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A large, diverse group of people in professional attire walking towards the camera, overlaid with a semi-transparent blue filter.

Prevention Connections

Child Welfare Prevention Service Partnerships Across Michigan

Introduction

In 2020, the Michigan Department of Education (MDE), Office of Great Start, received a federal Preschool Development Grant Birth through Five (PDG B-5). Using these funds, MDE contracted with the American Institutes for Research® (AIR®) to complete a statewide early childhood mixed delivery system needs assessment. The MI PDG needs assessment included a review of prevention service partnerships within Michigan's child welfare system.

Across the state of Michigan, in 2020, 205,631 children were in families that were investigated for alleged child abuse or neglect. Of those investigations, 14% (27,894) were confirmed; as of 2020, 10,027 children were in out-of-home care.¹ To prevent entry of children into foster care, the state of Michigan funds a robust collection of prevention services for families. These services are designed to address risk factors associated with entry of children into the foster care system (e.g., substance use disorders, domestic violence, mental health crisis), while simultaneously strengthening protective elements for family well-being.

Partnerships are a critical tool for the effective provision of prevention services. Child welfare prevention service partnerships are agreements and collaborations between state, regional, and local organizations (both private and public) designed to address the risk factors that can result in foster care entry and strengthen the overall health and resilience of families and communities. Specifically, service partnerships ensure that families have access to needed services, such as parenting classes, in-home family preservation services, mental health services, and substance use disorder treatment. These partnerships vary widely in their formality, magnitude, and scope across Michigan, both within and across localities.

The needs assessment study, launched in 2021, answered four research questions:

1. What prevention service partnerships are already in place in Michigan, and who is part of them?
2. What are the supports for effective prevention service partnerships?
3. What are the barriers to effective prevention service partnerships?
4. What prevention service partnerships are currently missing from the prevention services landscape?

This brief describes the methods used to answer the questions and shares initial findings.

¹ Perdue, K. (2021). *Kids count in Michigan data book: A better future is possible*. Michigan League for Public Policy. <https://mlpp.org/2021-kids-count-michigan-data-book/>

Conducting the Child Welfare Partnership Needs Assessment: Methods and Data Collection Details

In fall 2021, AIR collected survey, interview, and focus group data to address the research questions.

- AIR conducted an **online collaboration survey** with all state employees involved in Michigan’s early childhood mixed delivery system as part of the MI PDG B-5 Social Network Analysis. Within this study, AIR collected responses from Michigan Department of Health and Human Services (MDHHS) Children’s Services Agency county directors. This survey asked county directors about the organizations they partner with and the quality of these partnerships. Thirty-two of 68 county directors completed the survey (47% response rate), and respondents were from all five BSC regions. The majority of county directors who responded to the survey had worked in the field for more than 21 years but for fewer than eight years in their current positions, identified as White (69%), and identified as female (67%).
- AIR conducted eight **key informant interviews** with nine child welfare and prevention service administrators representing state and private organizations. Participants included representatives from the Children’s Trust Fund; Wellspring Lutheran Services; and multiple agencies within MDHHS, including the Children’s Services Agency and its family preservation services division, the Home Visiting Unit, the Office of Recovery Oriented Systems of Care, and the Behavioral Health and Developmental Disabilities Administration. Interview questions asked key informants about the child welfare prevention services available in Michigan and about prevention service partnerships.
- AIR conducted seven **focus groups**—three focus groups with MDHHS county child welfare directors, two focus groups with Children’s Trust Fund Child Abuse and Neglect (CAN) Council members, one focus group with Prepaid Inpatient Health Plan (PIHP) prevention coordinators, and one focus group with prevention service providers from private nonprofit service organizations. Focus group participants represented 35 of 83 counties across the state (see Exhibit 1 and Exhibit 2). Focus group participants were asked about their understanding of child welfare prevention services at the local level, including the key organizations that provide prevention services, partnerships that exist between those organizations, and existing supports for establishing and maintaining partnerships, as well as the supports for success and barriers to partnerships.

Exhibit 1. Data Collection Source, by County

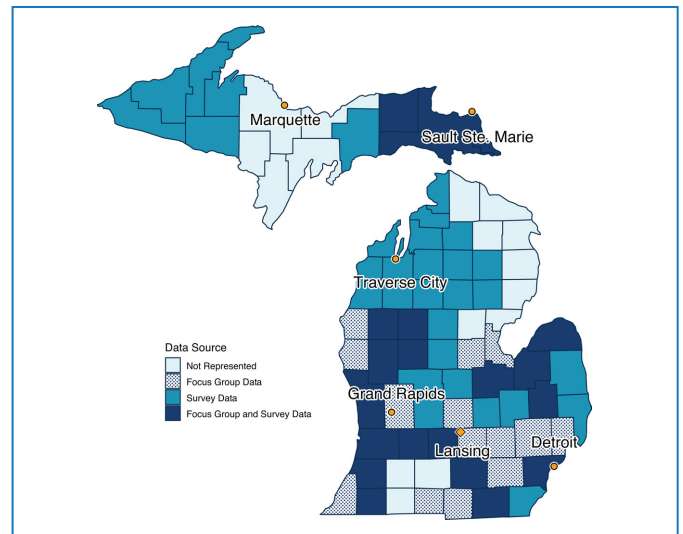
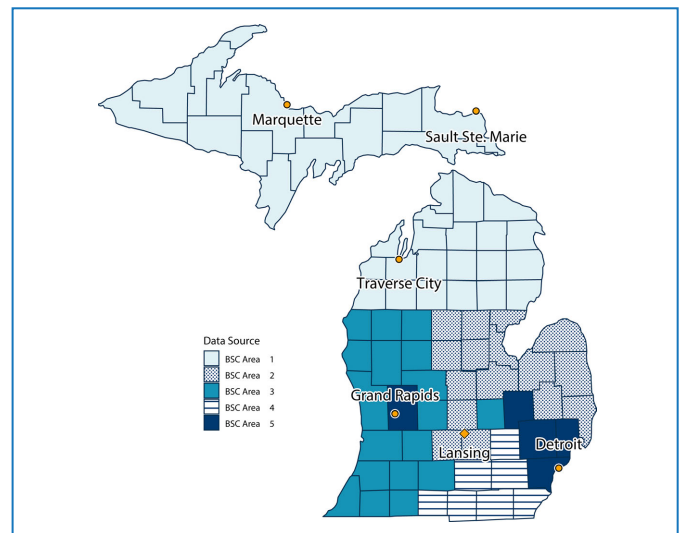


Exhibit 2. MDHHS BSC Areas



What Is the Landscape of Child Welfare Prevention Service Partnerships in Michigan?

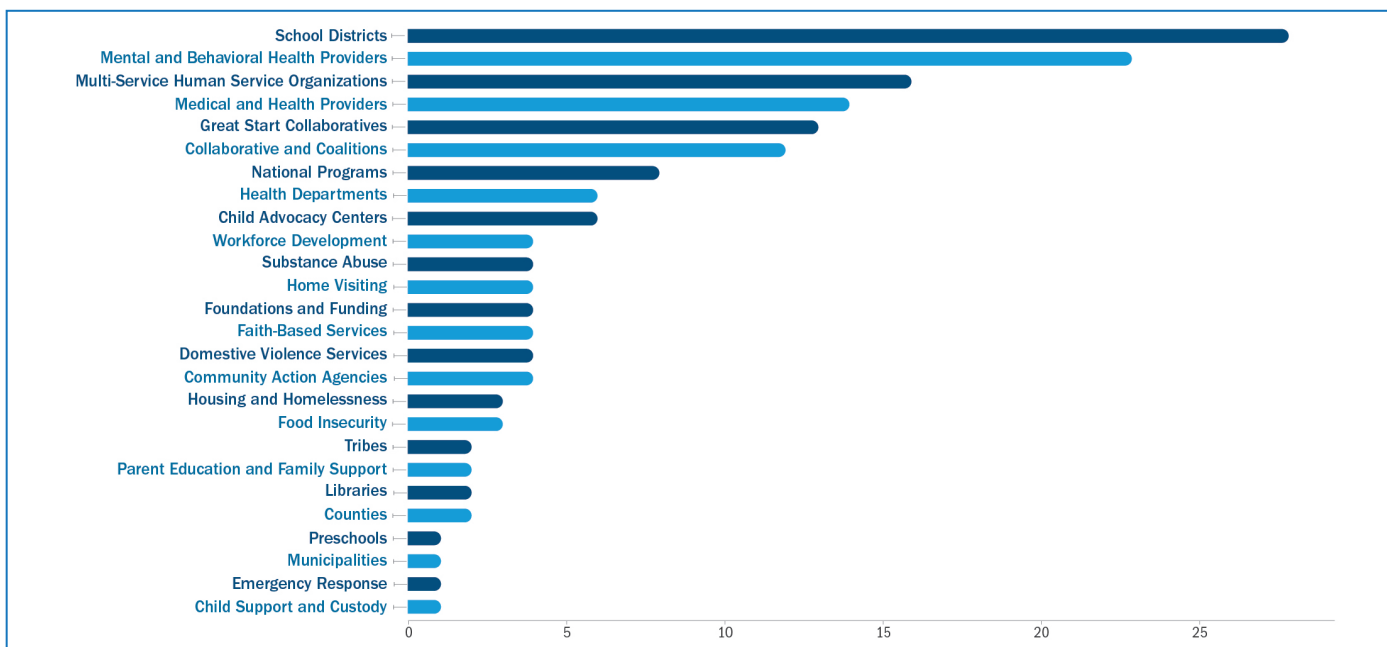


There are many prevention service partnerships between state organizations, local and regional service providers, and collaborative councils across Michigan. This brief includes a description of the partnerships highlighted through our data collection. We do not include a comprehensive list of all possible partners; rather, we describe patterns in partnership in Michigan. The data collected in this needs assessment suggest that child welfare prevention service partnerships occur at the state, regional, and local levels (see Exhibit 3). In addition, prevention service partnerships focus on a wide array of family needs and strengths, such as mental health, housing and homelessness, and domestic violence (see Exhibit 3).² The service delivery model for prevention services in Michigan begins with funding from the state.

In Michigan, the state does not provide direct services but rather disburses funds and coordinates services provided at the regional or local level. Key partners in the child welfare prevention field (from the state to local partners) include the following:

- State partners such as MDHHS, the Children’s Services Agency, and the Children’s Trust Fund
- Managing entities that fund and coordinate prevention services, such as PIHPs and BSCs
- Regional partnerships, such as the Great Start Collaboratives and Parent Coalitions, CAN Councils, and Intermediate School Districts (ISDs)
- Private nonprofit organizations, including large statewide or regional partners such as Catholic Charities or Samaritas, as well as hundreds of smaller local nonprofit organizations
- Native nations partnering with child welfare prevention service partners in unique ways (partnerships vary by tribe)

Exhibit 3. Prevention Service Partners Across the State of Michigan, by Reported Type of Service Provision



Source. Authors’ coding of open-ended survey responses about collaborative partnerships from 28 county-level directors.

Note. Survey items identifying partnerships were open ended; thus, some responses overlap or discrepancies in how partners are categorized may occur. Partnerships reported in the survey include a mix of state-level, local-level, and regional partners. For more detailed information about all the partners identified in this project, please see Appendix A. Data are from 28 county directors’ survey responses.

² Of note, many of the service providers and partners in Michigan (including those described in this brief) focus generally on promoting family well-being. Although preventing entry of children into foster care may not be their primary focus, the services provided to families meet this need.

State-level partners in Michigan do not provide direct service to families. Instead, specific state agencies and programs fund and coordinate local prevention services.

The key partners at the **state level** include MDHHS programs and agencies, such as the **Children’s Services Agency**, as well as the **Children’s Trust Fund**. MDHHS programs and agencies do not provide direct service to families. Rather, the state acts as a funder for a wide web of providers to deliver prevention services locally. A key exception is the Children’s Services Agency staff, who work at the local level and work directly with families. These staff play a major part in developing and maintaining partnerships with local prevention service providers. In focus groups, participants reported that the professional relationships forged between Children’s Services Agency local and/or county office directors and local service providers are critical for service providers to fully understand what families need and for district office staff to learn which services are currently available for families.



The MDHHS Children’s Services Agency also houses the **Children’s Trust Fund**, which is a charitable and education endowment fund established by the state of Michigan through Public Act 249/250 in 1982. The Children’s Trust Fund maintains a large network of prevention service partners, serves on committees, and leads initiatives to strengthen and inform prevention work across the state. As such, the Children’s Trust fund provides prevention services as multiple levels across the state. At the state level, the Children’s Trust Fund provides funding for family prevention service programming. At the regional level, the Children’s Trust Fund awards competitive direct service grants to prevention service providers who target families and children through secondary prevention services. Like other managing entities (this term is described in greater detail below), the Children’s Trust Fund monitors use of these funds to increase efficiency. At the local level, the Children’s Trust Fund manages local CAN Councils, which operate through a web of partnerships that reach into every county in the state and improve access to both primary and secondary prevention services.

In Michigan, managing entities funnel state or federal funds to regional and local partners.

Managing entities in Michigan are organizations that receive state or federal funding and disburse those funds to local partners. Managing entities also oversee how the funds are spent and sometimes monitor the quality of services provided. Examples of managing entities in Michigan include the Children’s Trust Fund, the state’s BSCs, and PIHPs.

- **BSCs**, which are part of the Children’s Services Agency within MDHHS, are examples of managing entities. BSCs support county-level Children’s Services Agency offices and connect with local service providers in a myriad of ways. Michigan has five BSC regions across the state, each of which oversee the county-level Children’s Services Agency district offices within their region. BSCs are responsible for overseeing quality management, training, and data collection; completing needs assessments; and using state funds to contract with local service providers. Each BSC also employs a community resource coordinator who connects with local service providers, identifies and mobilizes community resources, and promotes volunteer opportunities. Community resource coordinators are important links between BSCs, Children’s Services Agency district offices, and local service providers. In addition, community resource coordinators often represent the local and/or county offices on various community collaboratives and committees.

According to MDHHS county child welfare directors, community resource coordinators “do a lot of community work and go out and make a lot of personal connections, getting to know people and seeing what’s available in the community.”

- Other key examples of managing entities are the **PIHPs**, which are state organizations responsible for regionally managing Medicaid funds, including funds for behavioral health, development disabilities, and substance use treatment service. The PIHPs then distribute those funds to the service providers, such as community mental health agencies and private service providers. However, PIHPs do more than simply fund services. Each PIHP plays a critical role as a service partner that assists with the quality and accessibility of prevention services within its community. Employed within each PIHP is a coordinator who partners with, for example, regional service provider agencies, ISDs, and county health departments. Through those partnerships, coordinators work with other organizations to implement local needs assessments, develop coalitions, champion and support local initiatives, connect with their local Children’s Services Agency district office, and inform local professionals of available services and new policy developments.



Regional partners connect with child welfare offices and the community to provide primary prevention services and advocate for families.

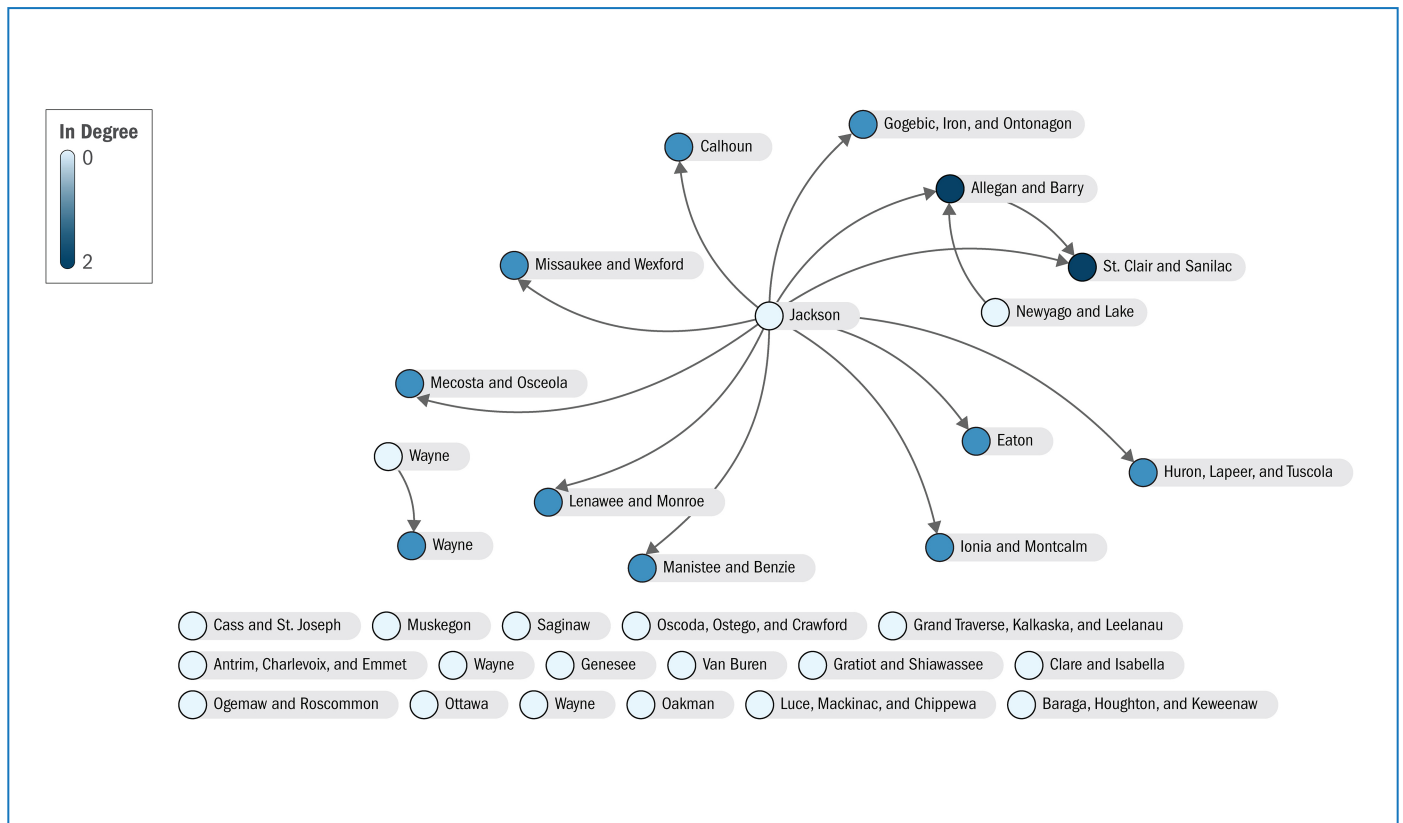
Some of the most important prevention service partnerships in child welfare are those between county-level Children’s Services Agency directors, local service providers, and prevention-focused coalitions.

As part of the collaboration study, AIR surveyed all 68 county directors to understand the ways in which they work together to support families and prevent entry into care. Of the 68 county directors, 32 responded to the collaboration survey. Using these data, AIR conducted a social network analysis to understand how much collaboration exists across counties (see Exhibit 4). However, we found little collaboration across county directors. Exhibit 4 below shows how many times a county director was nominated as someone with whom other county directors collaborate (i.e., in degree). Two times is the maximum number of times someone was nominated—the director of St. Clair and Sanilac Counties and the director of Allegan and Barry Counties were each nominated by two other directors. Most county directors were not nominated by other directors as someone with whom they collaborate and are represented as single nodes at the bottom of the map. Other directors were nominated only once, all by the director in Jackson county (the node in the middle of the map). However, if the director of Jackson county is hidden on the map, few connections remain among the other county directors (see Exhibit 5). This finding suggests that very little collaboration occurs across Children’s Services Agency county directors. Instead, county directors appear to collaborate more closely with other local groups within their counties (e.g., school districts, direct mental and behavioral health, larger multi-service human service organizations; see Exhibit 3 above).

“I will say, for our community, there are not a lot of resources, and, because of that, community partnerships become strong. Together, we try to maximize outcomes with a few resources.”

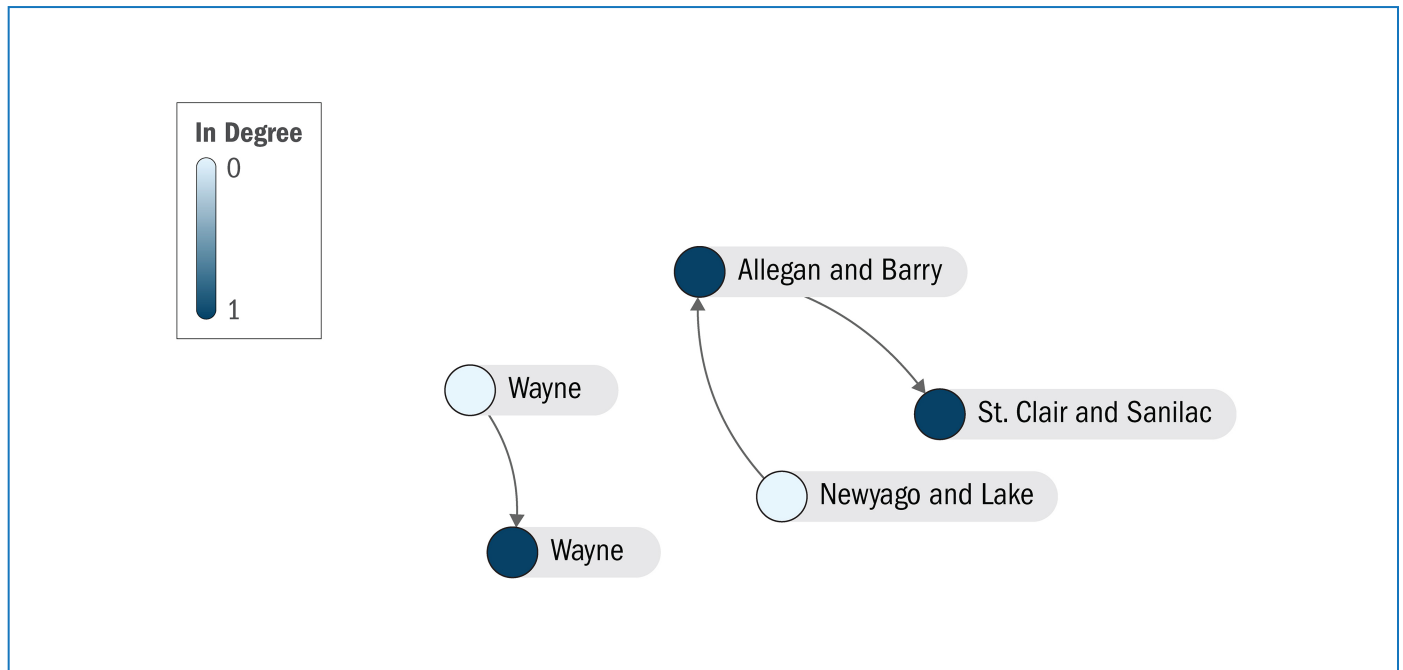
– MDHHS Children’s Services Agency County Director

Exhibit 4. County directors reported few collaborations with other county directors.



Note. Although surveys were sent to 68 county directors, this exhibit only represents collaborations from those 32 county directors who completed the survey and thus may be an underestimation of collaboration among county directors.

Exhibit 5. Few collaborations remain among county directors when Jackson County is removed.



Child Abuse and Neglect (CAN) Councils partner with each other and local organizations to expand prevention services in their communities.

Other key regional partners include the local CAN Councils. According to focus group data, CAN Councils partner to create a more coordinated system of services and provide direct services to families. Examples of the ways CAN Councils partner include meeting with local MDHHS staff to distribute information about new parenting classes, attending regular Great Start Collaborative meetings, and communicating with school districts to identify which services families need and use. CAN Councils are funded by the Children’s Trust Fund; however, each CAN Council must match half of funding through financial support or in-kind services (Michigan State Code 722.610). For example, the CAN Councils of Arenac, Bay, Huron, and Saginaw are funded through a variety of federal, state, and local grants, as well as through private contributions; allocations from the United Way; and regular fundraising events, such as Family Fun Fests. Therefore, each of the 72 different CAN Councils across Michigan has its own set of local partners that generally include a mix of nonprofit organizations, school districts, and private service providers.

EXAMPLE OF ISD PREVENTION SERVICES

Some ISDs are involved with the Pathways to Potential program, which leverages local prevention service partnerships to help address students’ chronic absenteeism, education, health, safety, and self-sufficiency. Through Pathways to Potential, prevention service providers work with individual children or families as needed. Some schools include Pathways to Potential within their School Improvement Plans, which allows them to leverage Title I federal funding to support services and strengthen connections with parents.



Intermediate school districts (ISDs) are also key regional prevention service partners.

ISDs can have a number of local and regional partners, such as CAN Councils, neighboring school districts, and prevention coalitions focused on the provision of prevention services to their communities. County directors, in survey responses, identified ISDs as the most common partner organizations; however, the level of ISD involvement in prevention services varies widely across Michigan. ISDs are typically part of local coalitions focused on prevention, even if they do not play a major role in coordinating or supporting prevention services. In some locales, ISDs provide early childhood education programming, such as Head Start and the Great Start Readiness Program; early intervention programs, such as *Early On*® or other home visiting models; and/or parenting classes to families with young children. Some ISDs can provide their own funding for prevention services through Every Student Succeeds Act Title I funding rather than relying on state or federal grants.

CAN Councils often forge partnerships with ISDs, either because they are housed within the ISD themselves or through targeted outreach and personal relationships between staff. Prevention specialists within ISDs also rely on relationships across school districts—in focus groups, two different ISDs mentioned curating their own email listservs of all school district staff they connect with personally, regardless of their roles, to increase the success of their outreach efforts. One ISD described using CAN Council meetings to position itself as the go-to contact for all parenting resources, which helped the ISD stay connected with other partners and the community.



Michigan’s Great Start Collaboratives are another example of regional partnerships that support family well-being and may prevent entry of children into foster care.

The Great Start Collaboratives act as hubs to help connect families with organizations providing prevention services. The 54 Great Start Collaboratives are all supported directly through state funds. Great Start Collaboratives include a wide range of partners—CAN Councils, school systems, local business owners, parents, courts, and philanthropists. Depending on their local contexts, Great Start Collaborative partners may work together closely on shared initiatives or may collaborate more generally by attending similar meetings and events focused on child welfare. For example, some Great Start Collaboratives have initiatives to support fathers or grandparents in the community, some collaboratives

work directly with foster families, and other collaboratives provide general support for parenting through efforts such as Trusted Advisor grants and the Talking is Teaching campaign.

Great Start Collaboratives also house the state’s **Great Start Parent Coalitions**—coalitions of local parent volunteers who represent the diversity of their local communities. Great Start Parent Coalitions advocate for the issues of early childhood in their communities by educating organizations and professionals on key developmental stages and policies and practices that make local businesses and workplaces “family friendly.” Some Great Start Parent Coalitions also advocate for more sustainable funding for prevention services in their communities.

Private nonprofit organizations are the largest providers of prevention services and partner with the state, ISDs, and other community-level service providers to ensure widespread awareness of their services.

In Michigan, most prevention services are delivered directly to families via **private nonprofit human service organizations**. The availability and capacity of these organizations vary across the state, from large nonprofit organizations with multiple locations regionally or across the state to small nonprofit organizations operating in specific communities.

In Michigan, large nonprofit organizations provide a variety of prevention services, such as counseling, parenting classes, and substance abuse services. By serving as “one-stop shops” for services, these nonprofit organizations can help families more easily access prevention services. In addition, some nonprofit organizations provide support with state assistance programs, such as SNAP (Supplemental Nutrition Assistance Program) or WIC (Women, Infants, & Children), which allows families to access a full range of prevention services no matter which service they initially sought out (i.e., the “no wrong door” approach to accessing services). Nonprofit organizations in Michigan vary in their reach—some organizations are part of a nationwide network (e.g., Bethany Christian Services), some organizations serve several regions across Michigan (e.g., Samaritas, Wellspring

PREVENTION SERVICE PARTNERSHIPS IN ACTION: HOME VISITING

Home visiting is a key example of a critical prevention service that is widely available across the state of Michigan. Home visiting services are funded through several federal and state funding streams and are available to families via multiple service providers across the state. Through interviews and focus groups, we heard that the entities that fund home visiting programs recognize that service partnerships are an important aspect in making home visiting known to families. As such, expectations regarding local service providers and collaborative partnerships are included in funding contracts. Interview and focus group participants also reported that, for home visiting services, developing partnerships with child welfare services has had varied success across the many home visiting models in the state.

Lutheran Services, Judson Center, Catholic Charities West Michigan), and some organizations serve only specific regions within the state (e.g., Spectrum Human Services, Orchards Children’s Services, Highfields). Nonprofit organizations often partner with ISDs and other local and regional service providers to spread awareness of the services that are available to families. Additionally, many nonprofit organizations partner directly with each other and with the state via networks, such as the Michigan Federation for Children and Families, to improve prevention and child welfare services for families statewide.

Hundreds of smaller nonprofit service organizations also provide prevention services across Michigan. These organizations can include small faith-based communities (e.g., churches, temples, mosques), domestic violence shelters, or counseling centers. These agencies, because of their size, commonly serve only smaller areas or singular communities, serve only a specific population (e.g., only families under the federal poverty threshold), or provide only one or a few service categories (e.g., counseling agencies). Many smaller nonprofit service organizations have very limited resources despite providing critical services to their communities; in response, smaller community-level organizations sometimes partner with larger human services organizations in grant applications. In focus groups, providers noted that multi-service organizations cannot provide all the services families might need, despite having more resources, which leads multi-service organizations to partner with smaller agencies to fill the gap in local prevention services available.



Native nations or tribes have their own child welfare and prevention services.

Within Michigan, there are 12 federally recognized tribes. As sovereign governments, each Native nation that shares geography with the state of Michigan maintains and oversees its own child welfare system, with its own distinct policies, practices, and philosophies for prevention.

The state of Michigan is federally mandated to collaborate and consult with Native American child welfare programs through the Indian Child Welfare Act and the Michigan Indian Family Preservation Act, MCL 712B.5. However, the child welfare programs of each Native nation, themselves, have the right to determine how and the degree to which they collaborate with partners at the state level and with service providers at the local level.

One example of prevention services partnership between Michigan and Native nations can be seen in collaborations between MDHHS Child Protective Services caseworkers and caseworkers from Native nations’ child protective services. In some situations, a professional from a Native nation’s child protective services may reach out to a state child welfare professional, and vice versa, to collaborate on services for an Indigenous family or child. Tribal social services also partner with local smaller agencies. These partnerships occur when services do not have capacity to meet family needs within the community, for example, substance use disorder services, which have been and continue to be difficult for Michigan families to access.

“ I think the tribes, philosophically, have always been leaders in prevention. That’s kind of what their role is culturally and traditionally, it’s really to prevent problems and work with families to make sure things don’t escalate to the point where a child would ever need to be removed.”
– Expert Interviewee

“ The Sioux Tribe of Chippewa Indians, they have a lot of different prevention programs. We’ve really been looking at their success with some of their programming.”
– Focus Group Participant

The supports for prevention service partnerships are communication, opportunities to connect, and trust.

Across survey responses, interviews, and focus groups, child welfare professionals shared that partnerships are important to the success of their work. According to participants, partnerships help caseworkers and other prevention service providers ensure that families are getting the services they need to succeed. Based on survey responses, all county directors (regardless of tenure or region) agree that their organization and work benefited from partnerships; likewise, most directors agree that there is trust (86%) and respect (100%) among organizations that serve children ages 0–5. In focus groups, providers shared that partnering with larger organizations helped smaller organizations access grant funding and increase their capacity.



Partnerships can also help improve family access to prevention services. In focus groups, child welfare professionals generally agreed that partnerships help service providers and MDHHS better serve families' needs. In instances where families already have a trusted relationship with a prevention service provider, partnerships allow professionals to prioritize that connection and work with the trusted provider to ensure families are getting the services they need. In particular, MDHHS caseworkers shared that partnerships have helped improve family participation in prevention services because families tend to view the partner organizations (e.g., providers) as more neutral than caseworkers connected to MDHHS.

The following subsections describe the supports for successful partnerships and what those partnerships are doing well.

Strong communication, opportunities to connect, and trusting relationships support partnerships.

Across the data sources, child welfare professionals emphasized the importance of relationships, networking, and consistent communication in their work (see Exhibits 6 and 7). Child welfare professionals described using multiple communication types, including regular meetings, emails, and phone calls, to sustain partnerships. MDHHS county directors noted that attending local coalition meetings focused on specific topics (e.g., homelessness, health, substance abuse) is an especially effective strategy for partnering across organizations. These meetings allow for more organic communication and sharing of ideas than email or phone calls. Focus group participants further reported that their increased virtual communication and collaboration during the COVID-19 pandemic helped them stay more connected in cross-county partnerships. One service provider shared, “One good thing to come out of COVID is the ability to do these sort of collaborations virtually. We’ve been doing more virtual meetings with our

“When we’re collaborating, it is in the best aspects. We’re simply thinking of the needs of our community and coming up with ways to ensure that we’re eliminating any service gaps and helping families, who are our neighbors, to be successful.”

– Private Prevention Service Provider

“I try not to be the only person that attends collaboration meetings . . . if I have a direct service staff who is interested or a supervisor who is interested in attending a certain meeting, I love it. I have a foster care worker who attends my United Way housing coalition meetings, because she is just absolutely passionate about housing needs in our community. So I think if you have the staffing ability to allow others to develop some of these partnerships, it’s just really huge.”

– MDHHS Children’s Services Agency County Director

regional work, knowing that our neighboring counties have the same needs. So we're having more of these meetings to try to collaborate and make sure that we're meeting the needs for our families, but we're also just working together better."

Diversity of participants involved in meetings can help to improve communication across partnerships by building trust and promoting cross-organization learning. According to one focus group participant, having trust is important "so that if a mistake has been made or there's ignorance about a topic, you can reach out and just ask about those things without judgment and [with the understanding] that it's all for the good of the families." Likewise, diversifying staff investment in partnerships within organizations and allowing staff to do work they are passionate about can make partnerships feel more meaningful and reduce staff burnout. MDHHS county directors reported that, although they attend many meetings themselves, they also designate a staff member to attend other meetings in their stead to expand individual connections, increase staff awareness of new services, and empower staff by tasking them with sharing data and updates from MDHHS.

Exhibit 6. Most county directors agree they know the right individual or organization with whom to collaborate.

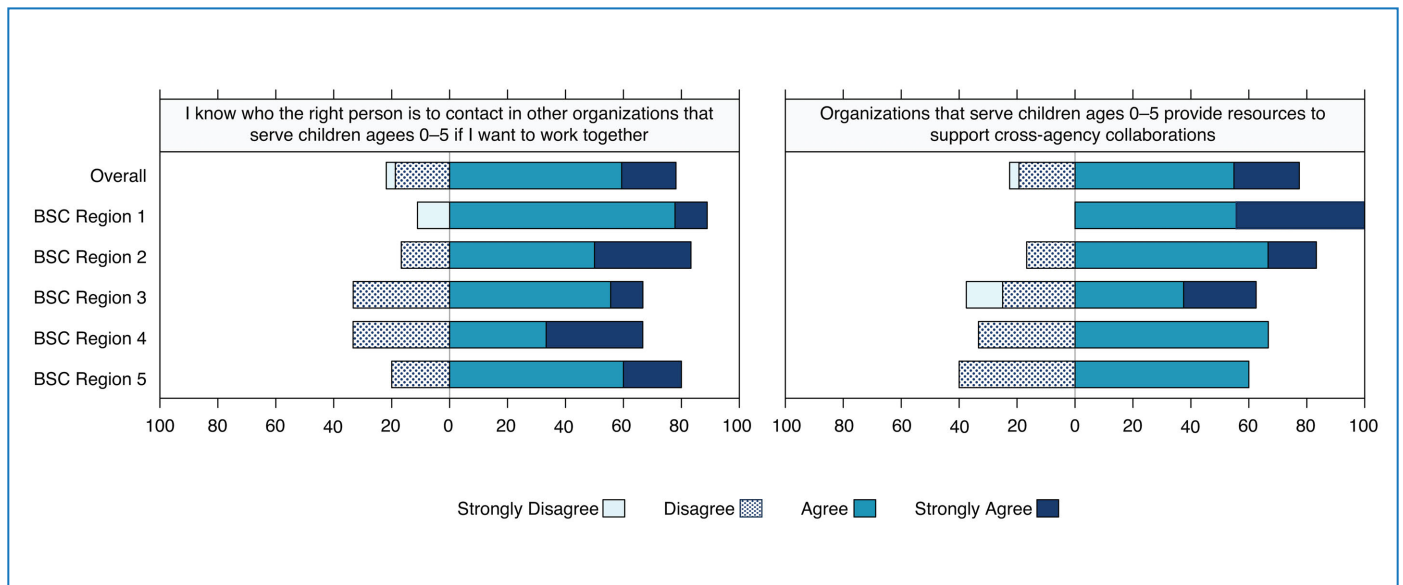
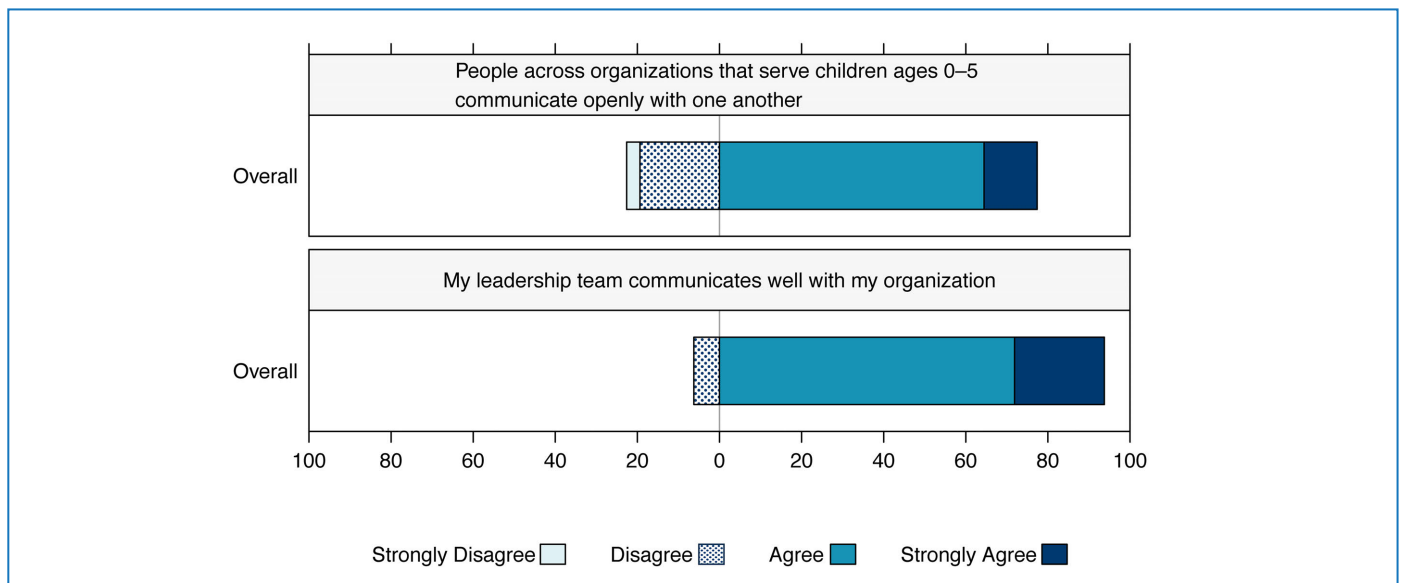


Exhibit 7. Most county directors agree that child welfare professionals communicate well both within their offices and across partner organizations.



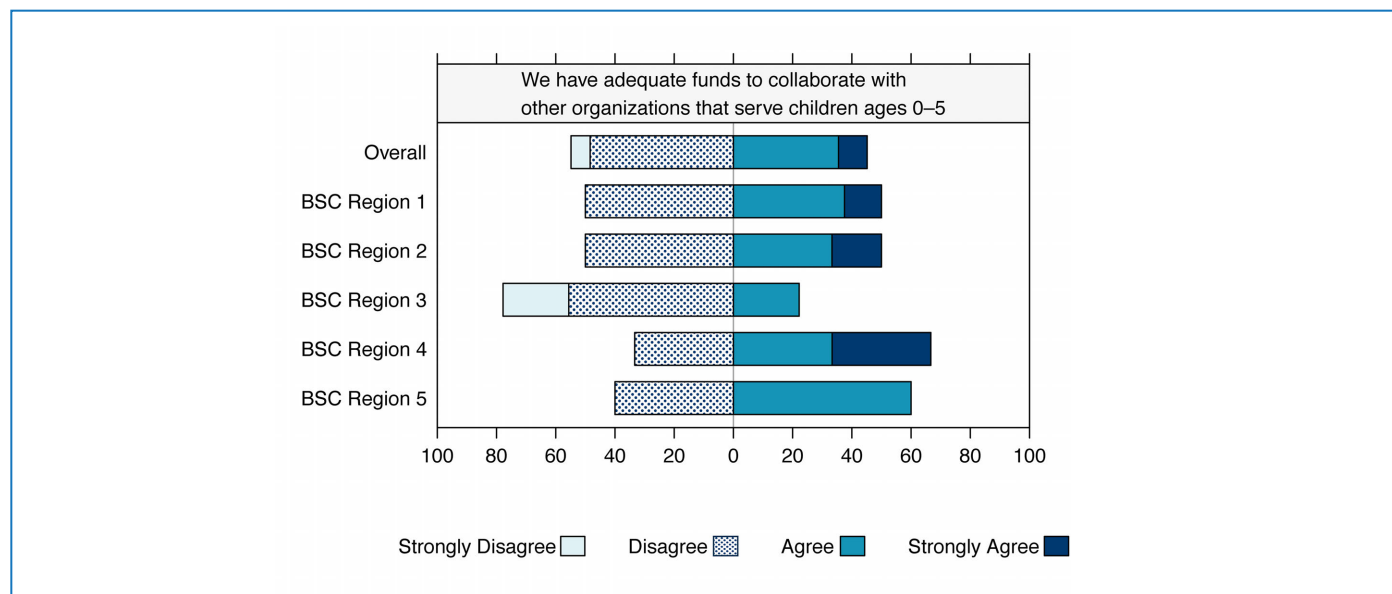
The barriers to prevention service partnerships are funding, staffing, confidentiality policies, and a decentralized system of prevention services.

The major barriers to effective service partnerships are funding, staffing, confidentiality policies across services, and a decentralized system of prevention services. Some of these barriers are systemic, other barriers are specific to their locale; however, none of these barriers are unsolvable. The following subsections describe the identified barriers to partnerships in greater detail.

Inconsistent funding is a common barrier.

Inconsistent funding can create barriers to effective service partnerships at the local level. Although organizations leverage multiple funding sources to support prevention services, inconsistent funding is still a concern. In survey responses, only about half of county directors reported having adequate funds to collaborate with other organizations (see Exhibit 8).

Exhibit 8. County directors varied in their reports on whether they have adequate funds for collaboration.



As mentioned previously, most state and federal funding comes from competitive grants, which increases competition between local providers for funding; according to one interviewee, “Everybody’s scrambling for their piece of the pie. It puts nonprofits in a competitive place. It would be nice if everybody didn’t have to have their own bake sale to raise the money that they need to do the work.” Inconsistent funding can also negatively impact the sustainability of partnerships. According to one focus group participant, providers often collaborate as a means of spreading the word on available services. When organizations are forced to drop services because of lost funding, the need to collaborate is also diminished.

“If your funding is drying up, and you go from offering 10 parenting classes a year to two parenting classes a year, then you’re not out there promoting those classes nearly as much, and you’re not making and maintaining those connections with other organizations.”

– Focus Group Participant

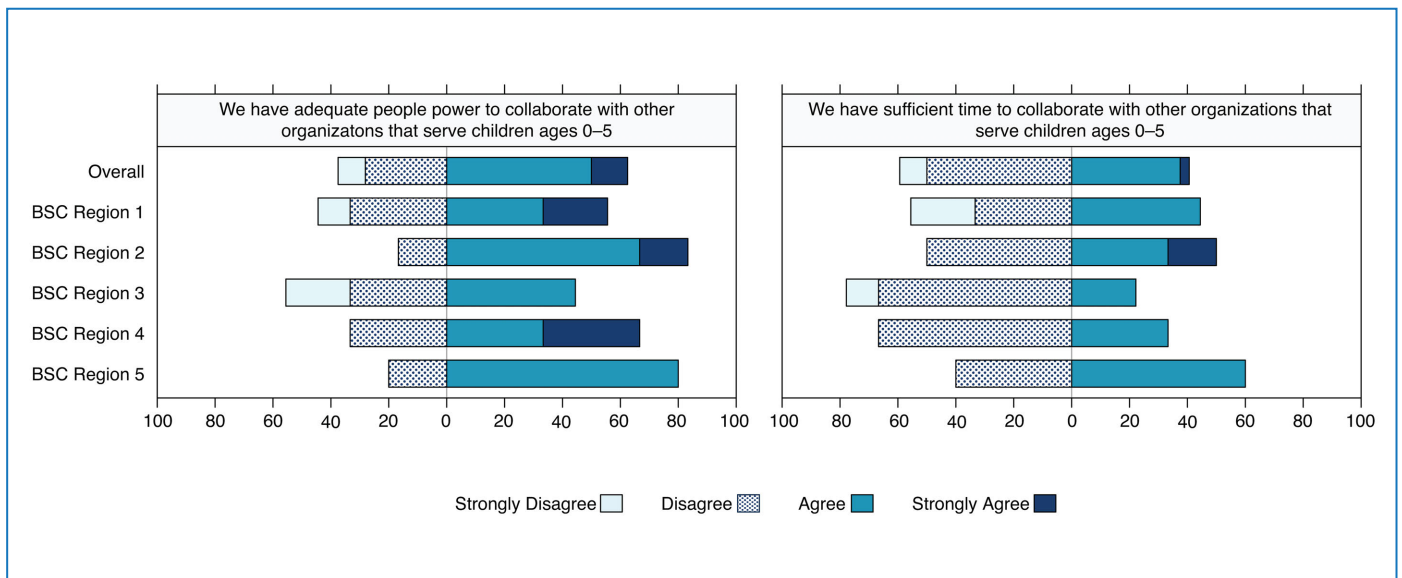
Moreover, inconsistent funding can also lead to the development of more informal, individual relationships driving partnerships as opposed to more formal, organizational partnerships. These more informal individual partnerships have

a greater risk of ending when staff turnover occurs. One interviewee shared that MDHHS is encouraging “agreements from organization to organization” rather than between specific staff to prevent partnerships from fading: “If staff are no longer there, then what? We just don’t have that partnership anymore.” It should also be noted that even formal partnerships can falter without adequate administrative funding that is needed to support time to communicate and collaborate across partners.

Inadequate staffing negatively impacts the capacity of local partnerships.

Although some regions in Michigan have many prevention services and staff available, other regions are more limited. For example, although 61% of all county directors believe they have enough “people power” across partnerships, survey responses show significant regional differences: All BSC Region 2 county directors reported having adequate people power, but more than half of county directors in BSC Region 3 reported they do not have adequate people power (Exhibit 9).

Exhibit 9. Although most county directors think they have adequate people power for collaboration, the same is not true for having sufficient time.



Limited people power or staff capacity due to funding challenges often leaves staff underpaid and overworked, resulting in high turnover as staff burn out and leave their jobs. This challenge was reported to be particularly true for prevention service providers. This situation can then lead to challenges in establishing new partnerships across inexperienced staff, as well as in maintaining partnerships with critically limited staff. More stable funding may be one way to create more staff stability and reduce turnover.

Diversity of the workforce is another staffing challenge. Many families need access to bilingual and racially and ethnically diverse providers, yet few local providers can meet these needs. For example, Ingham County has a large African American and Hispanic population; yet, Ingham County has few providers who are African American or Hispanic. In focus groups, child welfare professionals described the pressing need for bilingual staff (especially bilingual therapists), along with providers of color in general.

Currently, child welfare professionals are generally not reflective of the families and children served within the system. For example, the majority of county directors identified as White and female, but families served by the child welfare



system are disproportionately children of color. In addition, interviewees described how tokenism and limited community input can create further divides and reduce trust between families of color and prevention service providers.

Confidentiality policies and a decentralized prevention services system hinder communication and collaboration.

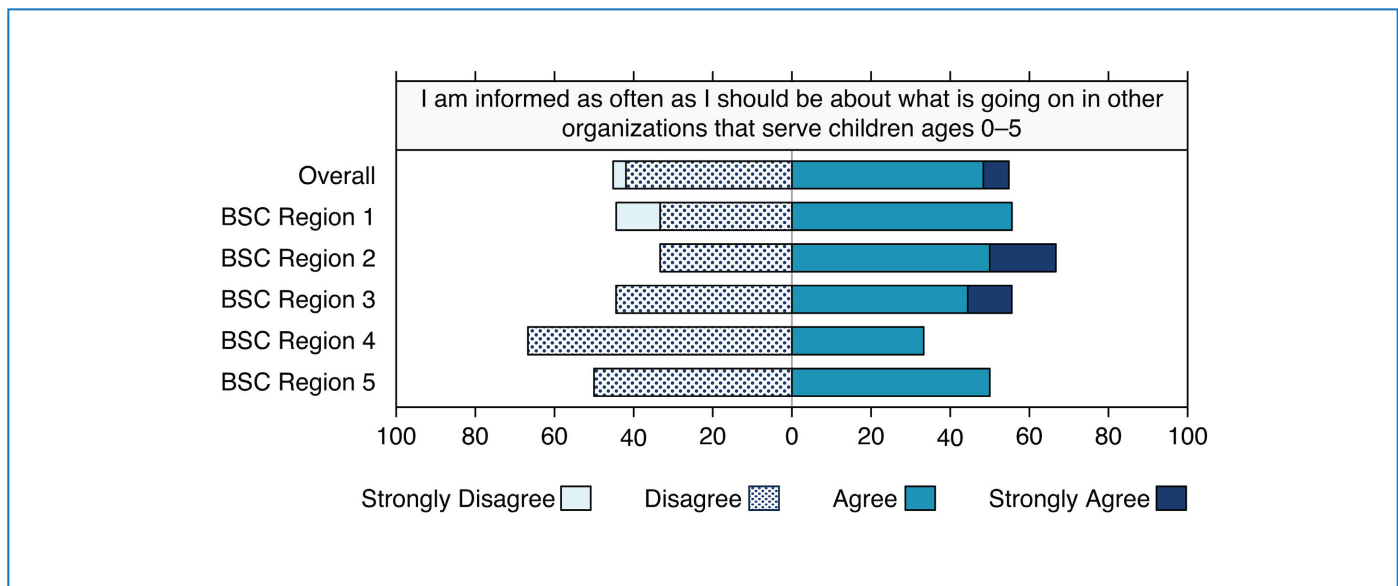
Despite best efforts, prevention services partnerships are hindered due to policy differences across agencies, particularly confidentiality policies. Although multi-service organizations and providers who are contracted with each other can easily share information, providers working across unconnected organizations cannot. In some cases, providers are unaware of what services families need and have already received, resulting in ineffective services provision and missed opportunities to suggest appropriate services.

Partnerships are further complicated by the decentralized nature of prevention services in Michigan. According to interviewees and focus group participants, because prevention services are often not formally aligned, caseworkers and county directors remain unaware of available services or unknowingly refer families to services they have already received. Moreover, uninformed service providers can miss opportunities to bridge prevention services for families so that those services remain prevention focused as opposed to reactionary. Additionally, according to survey responses, nearly half of county directors reported that they are not well informed about what goes on in other organizations that serve families; however, that knowledge appears to vary by the region in which the director works (see Exhibit 10). The social network analysis (see Exhibits 4 and 5 above) further confirms that the county directors do not collaborate across counties, suggesting a very decentralized system of prevention supports. Although county directors seem to be connected to their local network of service providers, little collaboration occurs among the county directors, themselves.

“If an agency’s not contracted with DHHS, what we can share about a family is very limited. For example, if it’s a CPS case that we’re closing, we can call, for example, Parents as Teachers, and refer the family but we can’t say anything about them. It’s kind of like, “okay, well good luck with that.” It’s a problem. But when it’s internal, or with an agency we’re contracted with, we just sit down all together and share the relevant information. Everyone has what they need to provide services.”

– Focus Group Participant

Exhibit 10. Survey responses show no consensus among county directors about whether they are well informed about what other organizations are doing.



Gaps: In some areas of the state, partnerships with service providers that focus on parenting resources, domestic violence, and substance abuse services are missing because the services are not available.

Participants in multiple focus groups reported that services focused on parenting resources, domestic violence, and substance abuse are limited or altogether missing in many regions of the state. When these services are missing, partnerships are not an option. Even when these services are available, in some counties, limitations in scope (e.g., limited to opioid intervention) mean that these services are unable to meet the needs of the community. Focus group participants also reported that partnerships with community members and professionals outside of prevention services (e.g., law enforcement) are difficult to develop or maintain because these partners have fewer incentives than service providers have to partner.

Summary

Michigan's prevention services system is large and is meant to serve all families. However, it is critical for these services to be immediately accessible to families who need them the most, for example, families at risk for child welfare involvement. Partnerships strengthen and improve family access to prevention services across Michigan. These partnerships connect child welfare offices with service providers; connect funders with communities; and create prevention networks and collaboratives that connect prevention services locally, regionally, and even statewide.

In Michigan, the state does not provide direct services but rather funds and coordinates services. Nearly all direct service provision to families occurs at the regional or local level. Specifically, the state funds prevention programs through MDHHS, the Children's Services Agency, and the Children's Trust Fund. Managing entities, such as PIHPs and the BSCs, then disburse these funds to regional or local partners. They also coordinate prevention services and monitor the quality of services provided. In Michigan, regional partnerships, such as the Great Start Collaboratives and Parent Coalitions, CAN Councils, and ISDs also support prevention services. Michigan also has a robust network of nonprofit prevention service providers, which include both large statewide or regional partners, such as Catholic Charities or Samaritas, as well as hundreds of smaller local nonprofit organizations. Finally, Native nations partner with child welfare prevention service partners in unique ways, and partnerships vary by tribe.

Information collected through this study's survey, focus groups, and interviews indicates that effective partnerships are achieved when partners effectively communicate, meet regularly, are well funded, and exist in situations where trusting professional relationships are forged. Alternately, prevention service partnerships are limited by inconsistent and competitive funding streams, inadequate time and staff, and information silos. Additionally, when partnerships are completely missing, the situation is usually due to communities not having the services they need. The critical nature of partnerships for the provision of effective and far-reaching prevention services suggests the need for further research, in addition to increased supportive funding and more centralized support for the occurrence of prevention service partnerships.



Appendix A

The following is the coding scheme that was used to create Exhibit 3, showing the count of child welfare partners by service provision. Online Collaboration Survey respondents were asked to list the names of the groups or organizations with whom they collaborate to deliver prevention services or engage families in their community.

School Districts

1. Van Buren ISD
2. Clare ISD
3. Wexford-Missaukee ISD
4. Mecosta/Osceola ISD
5. Huron ISD
6. Tuscola ISD
7. Lapeer ISD
8. EUP ISD Early On
9. Gogebic/Ontonagon ISD
10. Jackson County ISD
11. CCISD
12. Newaygo County RESA
13. MLO RESA
14. Morley-Stanwood Schools
15. Reed City Schools
16. Ewart Schools
17. Genesee Intermediate School District
18. Flint Community Schools
19. Ironwood Schools
20. Forest Park Crystal Falls Schools
21. Bessemer Schools
22. West Iron County Schools
23. Ewen Trout Creek School District
24. Northwest Community Schools, Jackson
25. East Jackson Schools
26. Jackson Public Schools
27. Cradle to career Lenawee
28. FIS Early Ed Success Coach

Libraries

1. Helena Township Library
2. Jackson Public Libraries

Health Departments

1. Van Buren/Cass District Health Dept.
2. Shiawassee Health Department
3. District Health Department #10
4. Benzie/Leelanau District Health Department
5. Chippewa County Health Department -
6. Jackson County Health Department

Medical and Health Providers

1. Hamilton Community Health Network
2. Center for Family Health, Jackson
3. Pediatrician in Huron County
4. Family Medical Doctor in Huron County
5. Aspirus Ironwood Hospital
6. Lighthouse Pregnancy Center - Manistee
7. Care Net Pregnancy Center
8. Hurley Medical Center
9. Mid Michigan Health
10. Henry Ford Allegiance Health, Jackson
11. McLaren Flint
12. Medilodge Grand Blanc/Montrose
13. Genesys PACE
14. Greater Flint Health Coalition

Foundation and Fundraising

1. Jackson Chamber of Commerce
2. Casey Families
3. Consumers Energy
4. CRIM Foundation

Child Support and Custody

1. Van Buren Friend of the Court

Municipalities

1. City of Jackson

Counties

1. County of Jackson
2. Newaygo County Administration

Emergency Response

1. Emergency Operations Center

Workforce Development

1. Offender Success
2. Michigan Works/PATH Collaborative
3. Genesee Shiawassee MiWorks
4. College and Career Access Center of Jackson

Mental and Behavioral Health

1. Catholic Human Services-Cadillac
2. SAMSHA Board
3. Van Buren Community Mental Health Authority
4. Community Mental Health
5. Northern Lakes Community Mental Health
6. Newaygo County Community Mental Health
7. Gogebic County Community Mental Health
8. Tuscola Behavioral Health Systems
9. Huron Behavioral Health
10. Hiawatha Behavioral Health
11. Northpointe Behavioral Health
12. Thumb Area Psychological Services
13. List Psychological
14. Webers and Devers Psychological Services
15. Northern Lakes CMH
16. Ausable Valley CMH
17. Lapeer CMH
18. CMH -Ionia and Montcalm
19. Copper Country CMH
20. LifeWays CMH, Jackson
21. Genesee Health System
22. Centra Wellness
23. Eagle Village

Collaboratives and Coalitions

1. Health & Human Services Committee for the County Commissioners
2. Truancy Collaborative
3. Antrim County Community Collaborative
4. SPOKE Collaborative

5. Charlevoix Emmet human services collaborative body
6. Charlevoix Emmet Resilient and Trauma Informed Community Team
7. Interagency Service Delivery Team
8. Communities that Care Chippewa and Mackinac Co
9. Non-Profit Network, Jackson
10. Lakeshore Housing Alliance Executive Committee
11. Antrim County CAN Council
12. CAN Council Great Lakes Bay Region

Substance Abuse

1. Great Lakes Recovery Center - Substance Abuse Programing
2. Northern Michigan Substance
3. Wellsprings -SUD's parenting program
4. CPS/Prevention Specialists

Faith-Based Services

1. Immanuel Lutheran Church, Jackson
2. Faith Based groups
3. Compassionate Ministries, Jackson
4. LOVE Inc, Jackson

Housing and Homelessness

1. Jackson Interfaith Shelter
2. TrueNorth Community Services
3. Jackson Housing Commission

Home Visiting

1. EUP ISD Early On
2. Early on Ionia and Montcalm
3. FTBS
4. Teaching Family Homes Juvenile Justice Diversion and Reintegration Alternatives (JJRA)

Parent Education and Family Support

1. Teaching Family Homes Parenting Education programs
2. Moms & Tots Center

Tribes

1. Sault Tribe of Chippewa Indians - Social Services
2. Bay Mills Indian Community Social Services

Great Start Collaboratives

1. Great Start Collaboratives
2. Clinton Great Start Collaborative
3. Mecosta Great Start Collaborative
4. Huron Great Start Collaborative
5. Lapeer Great Start Collaborative
6. Tuscola Great Start Collaborative
7. EUP Great Start collaborative
8. Shiawassee Great Start
9. Great Start Executive Committee
10. Great Start Monroe
11. Lake/Mason/Oceana Great Start
12. Newaygo County Great Start
13. Great Start Collaborative of Muskegon County

Multi-Service Human Services Organizations

1. Catholic Charities West Michigan
2. Catholic Charities Greater Flint
3. Samaritas, Mid-Michigan
4. Samaritas
5. Highfields, Jackson
6. Wedgewood
7. Bethany Christian Services
8. Wellspring Lutheran-Gaylord
9. Wellsprings Lutheran - Families First Program and Parenting education program
10. Wellspring
11. Orchards
12. UP Kids
13. Family Service and Children's Aid, Jackson
14. Northern Family Intervention Services
15. Arbor Circle
16. Family Supportive Services of Northern Michigan

Preschools

1. Great Start Readiness Program

National Programs

1. United Way of the Lakeshore
2. United Way of Jackson
3. United Way EUP
4. United Way Montcalm Ionia
5. United Way of Southwest Michigan
6. United Way Steering Committee
7. Jackson YMCA
8. Big Brothers Big Sisters, Jackson

Domestic Violence Services

1. LAADSV - Domestic & Sexual Violence Committee
2. D.O.V.E. Domestic Violence Services
3. Diana Pepler Women's Resource Center
4. AWARE Shelter, Jackson

Food Insecurity

1. Grow Benzie
2. Grow Jackson
3. Community Hope-Missaukee

Child Advocacy Centers

1. Isabella Child Advocacy Center
2. Jackson County Child Advocacy Center
3. CAC of Tuscola
4. Lapeer CAC
5. CAC Board
6. Huron CAC

Community Action Agencies

1. EUP Community Action Agency
2. Gogebic Ontonagon Community Action Agency
3. Jackson Community Action Agency
4. MCOP Monroe County Opportunity Program



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