, no
2a. Has the other parent applied for FIP* benefits for the child(ren) you reported in Question 2? * The Family Independence Program (FIP) is a public benefit program in Michigan that provides cash assistance to families.	Respondents who reported yes to Question 2 (#2 = yes)	Yes, no, don't know
2b. Has the other parent received FIP benefits for the child(ren) reported in Question 2?	#2 = yes	Yes, no, don't know
2c. Do you have a court order that requires you to provide child support for the child(ren) reported in Question 2?	#2 = yes	Yes, no
2d. Were you married to the other parent of the child(ren) reported in Question 2?	#2 = yes	Yes, no
3. Do you have a child(ren) under the age of 18 who lives with you but not his/her other parent?	All	Yes, no
3a. Have you applied for FIP benefits for the child(ren) you reported in Question 3? * The Family Independence Program (FIP) is a public benefit program in Michigan that provides cash assistance to families.	#3 = yes	Yes, no
3b. Have you received FIP benefits for the child(ren) reported in Question 3?	#3 = yes	Yes, no
3c. Do you have a court order that requires the other parent to provide child support for the child(ren) reported in Question 3?	#3 = yes	Yes, no
3d. Were you married to the other parent of the child(ren) reported in Question 3?	#3 = yes	Yes, no
4. Did you receive FIP* and have a current child support order around January 2023? * The Family Independence Program (FIP) is a public benefit program in Michigan that provides cash assistance to families.	All	Yes, no, not applicable
5. Do you know if the children for whom you would pay support were also receiving FIP* around January 2023? * The Family Independence Program (FIP) is a public benefit program in Michigan that provides cash assistance to families.	All	Yes, no, not applicable

Appendix 3. Parent focus group protocol

Introduction/consent

[10 minutes]

Thank you for taking the time to talk with us today. I'm [the facilitator's name] and this is [a second person from the Child Trends team], and we are from Child Trends, a national research organization focused on improving the lives of children and youth. We are working with the Michigan Department of Health and Human Services Office of Child Support to understand how you view the child support program and what aspects of the program can be strengthened to better meet families' needs and serve families fairly.

You were recruited to participate in this focus group because either you have previously received cash assistance from the Michigan Family Independence Program or the parent to whom you are ordered to pay child support has previously received cash assistance from this program. The Family Independence Program is a public assistance program in Michigan that provides financial aid to families. Because some child support policies are different for families that have and have not received public assistance, we would like to hear about your experiences with the child support program.

We are holding two focus group sessions: One with parents ordered to pay support and another with parents ordered to receive support [on Teams]. During today's group we will meet for about 90 minutes. During our time together, you will be asked about your views on the child support program, its services, and to give some feedback on a specific policy. We also have a survey for you to provide some basic demographic information, which will be used only for research purposes. The link to the survey is in the chat. Let's take 10 minutes to ensure everyone completes and submits the survey. [After 10 minutes, check in on everyone's progress]

As you participate in this focus group, we might ask clarifying questions or probe a bit to better understand your perspectives. Because we have limited time, we also might move the conversation on to make sure we cover all the topics.

Before we get started, we would like to share some of the ground rules for the focus group:

- There are no right or wrong answers! Everyone here comes from a variety of backgrounds and may have different experiences or opinions. We appreciate and want to hear all the perspectives that you may bring to our discussion. If there is an opinion that you disagree with, we ask that you allow people to share their opinions fully and be respectful of any differences.
- We understand that it may sometimes you may not have an opinion about a particular question or that it may be difficult to share your experiences. Please know that you do not have to respond to every question.
- While holding these groups virtually makes it convenient for everyone, it can also make it a little more challenging to "read the room." We ask that if you are comfortable, you leave your camera on as much as possible during the group. This helps us to interact better and see each other's non-verbal communication. If you are unable to turn your camera on, that is also okay.

- As described in the consent form, we ask that you do not share what you hear today outside this group. It is also important to know that we cannot guarantee that something you share in the group will not be repeated by someone else. If you have questions or if there are things you would like to share privately/with just the facilitators, [name and I] will be available to meet with anyone who would like to speak further. Please feel free to reach out to us directly after this group if this is of interest to you.

As described in the [REDCap] consent form, we will be taking notes and recording the session. We will use the recording to make sure we have captured everyone's feedback accurately. We might also use direct quotes to support the points made. To ensure that no one can be identified, we will remove any information from our reports that could identify you, such as your name or the name of specific programs. You should also know that your comments will not be shared with your county child support office and will not affect your eligibility for any government services or benefits. We will summarize your feedback and comments into broad themes and these themes will be shared in public facing reports. The goal of these reports is to inform Michigan's child support policies and practices.

All recordings and written notes from our conversations will be kept in a secure, password protected online folder that only Child Trends staff working on this project can access. Once we finalize project reports, all notes and recordings will be destroyed.

Before we start the focus group, we need you to tell us whether you have reviewed the consent form and agree to participate in the study. Does anyone have any questions about the consent form or about this study?

I will go around individually and ask each person to come off mute or type in the chat: Have you reviewed the consent form? Do you agree to participate in this study?

Finally, we have confirmed that everyone participating today has filled out the intake form. The contact information you provided in the form will be used to send you a $[dollar value] gift card as a thank you for time. If your contact information has changed, please let us know after we end the focus group.

Do you have any questions before I begin?

Let's begin.

Background questions

[Spend a total of 15 minutes or 6-8 minutes per question]

- First, we would like to know a little bit about you and your children. Could you each tell us: 1) your name, 2) how many children you have, 3) how long you have been connected to the child support system as a parent?
- In a few words, what is your overall experience using child support services? What aspects of the system work well for you? And what does not work well?

Transition

[5 minutes] Thank you for sharing. For the next set of questions, we are going to focus on child support policies. There are some common terms that I want to go over so that we are all thinking of the same things as we go through the questions.

- You will hear us refer to the Michigan Department of Health and Human Services as MDHHS and the Family Independence Program as "FIP."
- We will discuss "back child support," "past-due child support," or "child support arrears." These refer to support that is not paid in the month when it is due. If it is not paid, it becomes a debt.
- The next term is "current support" which is the support that someone owes in the current month. When someone pays in the month when the support is due, we say that person pays current support. When they pay after the month the support is due, that person pays back child support, past-due support, or arrears.
- If you don't remember these terms, feel free to ask anytime.
- Does anyone have questions or comments about what we mean by current or back support?
- Great! Now that we have the basic terms covered, let's discuss your experiences with the child support program.

Temporary Assistance to Needy Families (TANF) and cooperation with child support

[Suggested time: 45 minutes for the groups focused on cooperation]

Topics	Parents ordered to receive support	Parents ordered to pay support
Communication of the requirement [required; 10 minutes]	• When someone applies for FIP benefits, they would be referred to the child support program to establish paternity and/or set up a child support agreement for their children. ○ [For yes/no questions, ask participants to raise their hand and get a head count] How many of you were told about this child support cooperation requirement? ○ Did your FIP case worker ask if you needed a paternity or child support order before referring you to child support? Would you like them to ask? Why or why not? ○ Did they tell you the potential consequences of noncooperation? If so, what did they tell you about the potential consequences?	• We want to ask about your first contact with the child support program. Thinking back to the first time they contacted you. What was your experience like with that initial contact? ○ [Prompt] What was the reason they contacted you? ○ [Prompt] What guidance was provided to you for responding to the contact? Was it clear? ○ [Prompt] How were you contacted?

	○ What guidance was provided to you about this cooperation process? Was it clear?	
Impact of the requirement [required; 35 minutes]	(Context: When someone applies for FIP benefits, they would be referred to the child support program to establish paternity and/or set up a child support agreement for their children.) Parents who fail to cooperate with child support may lose some or all their FIP benefits. • How do you feel about this requirement to cooperate with the child support program? ○ If you had not been required to, would you have needed a paternity and/or child support order? Why or why not? ○ How did you feel about the fairness of the cooperation process? Did you feel the child support program treated you fairly? Why or why not? [Prompt: For example, was the process transparent and unbiased? Did the staff treat you with respect?] ○ Was it burdensome for you to meet the cooperation requirement? In what ways did you feel burdened? [Prompt: Was it the additional	In Michigan, individuals who receive cash assistance from FIP and/or Medicaid must cooperate with the child support program to establish paternity and child support orders as a condition of receiving benefits. Those who fail to cooperate with child support may lose some or all their benefits. • [For yes/no questions, ask participants to raise their hand and get a head count] How many of you have been told about this child support cooperation requirement? • How do you feel about this requirement to cooperate with the child support program? How might this affect you, your child, and the other parent? • How did you feel when you were told to work with the court to establish paternity or a child support order? ○ If you had not received a court order, would you have needed a paternity and/or child support order? Why or why not?

	paperwork or process you needed to go through on your own or with a government agency, e.g., your FIP case worker, the family court or the child support program? Or did this require a conversation with the other parent of your child(ren)?] ○ How did the cooperation requirement affect the other parent of your children? ○ How did this affect your relationship with him (or her)? ○ How did this affect your child(ren)?	○ How did you feel about the fairness of the legal process? Did you feel the court treated you fairly? Why or why not? [Prompt: For example, was the process transparent and unbiased? Did the staff treat you with respect?] ○ Was it burdensome for you to comply with the court order? In what ways would you feel burdened? [Prompt: Was it difficult to understand legal terms, procedures, deadlines, expectations, or participate in conversations with court personnel and/or the other parent of your child(ren)?] ○ How did this affect the other parent of your children? ○ How did this affect your relationship with him (or her)? ○ How did this affect your child(ren)?
Interactions with multiple agencies [optional; go back to one of the first two topics to solicit more information if time allows and if participants would like to share more information; if not, ask questions in this row until you spend 20 minutes on this first section]	• There are multiple agencies that are included in the child support cooperation requirement. These agencies include MDHHS, the Office of Child Support, the Prosecuting Attorney's office, and the Friend of the Court. ○ Which, if any, of these agencies are you familiar with? ○ How did you find out about them or their roles? ○ What has worked well with them? ○ What has not worked well? Have you experienced any difficulties working with any of these agencies? Please share your experience.	• There are multiple agencies you may need to work with on your child support case. These agencies include the Office of Child Support, the Prosecuting Attorney's office, and the Friend of the Court? ○ Which, if any, of these agencies are you familiar with? ○ How did you find out about them or their roles? ○ What has worked well with them? ○ What has not worked well? Have you experienced any difficulties working with any of these agencies? Please share your experience.

Assignment of right to child support and Family First distribution (or the lack of Family First)

[Suggested time: 45 minutes for the groups focused on assignment]

Topics	Parents ordered to receive support	Parents ordered to pay support
Assignment policies in general [Required; 10 minutes]	When families receive cash (FIP) assistance, they are required to assign their right to child support to the state. This allows the state to collect child support payments and use those funds to offset the cost of the assistance that those families receive. • [For yes/no questions, ask participants to raise their hand and get a head count] How many of you heard about this policy? • Where did you hear about it? Which sources did you use to obtain this information? [Prompt for parents receiving support: For example, was it the application packet describing this policy, the FIP case worker, or a letter from the child support program?] [Prompt for parents paying support: Was it the MDHHS's website, newsletter, pamphlet, or a letter from the child support program?] Is this different from what you heard? • Would you support this approach to recovering government expenditures? Why or why not?	
Current support collections to current TANF participants [Required; 35 minutes]	[Read] Each month when families receive FIP, they may also receive some of the child support collected by the child support program. When the parent who owes child support pays current support, the child support program now sends all of this money to the family instead of to the state. This is called a client participation payment. This policy was implemented in January 2023. Prior to that, the child support program sent only a portion of the payment ($100 for one child and $200 for two or more children) to the family, with the rest going to the state to recover the cost of FIP.	

	• [For yes/no questions, ask participants to raise their hand and get a head count] How many of you heard about this policy?
	• Where did you hear about it? Which sources did you use to obtain this information? [Prompt: For example, was it the application packet describing this policy, the FIP case worker, or a letter from the child support program?] Is this different from what you heard?
	• Do you support this type of policies that pass child support dollars collected to families?
	• In your opinion, how might this policy affect the parent ordered to pay support, the parent ordered to receive support, and their children?
	  ○ [Prompt] For example, how might this policy affect child
		• [For yes/no questions, ask participants to raise their hand and get a head count] How many of you heard about this policy?
		• Where did you hear about it? Which sources did you use to obtain this information? [Prompt: For example, was it the MDHHS's website, newsletter, pamphlet, or a letter from the child support program?] Is this different from what you heard?
		• Do you support this type of policies that pass child support dollars collected to families?
		• In your opinion, how might this policy affect the parent ordered to pay support, the parent ordered to receive support, and their children?
		  ○ [Prompt] For example, how might this policy affect child

	well-being, co-parenting relationships, willingness to pay support, household finances, eligibility for other government benefits? [Ask the following only to families affected by policy change] • Did you receive FIP and have a current child support order around January 2023? ○ [If yes, ask this; if no, proceed with the next solid bullet point] Was there a change in child support you received around that time? - If so, could you describe that change? (Prompt: Was it an increase or decrease? How much was the increase or decrease, from what amount or which level?) - If so, how did the change affect you and your children?	well-being, co-parenting relationships, willingness to pay support, household finances, eligibility for other government benefits? [Ask the following only to families affected by policy change] • Do you know if the children for whom you would pay support were also receiving FIP around January 2023? ○ [For those who said their children were receiving FIP, ask] Were you paying current support around that time? Did you know if your children or their other parent received your support? Did the amount of support they received change? ○ [For those who said their children were receiving FIP, ask] Did you know about this new policy around the time of its implementation? If so, did it affect your support payment? How?
Parent reaction to DRA Option C [Optional; if parents do not have much to share about the assignment questions above, skip these questions and go to row 2 of the cooperation table]	[Describe Option C] If a parent has back support or past-due support while the other parent and their children are receiving FIP benefits, when this parent pays after the month the support is due, this money gets sent to the state to pay back the cost of the benefits. The state is considering revising this policy to send this money to the family first rather than the state. • What do you think about the state potentially shifting from keeping payments for past-due support to sending payments to families? • In your opinion, how might this policy, if enacted, affect the parent ordered to pay support, the parent ordered to receive support, and their children? ○ [Prompt] For example, how might this policy affect child well-being, co-parenting relationships, willingness to pay support, household finances, eligibility for other government benefits? • If this policy is enacted, who might benefit and who might not benefit from it? Why? • Do you think this policy, if enacted, would be more helpful to some groups of families than others? If so, why? • What do you like about this policy proposal? And what concerns do you have about this policy proposal?	

	• Would this policy change your perception about Michigan's child support program and/or FIP? ○ [Prompt] For example, would this policy make you view Michigan's child support program or FIP more positively, more negatively, or would it have no effect?

Concluding remarks

[5 minutes]

Thank you for taking the time to share with us your experiences with the child support program! We will compile the information you shared with us and use it collectively to inform broader programming and policies. Our research team at Child Trends will contact you [in the next couple of weeks] to send you a gift card to thank you for your participation in this focus group. Again, [the second person from the Child Trends team] and I will be staying here for a while to speak with anyone who has questions or suggestions for us. We hope you enjoy the rest of your day.

Appendix 4. Priming questionnaire

1. What is your name? Last name: _____ First name: _____
2. What is your age and what is your date of birth?
   Age in years: ___ Date of birth: Month ___ Day ___ Year _____
3. Do you have a Hispanic, Latino, or Spanish origin? Yes ___ No ___
4. What is your race? Mark (X) one or more boxes
   White ___ Black or African American ___ American Indian or Alaska Native ___ Asian or Pacific Islander ___ Some other race (*print race or origin)* ___
5. What is your sex? Mark one box. Male ___ Female ___
6. What is your marital status?
   Now married ___ Divorced ___ Separated ___ Never married ___
7. What is the highest degree or level of school you have completed? Select only one answer.
   Less than high school ___
   Some high school ___
   High school graduate or equivalent (for example GED) ___
   Some college, but degree not received or is in progress ___
   Associate's degree (for example AA, AS) ___
   Bachelor's degree (for example BA, BS, AB) ___
   Graduate degree (for example master's, professional, doctorate) ___
8. Do you speak a language other than English at home? Yes ___ No ___
9. Including yourself, how many people—adults and children—currently live in your household? Please enter a number: ___
10. How many people under 18 years old currently live in your household? Enter numbers.
    Ages 0-4: ___
    Ages 5-11: ___
    Ages 12-17: ___
11. Which benefits are you currently receiving, or receiving on behalf of your child? Medicaid (adult) ___
    Medicaid (child) ___
    Food stamps (also known as "EBT") ___
    Family Independence Program ___
    Supplemental Security Income ___
12. In 2024, what was your total household income before taxes? Select one of the following or enter the amount of your income.

If your household size is	Was your income			
	A. Less than	B. In the range of	C. In the range of	D. Above
1	$15,000	$15,000 – $23,000	$23,000 – $30,000	$30,000
2	$20,000	$20,000 – $31,000	$31,000 – $41,000	$41,000
3	$26,000	$26,000 – $39,000	$39,000 – $52,000	$52,000
4	$31,000	$31,000 – $47,000	$47,000 – $62,000	$62,000

5	$37,000	$37,000 – $55,000	$55,000 – $73,000	$73,000
6	$42,000	$42,000 – $63,000	$63,000 – $84,000	$84,000
7	$47,000	$47,000 – $71,000	$71,000 – $95,000	$95,000
8	$53,000	$53,000 – $79,000	$79,000 – $105,000	$105,000
Or enter an amount	$_____			

Parents ordered to receive support

13. How many current orders do you have that require the other parent to pay child support? _____
14. Please provide the following information for up to 3 orders that cover your youngest children.

	Order 1	Order 2	Order 3
Number of children covered in this order			
Age of the youngest child in this order			
Age of the oldest child in this order, if you report more than one child			
What is the monthly amount of this order?			
Which of the following is true? 1. Receiving full support regularly from the parent ordered to pay support 2. Receiving full support irregularly from the parent ordered to pay support 3. Receiving partial support regularly from the parent ordered to pay support 4. Receiving partial support irregularly from the parent ordered to pay support 5. Receiving no support from the parent ordered to pay support			
Were you previously married to the parent ordered to pay support?			
Do you have a shared parenting or a shared time arrangement with the parent ordered to pay support? Write in Y for yes and N for no			
Does the parent ordered to pay support owe you any child support?			
How much is owed in back support?			

Parents ordered to pay support

15. How many current orders do you have that require you to pay child support? _____
16. Please provide the following information for up to 3 orders that cover your youngest children.

Parents ordered to pay support	Order 1	Order 2	Order 3
Number of children covered in this order			
Age of the youngest child in this order			
Age of the oldest child in this order, if you report more than one child			
What is the monthly amount of this order?			

Which of the following is true? 1. Paying full support regularly to the parent ordered to receive support 2. Paying full support irregularly to the parent ordered to receive support 3. Paying partial support regularly to the parent ordered to receive support 4. Paying partial support irregularly to the parent ordered to receive support 5. Paying no support to the parent ordered to receive support			
Were you previously married to the parent ordered to receive support?			
Do you have a shared parenting or a shared time arrangement with the parent ordered to receive support? Write in Y for yes and N for no			
Do you owe any child support?			
How much is owed in back support?			

Appendix 5. Administrator interview protocol: Support Specialist

1. Purposes

Subject: Invitation to Participate in a Child Support Equity Assessment

Child Trends is conducting an equity assessment of Michigan's child support program. This assessment will not only inform the state program but also generate insights to help develop equity resources for child support programs nationwide.

The assessment will examine equity issues within Michigan's child support cooperation and assignment policies. The Michigan Department of Health and Human Services (MDHHS) selected this focus to better understand the impact of the state's cost recovery approach, which disproportionately affects low-income, Black, and Latino families.

As part of the assessment, Child Trends will conduct 60-90-minute interviews with Friend of the Court staff, Prosecuting Attorney staff, and Social Specialists. These interviews aim to gather local insights to inform policy changes at the state level—rather than evaluating individual IV-D staff or offices. Child Trends has worked closely with MDHHS to refine the interview questions and is recruiting participants with MDHHS's assistance.

Would you be interested in contributing to this important effort to advance equity in our child support system? If so, please RSVP to Julie or Keegan with your availability, and they will connect you with Child Trends to arrange an interview.

Thank you for your time and consideration.

2. Interview Questions

(1) Demographics (suggested time: 5 minutes)

- Could you tell me some basic demographics of the parents whom you typically work with? (Prompts: Gender, CP/NCP, marital status, race/ethnicity, parent and/or child age, program participation, geographic location, etc)

(2) Communication (15 minutes)

- Does your job require you to communicate the significance of FIP and Medicaid assignment of child support with parents? (e.g., child support payments will be used to reimburse benefit costs)
    - Do you approach communicating assignment differently for FIP and Medicaid participants?
- Do you communicate this policy with custodial parents (CPs)? When and how do you communicate this with them? What are their responses after they learn the policy?
- Do you communicate this policy with non-custodial parents (NCPs)? When and how do you communicate this with them? What are their responses after they learn the policy?

- Does your job require you to communicate the significance of cooperation with CPs? (e.g., consequences of noncooperation) If so, when and how do you communicate this with them?
- Does your job require you to communicate the significance of CP cooperation with NCPs? (e.g., benefit termination for their children if the CP does not cooperate) If so, when and how do you communicate this with them?

(3) Noncooperation Determination (15 minutes)

- What action by the parent leads to their case being placed into cooperation status?
- What inaction by the parent leads to their case being placed into noncooperation status?
- Which types of cases are at a high risk of being placed in noncooperation status? Are there any differences between FIP and Medicaid-only cases?
- Have you encountered cases that you would close for the cooperation requirement? What factors exempt cases from the cooperation requirement? How do you collect information on these factors?

(4) Barriers to Cooperation (15 minutes)

- What administrative barriers to cooperation do you observe parents facing (e.g., calling the wrong office, difficulties with the good cause process, etc.)?
  - Are there any differences between FIP and Medicaid-only cases?
  - Are there any differences between CPs and NCPs?
- Have you heard any personal stories from parents about their reasons for noncooperation?
  - Are there any differences between FIP and Medicaid-only cases?
  - Are there any differences between CPs and NCPs?
- What strategies and resources do you have access to for addressing or removing barriers to cooperation? (For example, resources from the state or your local office) If they differ for CPs, NCPs, FIP, and Medicaid-only cases, please comment on those separately.

(5) Noncooperation Revision (Optional topic if time permits)

- Does your job require you to re-assess cases to move them from noncooperation to cooperation status?
- What do you usually do to place a case in cooperation status?
  - How do you gather information from sources other than the parent?
  - How do you determine if there is enough information to revise the case to cooperation?
  - How do you interact with CPs? Is there a formal process that you would follow?
  - Have you encountered any challenges in your work with CPs? What organizational support is available, and what additional support do you need?

Appendix 6. Administrator interview protocol: Prosecuting Attorney staff

1. Purposes

Subject: Invitation to Participate in a Child Support Equity Assessment

Child Trends is conducting an equity assessment of Michigan's child support program. This assessment will not only inform the state program but also generate insights to help develop equity resources for child support programs nationwide.

The assessment will examine equity issues within Michigan's child support cooperation and assignment policies. The Michigan Department of Health and Human Services (MDHHS) selected this focus to better understand the impact of the state's cost recovery approach, which disproportionately affects low-income, Black, and Latino families.

As part of the assessment, Child Trends will conduct 60-90-minute interviews with Friend of the Court staff, Prosecuting Attorney staff, and Social Specialists. These interviews aim to gather local insights to inform policy changes at the state level—rather than evaluating individual IV-D offices. Child Trends has worked closely with MDHHS to refine the interview questions and is recruiting participants with MDHHS's assistance.

Would you be interested in contributing to this important effort to advance equity in our child support system? If so, please RSVP to Julie or Keegan with your availability, and they will connect you with Child Trends to arrange an interview.

Thank you for your time and consideration.

2. Interview Questions

(1) Demographics (suggested time: 5 minutes)

- Could you tell me some basic demographics of the parents whom you typically work with? (Prompts: Gender, CP/NCP, marital status, race/ethnicity, parent and/or child age, program participation, geographic location, etc)

(2) Communication (15 minutes)

- Does your job require you to communicate the significance of FIP and Medicaid assignment of child support with parents? (e.g., child support payments will be used to reimburse benefit costs)
    - Do you approach communicating assignment differently for FIP and Medicaid participants?

- Do you communicate this policy with custodial parents (CPs)? When and how do you communicate this with them? What are their responses after they learn the policy?
- Do you communicate this policy with non-custodial parents (NCPs)? When and how do you communicate this with them? What are their responses after they learn the policy?
- Does your job require you to communicate the significance of cooperation with CPs? (e.g., consequences of noncooperation) If so, when and how do you communicate this with them?
- Does your job require you to communicate the significance of CP cooperation with NCPs? (e.g., benefit termination for their children if the CP does not cooperate) If so, when and how do you communicate this with them?

(3) Noncooperation Determination (15 minutes)

- We understand there are different reasons for placing a case in noncooperation status. For example, parents miss interviews; parents fail to respond to information requests, attend an appointment, appear for a hearing, appear for genetic testing, or fail to respond to contact letters. Based on your experience, under what circumstances do you most often place a case in noncooperation status? How do you typically make that decision?
- Which types of cases are at a high risk of being placed in noncooperation status? Are there any differences between FIP and Medicaid-only cases?
- Have you encountered cases that you would close for the cooperation requirement? What factors exempt cases from the cooperation requirement? How do you gather information on these factors?

(4) Barriers to Cooperation (15 minutes)

- What administrative barriers to cooperation do you observe parents facing (e.g., calling the wrong office, difficulties with the good cause process, etc.)?
    - Are there any differences between FIP and Medicaid-only cases?
    - Are there any differences between CPs and NCPs?
- Have you heard any personal stories from parents about their reasons for noncooperation?
    - Are there any differences between FIP and Medicaid-only cases?
    - Are there any differences between CPs and NCPs?

- What strategies and resources do you have access to for addressing or removing barriers to cooperation? (For example, resources from the state or your local office) If they differ for CPs, NCPs, FIP, and Medicaid-only cases, please comment on those separately.

(5) Noncooperation Revision (Optional topic if time permits)

- Does your job require you to re-assess cases to move them from noncooperation to cooperation status?
- What do you usually do to place a case in cooperation status?
    - How do you gather information from sources other than the parent?
    - How do you determine if there is enough information to revise the case to cooperation?
    - How do you interact with CPs? Is there a formal process that you would follow?
    - Have you encountered any challenges in your work with CPs? What organizational support is available, and what additional support do you need?