

## Final Report

### Mississippi Department of Human Services (MDHS) Child Support Workers Focus Groups

JUNE 21, 2005

Nelums and Associates conducted eight focus groups with Mississippi Department of Human Services (MDHS) child support workers across the state of Mississippi beginning in December 2004, and ending February, 2005. This is qualitative research, therefore this preliminary report will summarize key themes and patterns about the uninsured population in the state of Mississippi that emerged from these focus groups. The findings from the focus groups will be presented by stating the interview question and summarizing the results from the participants' responses.

### Methods

#### *Sample.*

MDHS child support division consists of eight regions. Each region is headed by a Regional Director who is responsible for several counties (appendix 1). Additionally, each county has an Area Supervisor, who also supervises several counties. The counties also have child support enforcement officers who report to the area supervisor. The focus groups consisted of some regional directors, area supervisors and child support enforcement officers.

#### Characteristics of the Sample

The focus groups length of employment with MDHS division of child support ranged from 1 year to 34 years. Table 1 provides a detailed presentation of this information.

Table 1

#### **Current Child Support division Position and length of Employment (N = 34)**

Position	N	Length of employment (range)
Regional directors	3	5 1/2 months -24 years
Area supervisors	7	1-34 years
Child support Enforcement officers	30	8 months-30+ years

*Recruitment of Sample.* The Executive Director for the division of child support was contacted by Medicaid's Director who explained the study and requested their support in working with Nelums & Associates in setting up focus groups with the child support worker. Nelums & Associates then met with the Director of Field Operations for Child Support Enforcement and again discussed the purpose of the study. A copy of the focus group questions was also submitted to the Director of Field Operation.

The Director then contacted her Regional Directors requesting their cooperation when contacted by Nelums & Associates. Nelums & Associates contacted the Regional Directors to schedule focus groups in their region. When scheduling the focus groups, an attempt was made to include child support enforcement officers from each county. If the focus groups were scheduled for early morning or lunch time, the consultant provided breakfast, lunch or snacks for the participants.

### *Procedure*

The scheduled focus groups took place in the office of the child support division of MDHS, with the average focus group time of 1 to 1½ hours. The facilitators introduced themselves using a prepared script (Appendix B). The focus group participants were then given an informed consent (Appendix C) to read and sign prior to beginning the group. The facilitator proceeded with the focus group questions (Appendix D) upon receiving the signed informed consent. All of the focus groups were audio-taped with the permission of the focus group participants. Upon completion of the focus group, the participants were thanked for their participation. The following is a summary of the findings from these focus groups.

### *Results and Discussion*

Summarized answers to focus group questions follow:

1. **Please begin by describing your current job or position. How long have you been in your current position?**

Job descriptions are described as follows:  
 Child Support Enforcement officers  
 Regional Directors  
 Area Supervisors

2. **In describing your job, explain how you come in contact with or have experience with persons who do not have health insurance.**

*Participants stated that they may come in contact with persons needing health*

*insurance in the following ways:*

- *conducting interviews;*
- *receiving telephone calls from potential clients;*
- *people walking in the office;*
- *clients who want insurance coverage from the noncustodial parent;*
- *when medical needs are not covered by Medicaid, e.g., a client's teenage daughter need a shot for a female problem, medicaid will only pay for this shot once per month;*
- *Reports of neglect on children who do not have Medicaid.*

2. **How big of a problem is adequate health insurance coverage for the families you see?**

*In all eight regions, the participants viewed the following as major problems:*

- *deductible are too high for the working class;*
- *fathers who have more than one set of children;*
- *the working poor, people who work everyday, but cannot afford insurance, jobs do not provide coverage;*
- *no dental coverage;*
- *the number of prescription that can be filled per month is a major issue.*

4. **Are the uninsured families you see familiar with Medicaid? How much do they know about SCHIP?**

*Participants indicated that most families are familiar with both Medicaid, and SCHIP. Region 2 participants in Greenwood stated that in the Delta most people are not familiar with SCHIP. On the other hand, region 4 participants stated that clients are very familiar with both and can tell you the difference. They also stated that the clients prefer to receive SCHIP, they see some “stigma” attached to receiving Medicaid.*

5. **How well do you think the SCHIP and Medicaid programs meet the needs of uninsured children in Mississippi?**

*Responses range from “excellent to very well if you qualify”. The concern for these participants are eligibility requirements. Due to the requirements, there are some people with no insurance and do not fall into any category, e.g., “the so-called middle class, whose income is too high to qualify for Medicaid or SCHIP, but the deductible so high, they can not afford insurance. If they have insurance, some other basic need are not met.*

6. **What are the advantages and disadvantages for families?**

*The participants listed the advantages as follows:*

- *affordable co-pay;*
- *cover most medical expenses;*
- *increase family cash flow;*
- *no deductible*

*The participants listed the disadvantages as follows 30 day waiting period:*

- *only certain doctors will take Medicaid;*
- *re-application process;*
- *no orthodontic care;*
- *the working poor are not covered;*
- *no vision care;*
- *single males with no children are uninsured;*
- *do not pay 100% coverage, and*
- *no preventive care provided*

7. **In your opinion, what barriers do your children and families have in obtaining health insurance?**

In addition to the comments listed below, in all eight regions, the participants expressed strong concern about the high cost of health insurance, the high deductibles and low state wages.

- earnings in the state is too low. Health insurance is very high;
- when there are pre-existing conditions, you can be denied by the insurance company;
- health problems due to obesity are not covered by insurance;
- waiting period for enrollment is too long;
- if the father or mother live out-of-state, then the child is not covered by their insurance.

9. **In preparation of your cases for court disposition, do you require health insurance as part of the court order?**

In seven regions, the participants answered “yes, when reasonable.” Region 6 participants stated this issue is addressed on a case-by-case basis.

**10. How feasible do you think it is to pursue health insurance coverage for children as part of the child support recovery process?**

In all eight regions, the participants stated it was very feasible to pursue health coverage for children, but it may be unrealistic based on the earnings of the noncustodial parent.

**11. Are you made aware of the general health status of children and parents when they are assigned to your caseload?**

All participants stated they are only made aware of health status of children if there are special needs.

**12. What do you think need to be done to address the need for health coverage for children and families on your caseload?**

- give credit/rewards for fathers who provide insurance for their children;
- provide insurance cheaper than Medicaid;
- doctors should not be limited to networks;
- employers need information to give their employees;
- give cash medical to add to child support payment;
- increase the income level in the state;
- reduce insurance deductible to \$50.00;
- Invest in preventive care

***Summary***

The focus group participants indicated a high level of support for Medicaid and SCHIP. However, they listed several issues that create barriers for persons who are seeking to enroll in the programs. Some of those barriers were listed as “too much paper work, long waiting lists, length of approval time, and too much personal information is required. An overwhelming majority of participants indicated a need for eligibility workers to receive training on how to present themselves as consumer friendly and a strong need for those workers to utilize the agency’s assessment tool for eligibility, not their own personal assessment.

Many of the participants viewed themselves as the “working poor” in that they could not afford adequate health insurance. The participants’ low morale around this issue was expressed in comments such as: “legislators need to stop giving themselves raises and give us health insurance”, “we need to qualify for SCHIP.”

***Recommendations***

1. Establish initiatives for mothers who are employed to put their children on their insurance, and take them off Medicaid.
2. Shorten the eligibility requirement for recertification. “People’s lives change in a year”..
3. Establish affordable health insurance for state workers.
4. Change the social security laws. A widower who receives her deceased husband’s social security is not able to hold a full-time job, she will make too much money and can not receive help from Medicaid
5. Part-time workers between the ages of 59-62 do not qualify for any services.
6. Make some provision for the self-employed.

Region and office location	Counties		
I (Pontotoc)	Alcorn Benton Lafayette Lee Yalobusha	Pontotoc Prentiss Tippah Union	Calhoun Itawamba Tishomingo Marshall
2 (Grenada)	Coahoma DeSoto Tate Montgomery	Quitman Tallahatchie Grenada Panola	Leflore E. Bolivar Tunica W. Bolivar
3 (Starkville)	Attalla Calhoun Oktibbeha E. Chickasaw	Lowndes Monroe Clay W. Chickasaw	Carroll Choctaw Webster
4 (Canton)	Holmes Humphreys Issaquena Madison	Sharkey Sunflower Washington Warren	Copiah Rankin Simpson
5 (Jackson)	Hinds	Yazoo	Claiborne Jefferson
6 (Meridian)	Kemper Lauderdale Leake Scott	Neshoba Newton Winston Smith	Clarke Jasper Jones Wayne
7 (Hattiesburg)	Adams Amite Franklin Lamar	Lincoln Marion Pike Lawrence	Covington Jeff Davis Walthall Wilkinson
8 (Biloxi)	Forrest Pearl River Hancock	Jackson Greene Stone	George Perry Harrison

Interview Guide - MDHS Social Workers  
and  
Child Support Workers\*

1 Protocol

Good evening and welcome to our session. Thanks for taking the time to join us. My name is Mary Nelums and assisting me is\_\_\_\_\_. We're both from Jackson State University, but in this capacity, we are vendors for Medicaid. Medicaid received a HRSA planning grant to "collect data on Mississippi's uninsured population to develop health policy options that will address the needs of all Mississippians". We are having discussions like this with social workers/child support workers across the State.

You were invited because your name was selected from a list provided by DHS that indicated you are a social worker/child support worker with children and families.

You've probably noticed the microphone. We're tape recording the session because we don't want to miss any of your comments. People often say very helpful things in these discussions and we can't write fast enough to get them all down. We will be on a first name basis tonight, and we won't use any names in our reports. You may be assured of complete confidentiality. The report will go back to the Division of Medicaid to help them develop health policy options for "uninsured Mississippians".

We are interested simply in your opinions about and experiences with individuals without health insurance. There are no right or wrong answers to the questions I will ask.



**APPENDIX**  
**Informed Consent**

**Informed Consent for Participation in a Focus Group On Research about Mississippi’s uninsured population to develop health policy options that will address the needs of all Mississippians.**

*Instructions: Please read this form and ask any questions that you may have before agreeing to participate in the focus group.*

**Description and explanation of procedures:**

In this focus group, we are interested in your experiences with persons who are uninsured in the state of Mississippi. We would also like your input on what are barriers that may prevent people from enrolling in the SCHIP and Medicaid programs, and developing strategies on health policy options that will address the needs of all Mississippians.

The content of the focus group will be summarized and presented as a summary report. No comments will be attributed to any specific individual. Other than your signature below, indicating your willingness to participate, we will have no record of your name. The consent form will be filed separately from the transcripts of the focus groups and the transcripts will be assigned a random number to protect your confidentiality.

We hope to uncover new and valuable information about the problems of the uninsured in Mississippi that will assist in developing health policy options to address the needs of all Mississippians. We could not undertake this type of project without your cooperation.

**Informed Consent for Participation in Research**

I have read the description of this research and I give permission for my participation. I acknowledge that my focus group session may be taped. I understand that I am free to skip any question, or to withdraw this consent and discontinue participation in this group at any time. I understand that my individual responses are confidential, and that this consent form will be filed separately from the transcripts of the focus group. I have been provided with a copy of this consent form.

\_\_\_\_\_  
(Your signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Facilitator’s Signature

\_\_\_\_\_  
(Date)

# **APPENDIX C**

## **Focus Group Questions**

### **Interview questions for MDHS social workers and child support workers\***

1. Please begin by describing your current job or position. How long have you been in your current position?

2. In describing your job, explain how you come in contact with or have experience with persons who do not have health insurance.
3. How big of a problem is adequate health insurance coverage for the families you see?
4. Are the uninsured families you see familiar with Medicaid ? How much do they know about SCHIP?
5. How well do you think the SCHIP and Medicaid programs meet the needs of uninsured children in Mississippi?
6. What are the advantages and disadvantages for families?
7. In your opinion, what barriers do your children and families have in obtaining health insurance?\*
8. How often do you see children that are not in Human Service custody and do not have health insurance?
9. In preparation of your cases for court disposition, do you require health insurance as part of the court order?\*
10. How feasible do you think it is to pursue health insurance coverage for children as part of the child support recovery process?
11. Are you made aware of the general health status of children and parents when they are assigned to your caseload?\*
12. What do you think need to be done to address the need for health coverage for children and families on your caseload?\*

### III.

Thank you for taking the time out of your busy schedule to talk with us about the uninsured population in Mississippi. Do you have any other questions or comments? if not, again, thank you and have a good evening.

\*These questions are for child support workers only.