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**THE INTERNAL AND EXTERNAL AFFECTS OF A GOVERNOR'S
STATE BUDGET CUTS ON THE DEPARTMENT OF CHILD WELFARE**

A project based upon an independent investigation, submitted in partial fulfillment
of the requirements for the degree of Bachelor of Arts in Social Work.

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The Internal and External
Affects of A Governor's
State Budget Cuts on the
Department of Child Welfare

ABSTRACT

State budget cuts reduce the resources available to the Department of Child Welfare. The Child Welfare Unit has had an increase in caseloads and a decrease in workers, resulting in an increase in caseloads for the remaining workers. In January 2009, the Department of Child Welfare made a transition with a community wide initiative to a more family directed all inclusive, team approach to service provision. The State was divided into four Initiative Regions, with a lead agency in each. This research examines areas of success, changes in staff responsibilities, changes in clients' participation in services and barriers to the success of this initiative through interviews with Region Directors. Findings reveal that staff is likely to experience a more client directed approach, and clients are likely to experience more collaborative, family driven, services. To ensure the success of this initiative there needs to be dedication and an effort to involve a growing portion of community agencies. The potential barriers to the success are lack of clarification of roles and responsibilities within the partnerships and unanswered questions. The Directors are feeling support from the Department of Child Welfare and view this partnership as integral to a real systems change. The continued success of this initiative relies on working together and learning through democratic debate.

The Governor's state budget cuts have reduced the resources available to the Department of Child Welfare's social service workers in the Child Welfare Unit, making internal service delivery and work less effective and efficient, negatively influencing the populations being served by the department. To reduce the State deficit, the Governor reduced or eliminated state retiree health insurance benefits for workers who retire after September 30th 2008. The implementation of these legislative changes to retiree health insurance coverage created an incentive for state employees to retire, prior to the date, to ensure the full health care benefits are received in their retirement pensions without having to pay any additional dollars to the state, leaving fewer workers to manage the populations being served by the department, (Cobleigh & Iafrate, p 1-6, 2008).

A Department of Child Welfare social service worker is paid by the State to administer and provide services and case management to the children, youth and families being served by the department. The Child Welfare Unit of the Department of Child Welfares' main goal, (2008):

Is to promote, safeguard and protect the overall well-being of children and families, to intervene on behalf of children who have been abused or neglected, and to work with children and families to assure that every child has a permanent, safe, and nurturing environment in which to achieve their maximum potential. (Department of Child Welfare)

Although the internal effects of the budget cuts cause significant and negative deficiencies within the Child Welfare Units of the Department of Child Welfare, the cuts have also spurred positive external changes placing greater confidence and reliance on community services to provide and fulfill the needs of families rather than relying solely on Department of Child Welfare.

The budget cuts create significant external change to both the Department of Child Welfare and the community agencies that interface with the department. For a long time

the Department of Child Welfare has been adjusting its philosophy, moving towards greater use of and reliance on community services to help families remain together rather than opening the case to the state. The budget cuts are accelerating this process of moving towards more community services. The Department of Child Welfare must meet the needs of the population with limited resources and the Community Wide Initiative program acts as a practical effort to use the minimal resources in the most effective and efficient way. The Community Wide Initiative is a new program that is in its initial stages. The Initiative has goals of creating more interfaces between the Department of Child Welfare and community agencies/programs, therefore reducing the amount of cases being opened to the state by making more service referrals to the community. If the Initiative is successful, the Department of Child Welfare will have fewer cases to try and manage with the limited staff and resources available internally, and will create more flow of families to the external programs in place to ensure the needs of the populations within Rhode Island are being addressed and fulfilled, (Department of Child Welfare, 2008).

In 2003, the Child Welfare Unit had 18,957 calls to the hotline, 8669 investigations, 1585 cases open in the Intake Unit and 53,531 cases open in the Family Services Unit. In 2007, the Child Welfare Unit had fewer calls to the hotline: 16929, but more investigations: 9188, far more open cases in the Intake Unit: 5691, and more cases open in the Family Services Unit: 55,218, (Department of Child Welfare, 2008). The number of workers in the Child Welfare Unit has dropped since 2003, meaning more cases are open for the department to manage with fewer workers. In September 2003, the Child Protective Services of the Department of Child Welfare had 49 Child Protective Service Investigators (CPIs) and 10 call floor CPIs answering hot line phone calls, completing a total of 7243 investigations for the year, (“Statistics for Child Protective Services”, 2003, p

1-4). In 2007, a total of 49 CPIs completed 9,188 investigations of child abuse and neglect, with a total of 12 CPI vacancies. The total Child Protective Services vacancies as of June 2008, was 23. The Intake unit has a total of 13 vacancies as of September 30th 2008, leaving the remaining workers to manage the caseload of 5691 in the Intake Unit, while they can no longer receive over time payment due to the budget cuts, (Intake Worker 1, 2008, p, 1-2). Majority of these vacancies are due to early retirement because of the health insurance incentives. Thus far in 2008, 1,259 of the states approximate 14,000 employees have announced their retirement, close to four times that number that did so between January and September of last year, (Needham, 2008, p. 1).

In fiscal year 1998, the Department of Child Welfare had 875 full-time employees, and the General Assembly allotted \$102.4 million to the Department of Child Welfare, and with federal funds the agency's budget increased to \$168.8 million. The fiscal 2008 budget allotted \$149.3 million in general revenue to the Department of Child Welfare, making the department's total budget \$232.7 million with federal funds and the total Department work force stands at 805 full-time employees. The current budget includes a \$23.9 million cut in state spending for the Department of Child Welfare from the previous fiscal year 2007.

The Governor has proposed an additional \$15 million cut to the Department of Child Welfare's budget for fiscal year 2009, (Peoples, 2007, p. 1-4). The 2008 State General Assembly had to:

Close an estimated budget deficit of \$450 million for FY 2009. The legislature used \$90 million dollars in personnel savings, \$67 million in Medicaid program reductions, \$9 million in community service grant cuts, \$37 million in revenue increases and \$222 million in other cuts and savings to close the deficit. (State Kids Count, *Fiscal year 2009 Budget*, ¶ 1)

The national government is placing higher regard on not compromising the Budget, yet the result of reducing resources will compromise children's access to necessary services,

education and health care, a safe and nurturing living environment, etc.; all of which are necessary for a child's survival and ability to achieve maximum potential, (Iglehart, 2007, Christian Science Monitor, 1995, Surbeck, 1981, & Hopps, 1986).

I. Introduction

A. Problem Formulation

1. The Governor's state budget cuts have reduced the resources available to the Department of Child Welfare's social service workers in the Child Welfare Unit.

a) Resulting in less effective and efficient internal service delivery.

b) The populations being served by the Department of Child Welfare are negatively influenced by this.

2. To reduce the State deficit, the Governor reduced or eliminated state retiree health insurance benefits for workers who retire after September 30th 2008.

a) The implementation of these legislative changes to retiree health insurance coverage created an incentive for state employees to retire, prior to the date, to ensure the full health care benefits are received in their retirement pensions without having to pay any additional dollars to the state.

b) Resulting in fewer workers to manage the populations being served by the department.

B. Problem Justification

1. The Child Welfare Unit has had an increase in caseloads and a drop in case workers.

a) Resulting in an increase in caseloads for the existing workers.

b) This rise in case loads causes overstress in workers and leaves less time, energy and focus on each of the families being served by the department, creating a greater chance that the safety and well-being of the clients is at risk.

II. Main Points

A. Internal affects of the State's budget cuts on the Department of Child Welfare' service delivery.

1. Overview of budget cuts for fiscal year 2008 and 2009.
 - a) Description of the State's budget deficit for 2008 and 2009.
 - b) Overview of human service budget cuts within the state.
2. Health insurance benefits as retirement incentives.
 - a) Changes in existing health insurance benefits for state employees.
 - b) Early retirement resulting in a decrease of child welfare workers when there is already a deficit.
3. Negative effects of fewer child welfare workers.
 - a) Larger caseloads for existing workers resulting in less time and energy focused on each case.
 - b) Needs of populations that the Department of Child Welfare serves are not being met effectively or efficiently.
4. Rise in caseloads in the Child Welfare Units of the Department of Child Welfare.
 - a) Larger portions of the population of the State are requesting services from the Department of Child Welfare due to the economic crisis in USA.
 - c) The Department of Child Welfare acts as the final option for families and assumes all of the risk.
5. Overview of number of vacancies within each Child Welfare Unit (FSU, Intake and Monitoring Units).
 - a) Explanation of reason why the state is not refilling these positions.

B. Affects of the economic crisis for population of the State over the winter of 2008 and 2009.

1. Available heating options for families living in poverty.
 - a) Description/overview of current heating options available for poor families.
 - b) The Department of Child Welfare has no options to offer clients because of their minimal resources and extreme financial restrictions.
 - c) Explanation of how/why department will have to remove children if no heat is available in child's home. (Client's being penalized for being poor)

2. Availability of affordable housing for population of the State
 - a) Overview of affordable housing options for poor families.
 - b) Statistics on number of families being evicted, resulting in homelessness.
3. Increase in portion of population of the State requesting services.
 - a) Statistics on rise in demand/need for shelters, soup kitchens, food banks etc.
 - b) Description in change in numbers of families accessing these sorts of services, comparing numbers from 1998 through 2008.

III. Opposing Points

A. External affects of the State's budget cuts on the Department of Child Welfare' service delivery.

1. Shift to a Community Wide Initiative to alleviate caseloads for the Department of Child Welfare's workers.
 - a) Definition of the Initiative.
 - b) Overview of changes within the Department of Child Welfare resulting from this shift to the new Initiative.
 - c) Description of current role of community agencies and description/overview of new role that community agencies will be expected to fulfill.
 - d) Overview of changes in service referral method used by the Department of Child Welfare.
2. Community agencies' responsibilities.
 - a) Description of lead agencies and means to ensure fidelity to the new initiative.
 - b) Anticipated problems in the community.

B. Incentives to support budget cuts.

1. Positive effects of decreasing the State's budget deficit.
 - a) Overview of budget cuts made and explanation of how these cuts reduce current budget deficit.

b) What does a lower budget deficit mean for the State nationally?

IV. Hypothesis

The new Community Wide Initiative model ensures that the remaining workers are focused only on child welfare cases of great risk while the community agencies increase their responsibilities serving the needs of families where children are safe. This research will identify what barriers or obstacles community agency service providers identify as compromising the success of this new initiative.

V. Methodology

A. Sample: Convenience sample of three directors of lead agencies within the new Initiative.

B. Data Gathering: Face to face interviews of approximately 45 minutes.

C. Data Analysis: The content of the interviews was first analyzed to categorize and identify themes and then the main findings for each interview question were reported.

D. Findings

VI. Conclusion

A. Governor Carcieri's state budget cuts have reduced the resources available to the Department of Child Welfare' social service workers in the Child Welfare Unit, making internal service delivery and work less effective and efficient, negatively influencing the populations being served by the department. This research identifies what barriers or obstacles community agency service providers reported as compromising the success of this new initiative. Findings reveal that staff is likely to experience a more client directed approach, and clients are likely to experience more collaborative, family driven, services. To ensure the success of this initiative there needs to be dedication and an effort to involve a growing portion of community agencies. The potential barriers to the success are lack of clarification of roles and responsibilities within the partnerships and unanswered questions. The Directors are feeling support from the Department of Child Welfare and view this partnership as integral to a real systems change. The continued success of this initiative relies on working together and learning through democratic debate.

B. Implications

1. Implications for the Social Work Profession: The new Initiative model forces the social work profession to examine its tie to the medical model, and shows the positives of a return to a strengths perspective, client directed practice, where all natural supports and resources are utilized through a method of reciprocity

2. Implications for social work research: To gain a more expansive understanding of the changes clients and staff are likely to experience as a result of this new Initiative line workers as well as clients need to be interviewed.

3. Implications for social work policy: The shift to new Initiative model created changes in policy surrounding funding, ownership of clients, and shared responsibility between the private and public sector.

Main Points

Overview of Budget Cuts in the State FY 2008 and FY 2009

For the fiscal year 2009, the State will spend over \$6.9 billion this year. The work of state government is performed by more than 16,000 employees in forty-seven different agencies. Human service agencies account for 37.9% of total expenditures, or \$2.6 billion. Roughly speaking, the state's human service agencies form the social safety net. They offer medical and cash assistance to low-income families, serve the developmentally disabled, operate public health programs, protect abused and neglected children, and provide health care for patients at state hospitals. The state budget is broken down into expenditures by function, showing how the \$6.9 billion will be allotted for spending: General Government is allotted \$1,399,001,972, Human Services is allotted \$2,619,779,683, Education is allotted \$2,001,032,898, Public Safety is allotted \$433,540,453, Natural Resources is allotted \$95,672,816 and Transportation is allotted \$370,026,380, creating a total of \$6,919,054,202 for the State's FY 2009 budget, (State Kids Count, *Fiscal year 2009 Budget*, ¶ 1). The Department of Child Welfare is just one of the human service agencies serving the needs of the populations of the State. The Department of Child Welfare must streamline their focus to cases of child abuse and/or neglect, and adapt their service provision to meet the restraints of their current budget.

The State General Assembly enacted a FY 2009 budget in the amount of \$6.919 billion. The enacted \$6.919 billion budget is a 1% decrease from the \$6.997 billion enacted for FY 2008. The 2008 State General Assembly had to close an estimated budget deficit of \$450 million for FY 2009. The legislature used \$90 million dollars in personnel savings,

\$67 million in Medicaid program reductions, \$9 million in community service grant cuts, \$37 million in revenue increases and \$222 million in other cuts and savings to close the deficit, (State Kids Count, *Fiscal year 2009 Budget*, ¶ 1). The fiscal 2008 budget allotted \$149.3 million in general revenue to Department of Child Welfare (The Department of Child Welfare), making the department's total budget \$232.7 million with federal funds and the total Department of Child Welfare work force stands at 805 full-time employees. The current budget includes a \$23.9 million cut in state spending for the Department of Child Welfare from the previous fiscal year 2007. The Governor has proposed an additional \$15 million cut to the Department of Child Welfare's budget for fiscal year 2009, (Peoples, 2007, p. 1-4).

Government Proposed Retirement Incentives

To reduce the State's budget deficit, the Governor reduced or eliminated state retiree health insurance benefits for workers who retire after September 30th 2008. The implementation of these legislative changes created an incentive for state employees to retire, prior to the date, to ensure that full health care benefits are received in their retirement pensions without having to pay any additional dollars to the state, leaving fewer workers to manage the populations being served by the Department of Child Welfare, (Cobleigh & Iafrate, p 1-6, 2008). To ensure their full health insurance coverage many Department of Child Welfare workers retired, these early retirements result in a decrease of child welfare workers when there is already a deficit. As of October 20 2008, The Department of Child Welfare has 665-670 total workers, and have lost 51 staff members since May due to retirement, ("Grapevine", 2008, p. 1).

Effects of Fewer Child Welfare Workers and Increased Caseloads

Due to the decrease in workers in the Child Welfare Units of the Department of Child Welfare, existing workers are met with an increase in caseloads. In the Department of Child Welfare's Report of the Senate Committee on Health and Human Services of January 2008, it is stated that:

In February of 2006, a new group of social workers was hired and trained to work in the Family Service Unit (FSU) for the Department of Child Welfare. Between that time and September 2007, no new social workers were hired to fill vacancies or meet the expanded demand for the Department of Child Welfare child protection services (an increase of 19% from 2005 to 2006 according to Kids Count). As a result, as vacancies occurred among the ranks of the Family Service Unit staff, and new cases were opened, the workloads of the remaining staff increased dramatically. As workloads increased, morale worsened and more workers have chosen to leave the Department of Child Welfare. Faced with the increased workload, FSU social caseworkers are limited in the number of tasks that they complete. Prioritization of tasks has led to the essential focus on child safety, at the expense of attention to other needs of the child and family. Supervisors have seen their roles change from that of leader, advisor and quality controller for their workers, to that of a partner in the struggle against that clock, the paperwork, the phone messages, and the court. In this climate, it is remarkable that some progress has been made toward reunification of families and obtaining appropriate services for children in our state ("Report of the Senate Committee on Health and Human Services", 2008, p. 5).

As a consequence of the many retirements and resulting unfilled vacancies, many workers are struggling to keep up with their large caseloads. The over-all morale of workers is lowered due to this increase in responsibility and stress. There are currently only 8 workers in the intake unit managing the caseload that 19 workers were responsible for in 1999. The remaining workers are challenged with the task of maintaining 30 cases on average; most workers are receiving up to two new cases a day, (Intake Worker 1, 2008, p. 2). When one of the few workers calls out sick or is on vacation it is almost impossible for the workers to manage their collective workload;

Caseworkers are required to appear before judicial proceedings in the Family Court, truancy court, and the drug court in various locations throughout the state.

FSU Social Caseworkers report spending considerable hours involved in truancy cases. Court appearances and transporting youth to school take time away from child visitation, family case planning, foster family support, and meetings with supervisors (“Report of the Senate Committee on Health and Human Services”, 2008, p. 10).

When workers are forced to use their office days to cover court for the workers that are out sick or on vacation, they are unable to complete the necessary paper work. The consequence of too few workers is increasing amounts of unfinished paper work causing workers to work overtime to complete unfinished tasks, with no over-time pay (workers receive comp time for work completed in overtime). This leads to frustration and stress for the workers, lowering the overall morale of the unit, creating an unfavorable, less productive and less supportive working environment. These issues portray the human aspect and negative consequences of the budget cut for caseworkers in the Child Welfare Unit of the Department of Child Welfare.

Nationally accepted caseload standards seek 14-family-cases per social worker. As of July 2007, 43% of workers in the Providence region, 71% of workers in the East Bay region; and 85% of the workers in the Pawtucket/Northern State region, were responsible for 19 or more families each. Testimony from the August 16 Senate Committee Hearing states: “Unmanageable child welfare caseloads lead to worker turnover, which contributes to disruptions in casework practice and increased risk of harm to children”, (“Report of the Senate Committee on Health and Human Services”, 2008, p. 8). As the caseload rises, welfare workers have less time, energy, and effort to focus on each individual case, negatively affecting the quality of service provision provided by The Department of Child Welfare to the populations it serves. Coupled with the depleting number of child welfare workers at the Department of Child Welfare, is the rise in need for services for a larger

portion of the State population. This rise in need is occurring due to the poor economic situation that the State is currently facing.

The State's Current Economic Situation

The State is experiencing an economic crisis with unemployment rates at 8.8 % in September, marking the first time the state has ranked highest for unemployment. The national unemployment rate remains at 6.1 percent. The State's 8.8 % unemployment rate is the highest in 16 years, leaving 50,200 people jobless. State employers decreased their payroll jobs by 1,300, creating higher competition for fewer job openings. In Arditi's article in the Providence Journal on October 22, 2008, he quotes Langevin's remarks on the State's economy:

Communities across the state are seeing a marked increase in families seeking help to keep their homes, pay their bills, and put food on the table... This economic situation has taken a toll on our state's social service centers, food pantries and homeless shelters, and it is clear that the worst is yet to come (Arditi, 2008, p. 1- 3).

Due to the poor economy, more families are at risk of being homeless and needing public assistance.

As a result of the lagging economy, the State's shelters reached their second highest capacity ever from 2006-2007, serving 6,773 men, women and children; 1,558 of whom were children. The most common reasons for seeking shelters were income, housing costs and domestic violence. The State is also experiencing a shortage of supportive/affordable housing programs, meaning that most people seeking shelter are not getting the help they need for long term stability. Low income families continue to lose real income at unprecedented rates; however, homelessness also affects those in higher income brackets. The number of people with an income of \$10,000 or more that become homeless has doubled since 1995. Families earning below \$35,000 in the State, totaling

41.9% of the entire population, cannot afford the median priced apartment in the majority of towns and cities within the state. The percentage of shelter clients who have been homeless for more than two years has increased from below 3% for 2001-2002 to 10% in 2007, (“Facts on Homelessness”, 2007).

Federal funding and support for new affordable housing has been substantially reduced and continues to decline, Public Housing Authorities have been experiencing budget cuts consistently over the past three years. The Public Housing Authorities are forced to sell property to meet budget shortfalls; however, properties that are sold no longer have the affordability restrictions attached to them, leading to a decreasing availability of affordable homes in the state. In the State there are more than 37,000 low-income families renting apartments, but there are less than 13,000 “affordable housing” apartments for low and moderate income renters. 60% of State households make an annual income under \$50,000 and cannot afford to buy the median priced single home in any area across the state, (“Facts on Homelessness”, 2007). Due to the lagging economy and the resulting rise in unemployment and homelessness, more families are seeking public assistance. The Department of Child Welfare is becoming increasingly involved with families because parents are unable to afford the necessary shelter and needs of their children because they are losing their jobs or experiencing cuts in their salaries.

Opposing Points

The Intent of the Community Wide Initiative

The Department of Child Welfare utilized the services of Vroon VanDenBerg, LLP (VVDB), to aid in their transition to the new Community Wide Initiative. VVDB acts as:

An innovative international consulting company that offers a full range of services and products to support communities to improve human services. These services include state and community mentoring, consultation and technical assistance, local and national training, research, evaluation, community assessment, information

management systems, publications, training materials and wraparound practice certification. VVDB supports local communities, states, and provinces to develop and improve individualized services and integrated community-based approaches for children and families. VVDB is rooted in the traditions of individualized family-centered planning and support for children through the development and implementation of community level systems of care and the wraparound process. VVDB is dedicated to do whatever is needed to support the development and implementation of strengths-based, culturally competent, family-friendly systems and practices tailored to each community, (“Who We Are”, 2007, ¶ 1-4).

With the training and guidance of VVDB, the Department of Child Welfare created the Community Wide initiative. The new initiative provides

A formal collaborative structure for joint planning and decision-making through which community partners take collective responsibility for development and implementation of the Wraparound process... the new initiative will implement an integrated service system that is youth guided, family driven, culturally and linguistically competent and community based. This initiative ensures the provision of high fidelity Wraparound and the expansion of a network of available formal and informal services and natural supports for families. Wraparound is a philosophy and practice of case that includes the development of an integrated and individualized plan of case to address family prioritized needs based on the strengths and culture of the child and family and their support system (“Community Wide Initiative Standards”, 2008, p. 3).

Ideally, the Wraparound philosophy aims at enabling families to develop an effective support network that can be contacted by family members in times of need. The support system will consist of community agency workers as well as the family’s natural supports. A long term goal of the new Initiative is to structure an environment of reciprocal support between family members and their natural supports to avoid burn out of the natural supports. Natural supports will be involved with the clients and community agencies in the decision making and working/helping process. Ensuring the involvement of these natural supports will alleviate the feeling of “being used” expressed by the natural supports, as well as to create a more collaborative approach to child care, (Intake Supervisor 1, personal communication, November 21, 2008, & Intake Supervisor 2, personal communication, November 12, 2008). The Wraparound approach also increases family’s sense of

competence; families acquire new skills to ensure all members' safety and to manage the special needs of their children. The Initiative's goal is for families to "have timely access to the supportive resources they need to build brighter futures for each member of the family," ("Community Wide Initiative Practice Standards", 2008, p. 3).

Internal Changes to the Department of Child Welfare Resulting from the Community Wide Initiative

The Monitoring Unit staff's responsibilities will shift from being case-managers to acting as the liaison between the Initiative regions and the Department of Child Welfare. The existing cases open within the Monitoring Unit will be transferred over to the Initiative's. Monitor workers will be assigned cases that are open within each region and oversee the work being done with the family in the community. Monitor workers will be able to intervene if the family is non compliant with services or if legal involvement by the state needs to occur. If the community providers need assistance in their work with the families they will contact the Monitor worker from the Department of Child Welfare that is co-assigned to their case, (Supervisor 1, personal communication, December 3, 2008).

Client Referral to the Community Wide Initiative

The Department of Child Welfare's Child Protective Services staff will refer families who have been investigated for child abuse, neglect and/or dependency and the child is safe, but the family is in need of intensive intervention services due to risk of child maltreatment. Families seeking services through the Department for issues related to mental health and/or lack of support and resources will also be referred to the Initiative. Children with serious emotional disturbances or young children determined to be at

developmental, health or socio-economic risk can be referred by families, community and law enforcement agencies, health care providers, schools, early care, education programs or any other programs serving children and families. The Department of Child Welfare's Juvenile Correctional Services (JCS) staff will refer families whose children are nearing the end of their sentence and returning to the community and agree to participate in the aftercare services, ("Community Wide Initiative Practice Standards", 2008, p. 19).

Community Agencies' Responsibilities

The state of Rhode Island will be divided into four regions; each region will serve those families within its set geographical area. There will be four lead agencies throughout the state, one lead agency in each region. The lead agencies will enter into formal partnerships and subcontract, with the Department of Child Welfare's approval, with multiple provider network agencies. The lead agencies will be responsible for:

- The implementation of a wraparound approach at the community level.
- Serving as the lead fiscal agent responsible for building partnerships with youth, families and the community and managing flexible funding for non-traditional community-based services.
- Building partnerships with an array of provider agencies to ensure children and families have access to diverse services.
- Promoting a learning-based and evidence-based culture through provider training, fidelity monitoring and flexible approaches to funding best practices.
- Overseeing the hiring and training of staff to be employed within the region provider network.
- Being the example for provider partners in maintaining policies and procedures in accordance with the new Initiative standards.
- Maintaining an organizational chart accurately reflective service delivery design.
- Ensuring that partners and subcontractors have appropriate licensure and certification.
- Ensuring a timely and responsive intake process that works in collaboration with the community partners and the Department of Child Welfare.
- Working with community partners to develop innovative approaches in collaboration with culturally and linguistically competent providers and family oriented organizations.

- Facilitating the development and utilization of natural supports and healthy social networks within families and communities.
- Ensuring provider agencies maintain a comprehensive and organized family record keeping system.
- Provide the Department of Child Welfare with a quarterly active listing of all services and supports available in the provider network.
- Establish and work in partnership with the regional Family Community Advisory Board (FCAB).

There will be one statewide Family and Community Advisory Board (FCAB) acting as the formal advisory and leadership body to the four affiliated Regional FCAB's to promote continuity of planning and communication statewide regarding integrated system of care development. Each region will have one Family Community Advisory Board that will support and guide the implementation and operation, ("Community Wide Initiative Practice Standards", 2008, p. 11-16).

Anticipated Problems in the Community

Community agencies are being asked to take on greater responsibilities and a commitment to ensuring collaborative services for their families. There is a concern that the smaller agencies will lose some of their clientele due to referral of clients to the larger more well known agencies, (Student, personal communication, December 1, 2008). In order to make the transition to the new Initiative model of care and service provision, members of the provider network must undergo training. Although the training will benefit the well-being of clients in the long run, workers will have to shift focus to training, taking time away from their direct work with clients in this time of extreme stress. A community may intend to utilize Wraparound in a manner that accurately reflects the values and elements of the model; however, actually doing high quality wraparound is tremendously difficult. The list of challenges is extensive and includes, but is not limited, to the following:

Implementing Wraparound requires providers who are well versed in the value system underpinning it. Yet most higher education programs do not teach family-centered, community-based principles and strategies. Wraparound requires intensive and ongoing training, supervision, and administrative support. Yet many Wraparound programs do not provide such supports to the staff who are asked to implement the process. Implementing Wraparound requires adoption of new ways of funding and organizing services, such as the availability of flexible funds for teams, strong collaborative relations, and single plans across multiple agencies. Yet Wraparound programs remain vexed by traditional reimbursement procedures and agencies that continue to operate in isolation, (“Ensuring Fidelity to the Wraparound Process”, p. 21, n. d.).

The State has worked with Vroon VanDenBerg, LLP (VVDB) to develop the new Initiative practice standards which includes adequate data collection, evaluation and continuous quality improvement of all members of the provider networks within the state.

Positive Effects of the Governor’s Statewide Budget Cuts

To resolve a projected \$384 million spending shortfall, the Governor’s FY 2009 budget proposal will reduce state spending by \$130.9 million in state funds. The enacted budget for the current year (2008) is \$3.404 billion; the Governor’s recommending a budget of \$3.273 billion for FY 2009. The proposed budget actually reduces state spending by approximately \$310 million below what the state would have spent if no changes were made. The remaining balance of the budget deficit is covered by adjustments in state revenues, of which \$21 million is attributable to capping the historic structure tax credit program. The Governor’s budget plan reduces spending – or reduces the rate of growth in spending – in all three major areas of state spending: personnel costs, human service benefits, and state payments to cities and towns. In FY 2009, personnel costs will make up approximately 24.6 percent of state spending, while human services will account for 30.7 percent and state payments to local governments 34.7 percent. The Governor’s budget plan reduces spending in these three areas by approximately \$280 million, as compared to the

current service estimate. The FY 2009 budget is a decrease of 3.8% from the 2008 budget; this is an historic decline, (“FY 2009 Budget Plan to Reduce State Spending by \$130 million compared to Budget Approved in June and by \$310 million Compared to Previous Projections”, 2008, ¶ 1-4).

Hypothesis

The Department of Child Welfare is utilizing the new Initiative philosophy and model to create a collaborative partnership with community agencies, families in need, natural social supports and the state to ensure comprehensive and successful service provision within the State. The aims of this transition are to provide the people in the State with the needed services and to eliminate unnecessary state involvement with cases that are not of imminent risk or unsafe for the children involved. The Initiative model ensures that the remaining workers are focused only on child welfare cases of great risk while the community agencies increase their responsibilities serving the needs of families where children are safe. This research will identify what barriers or obstacles community agency service providers identify as compromising the success of this new Initiative.

Methodology

Design

The researcher conducted face to face interviews with the directors of the three Initiative regions, to gather workers perception of possible factors that might enhance the effectiveness of the new Initiative’s service provision as well as professional views on the new Initiative.

Sampling Plan

This convenience sample consists of 3 workers at the Initiative agencies. Initiative agencies in each region were contacted via telephone with the purpose of the research

explained and a request to conduct an interview with an Initiative worker within the agency. Those agencies with workers most readily available were selected for interviews. The researcher then scheduled an interview date, met with the subjects individually for face to face interviews of approximately 45 minutes. Name of the agency, agency's role in the Initiative, services for which the agency is responsible, the responsibilities of the individual worker within the agency, the responsibilities of the individual worker under the new Initiative, and the length of workers employment in the social work profession were asked face to face by the researcher.

Data Collection

After gathering data on the above, the researcher asked:

- "What changes is the staff likely to experience as a consequence of the new Community Wide Initiative?"
- "What are clients likely to experience as a difference in services as a result of the Initiative?"
- "What is the single biggest necessary feature that will make this Initiative successful?"
- "What are you fore seeing as barriers to the success of this initiative, and what measures have been taken to address those anticipated problems?"
- "Are you feeling supported by the Department of Child Welfare?"
- "Are there any factors you can identify that would enhance the success of the new initiative in your agency?"

And recorded aurally and in writing the workers responses.

Data Analysis and Findings

The content of the interviews was first analyzed to categorize and identify themes. The directors interviewed had 16 or more years of experience working in the social work profession, and are responsible for the administration of all the partnership agencies, ensuring collaboration, focus on wraparound, and staying true to the Initiative policies. Directors of the lead agencies are in charge of financial management, data collection, acting as the liaison between partner agencies within their region, the share of referrals, as well as collaborating with Child Protective Service, the Department of Child Welfare's Intake and the State Training School.

The biggest changes staff are likely to experience is a shift in culture; the language used with clients is very different, a true shift to strengths perspective rather than identifying deficits. Service provision is organized differently with a focus on family centered practice, involving the client and their natural supports throughout the whole process. The Community Wide Initiative is a shift away from the medical model, resisting the attempt to bring solutions to the family but rather work collectively (client, natural supports, Initiative worker) to come up with a service plan/solution together. The service provider is no longer the expert; the aim is to fit the service to the family rather than fit the family to the service. This shift in service delivery (wraparound process) gives the family a voice and role in the helping process, leading to a sense of empowerment and with time greater self-sufficiency within the family and their natural supports, thus lowering the chance of further involvement with the Initiative. Due to the novelty of the new Initiative, all workers are learning as they go, many of the answers are unknown making supervision more important. The directors do not have all of the answers, neither does the Department

of Child Welfare, everyone is working and learning together rather than looking to an expert for the correct answer.

Clients are currently experiencing a mixture of the old method of service provision and the new changes since the adoption of the new Initiative. With time, as staff becomes accustomed to the Initiative philosophy, clients will experience a greater sense of collaboration and involvement in the helping process. Clients will have access to more comprehensive services and have greater autonomy because of the opportunity to involve their natural supports rather than being told who can be involved by the service provider. The families will be asked what they want or need rather being told what is best for them. Clients will be given more responsibility and autonomy in the helping process, leading to a greater sense of empowerment and self-sufficiency.

The single biggest necessary feature that will ensure the success of the new Initiative is clear communication and collaboration between the state agencies and the community. The State is in the beginning stages of a change in service provision at the systems level. This change will develop more comprehensive, cooperative partnerships between the state and the community, allowing for greater flexible and less formality. To successfully build these bridges between the public and private sectors there must be a passion for and dedication to the work by all staff involved.

Several barriers to the success of the Community Wide Initiative were identified by the directors. Currently there is a lot of waste and overlap within service provision but the Initiative will eventually free up more of these resources. The biggest challenge is being committed to a systems change in how the state organizes the funding of services and how the public and private sector communicate surrounding these issues. Because the new Initiative is in its beginning phases there is confusion surrounding who has the final say,

who determines where referrals go, who should be involved in both the public and private sectors, and there is conflict between what each state department wants. However, clear, cooperative and comprehensive debate between all involved parties will enable each entity to learn and grow and establish this successful Community Wide Initiative within the State.

Another barrier to the success is the coordination of training; the supervisors are not fully trained but the line staff is trained, the training began prior to solving problems that might occur. Yet, the directors are committed and remain flexible throughout this learning process and these day to day operations (paper work changes, procedure and policy changes) are being addressed as they surface.

The directors interviewed expressed a feeling of support by the Department of Child Welfare, explaining that the Department does not have the answers needed from the state surrounding bill coding, who the client belongs to, etc but the Department of Child Welfare has been very gracious and cooperative in their partnership with the private sector, utilizing an open, communicative and flexible approach. The directors are excited by their relationship with the Department of Child Welfare, and understand that the department's partnership is crucial for a real systems change across the state to ensure a more successful method of service provision.

The directors are already focusing on phase two of the new Initiative, and identified the need for further training in the wraparound process for the agencies and staff that are not yet involved in a partnership with the Department of Child Welfare in the Initiative. The whole initiative is new and everyone is still learning, but directors are concerned with how best to prepare their agency and staff for phase two. The infrastructure of policy and paperwork needs to be clarified statewide through trainings to ensure the success of phase

two of the new Initiative, (Director 1, personal communication, February 18, 2009; Director 2, personal communication, February 25, 2009; Director 3, personal communication, March 4, 2009).

Chart 1: Data Collected through Interviews

Respondent	Agency	Worker's Responsibilities at Agency	Length of Employment in Social Work Profession	
1: Director 1	Family Service of the State; lead agency	Director since January 2009. Administrator of all partner agencies, working to ensure focus on wrap around through collaboration with all partner agencies, Department of Child Welfare and the State Training School. Financial management. Data collection. Resolve issues between partners and manage the share of referrals.	29 years. Foster Parent for children with specialized needs and acting out teens for 7 years. Consultant at DSS MA.	
2: Director 2	Child and Family Services of the State; lead agency	Director. Child and Family Services Agency is responsible for all upfront Initiative work (intake). Administrative work with partner agencies. Is training to become a coach on wraparound process/ wraparound facilitator. Still meets with families and doe intake work.	27 years. Worked in residential programs for a while.	

		Working side by side with colleagues, trying to figure out how the partnership will function as smoothly as possible.		
3: Director 3	Community Action; lead agency	Director Administration of the region, working with partner agencies. Recruiting new staff. Adjust to the new paper work and ensure staff is following the new policies and expectations.	16 years.	
Question 1	Respondent 1's Response	Respondent 2's Response	Respondent 3's Response	Synthesis of Responses
What changes is the staff likely to experience as a consequence of the INITIATIVE initiative?	Biggest change: culture change. The language is very different; the organization of services is different. Learning how to adjust to these changes. Focus on wraparound philosophy: everybody plus natural supports are involved giving the family more of a voice.	We are the smallest INITIATIVE, two entities but we are all one team. Staff is being asked to come at things in a different way. Change in philosophy/approach. Everyone is learning it. Staff from CES that switched to INITIATIVE and new staff; some have to shift approach to services while others are new and don't have to shift. Supervision is more important, we don't have all of the answers so we ask the workers: 'how will you know when we're being successful?' We need collaboration with staff,	The Agency is experiencing a shift to a more liberating, strengths perspective approach. Non-medical; used to be reductive. The staff is all new so there isn't a change, but they have to learn the INITIATIVE approach.	Staff is likely to experience a change in approach of service provision to a more client directed all inclusive team approach.

		supervisors and clients. There's a learning curve happening at both ends.		
Question 2	Respondent 1's Response	Respondent 2's Response	Respondent 3's Response	Synthesis of Responses
What differences are clients likely to experience in services as a result of the INITIATIVE?	More comprehensive services. Pull in people that they want to be there and involved. The family gets to involve natural supports. The family is now being asked what they want or need rather than a service provider telling them what they need. Leaves family with more natural supports leading to more self-sufficient families once service provider pulls out.	More collaborative services that will evolve over time. As staff gets better at new initiative then we'll see a change on clients half of service. The current service is a mixture of old and new. Elements of INITIATIVE philosophy but still old approach. With time we'll see a result of change in process and families will like it.	Services are improved. Time caps are not as strict. There's a team approach involving many people but no one is there to be the expert. Teams building around family rather than family entering a team of experts. Programs used to exist in isolation of each other and hopefully now there will be more collaboration and less overlap.	Clients are likely to experience more collaborative services where the family has the opportunity to choose who is involved and identify what the needs are rather than being told. However more time is needed to adjust to the shift.
Question 3	Respondent 1's Response	Respondent 2's Response	Respondent 3's Response	Synthesis of Responses
What is the single most necessary feature that will make this new initiative successful?	Clear communication between state agencies and community. The public and private sector must work together.	Both the systems level and the community are developing partnerships and learning how to work differently together. We need to continue to extend those partnerships to include more of the community and more families. Creating	Passion and dedication to the work. This needs to be present on all levels. Working as a partnership.	There needs to be a dedication to the new initiative by all involved parties with clear communication and cooperation between the public and private sectors. Also being all inclusive and

		more collaborative cooperative partnerships; flexible and less formal. Eliminate that competitive element between agencies.		involving as much of the community and state as possible.
Question 4	Respondent 1's Response	Respondent 2's Response	Respondent 3's Response	Synthesis of Responses
What are you foreseeing as barriers to the success of this initiative, and what measures have been taken to address those anticipated problems?	Problems with communication. Not everyone knows the answers. We don't have supervisors trained but line staff is trained. We started training prior to solving problems we might encounter.	Wants to keep his mind open; there is currently a lot of waste and overlap in service provision. INITIATIVE will eventually free up more resources. The biggest challenge is really being committed to a systems change of how these things are funded and how the state organizes this. How public/private work together. Who's in charge of the case, how should we split referrals? There's a disjoint in who should be involved within the state and private sector. What each state department wants could be conflicting. But we will grow and learn through debate.	Clarifying the role of the INITIATIVE within the community. We are combining six programs into one. There are priority populations (Training School kids and child welfare). The Family Community Advisory Board used to be comprised of two entities of about 100 people and the new board will have to choose 19 members. The board will oversee the activities, make recommendations on policy, and oversee flexible funding. DEPARTMENT OF CHILD WELFARE is to facilitate this board but I'm not sure when. We also need more	The lack of clarification of roles and responsibilities of and unanswered questions are potential barriers but everyone is still in the learning and adjustment phase.

			integration with partnership agencies.	
Question 5	Respondent 1's Response	Respondent 2's Response	Respondent 3's Response	Synthesis of Responses
Are you feeling supported by DEPARTMENT OF CHILD WELFARE?	Yes, they've been very gracious and cooperative. They don't have answers from the state that they need to inform the community (financial questions, DEPARTMENT OF CHILD WELFARE gives \$ but how much \$ will it be, who client belongs to, billing coding).	DEPARTMENT OF CHILD WELFARE has been very supportive. This is critical too; DEPARTMENT OF CHILD WELFARE has to be a partner. Feeling excited because DEPARTMENT OF CHILD WELFARE could aid in a real systems change. Have to be partners to collaborate. Better if you work together and we need cooperation and a desire to work well together.	Our partnership is integral and we need collaboration and cooperation.	There is a feeling of overall support from DEPARTMENT OF CHILD WELFARE and the directors view the partnership as integral to a real systems change.
Question 6	Respondent 1's Response	Respondent 2's Response	Respondent 3's Response	Synthesis to Responses
Are there any factors you can identify that would enhance the success of the new initiative in your agency?	It's all still so new, and everyone's learning. The paperwork is changing; day to day operations weren't previously coordinated. But we're getting through it all together.	We're already looking at phase two. How to position yourself for phase two. Training in wraparound for agencies/staff that are not yet involved with DEPARTMENT OF CHILD WELFARE. Figuring out reporting, paperwork, the infrastructure of the database (policy and paperwork).	Just continue to stay on the same page and work within our partnership to figure out any glitches. I am very happy for what the future of the INITIATIVE has to offer us.	Everyone must continue to work together within the partnerships and as a whole by continuing to learn through democratic debate to ensure the success of the initiative.
Summary of Respondent's	Positive this new initiative	Extremely enthusiastic and	Enthusiastic and dedicated to this	

Outlook on this Community Wide Initiative	brings a needed change in Rhode Island's approach to service provision but there are many issues in day to day operations that need to be ironed out during this learning phase.	hopeful about this new initiative and is very dedicated to ensuring its success through genuine collaboration and learning (through debate) within his partnership and as a whole. Has an attitude that no obstacle is too large of a challenge to stand in the way of a successful shift in service provision as long as all members are committed.	new initiative and believes by everyone working together with continuous clarification of everyone's role and responsibility this initiative will be a success and provide those in need with a better service network.	
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Strengths and Limitations of the Proposed Methods of Investigations

This study was intended to assess the identified barriers compromising the success of this Community Wide Initiative as recognized by workers with first hand experience of the service provision process. Using face to face interviews provided in depth information on the workers understanding of potential obstacles compromising the success of this Initiative process but also was time consuming and limited the sample size. The researcher interviewed the directors of the Lead Agencies, providing an administrative perspective but not the first hand perspective of workers doing actual service provision for the Community Wide Initiative. The workers being interviewed may have answered differently due to the researcher's role at the Department of Child Welfare.

Conclusion

The Governor's state budget cuts have reduced the resources available to the Department of Child Welfare's social service workers in the Child Welfare Unit, making internal service delivery and work less effective and efficient, negatively influencing the

populations being served by the department. To best utilize the state's minimal resources The Department of Child Welfare has adopted a Community Wide Initiative model of service provision. The Department of Child Welfare is utilizing the Initiative philosophy and model to create a collaborative partnership with community agencies, families in need, natural social supports and the state to ensure comprehensive and successful service provision within Rhode Island. The aims of this transition are to provide the people of Rhode Island with the needed services and to eliminate unnecessary state involvement with cases that are not of imminent risk or unsafe for the children involved. The Initiative model ensures that the remaining workers are focused only on child welfare cases of great risk while the community agencies increase their responsibilities serving the needs of families where children are safe. This research will identify what barriers or obstacles community agency service providers identify as compromising the success of this Community Wide Initiative.

The biggest change staff is likely to experience is a shift in culture; the language used with clients is very different, a true shift to strengths perspective rather than identifying deficits. The Community Wide Initiative is a shift away from the medical model, resisting the attempt to bring solutions to the family but rather work collectively (client, natural supports, Initiative worker) to come up with a service plan/solution together. The service provider is no longer the expert; the aim is to fit the service to the family rather than fit the family to the service. This shift in service delivery (wraparound process) gives the family a voice and role in the helping process, leading to a sense of empowerment and, with time, greater self-sufficiency within the family and their natural supports, lowering the chance of further involvement with the Initiative.

The single biggest necessary feature that will ensure the success of the Community Wide Initiative is clear communication and collaboration between the state agencies and the community. The State is in the beginning stages of a change at the systems level to develop more partnerships between the state and the community, involving more families to create more comprehensive, cooperative partnerships that are flexible and less formal. To successfully build these bridges between the public and private sectors there must be a passion and dedication to the work by all staff involved. Because the Community Wide Initiative is in its beginning phases there is confusion surrounding who has the final say, who determines where referrals go and who should be involved in both the public and private sectors. There is conflict between what each state department wants. However, clear, cooperative and comprehensive debate between all involved will enable each entity to learn and grow and establish this successful Community Wide Initiative within the State.

Another barrier to the success is the coordination of training; the supervisors are not fully trained but the line staff is trained, the training began prior to solving problems that might occur. Yet, the directors are committed and remain flexible throughout this learning process and these day to day operations (paper work changes, procedure and policy changes) are being addressed as they surface.

With genuine commitment from all involved, open, comprehensive communication between members of both the public and private sectors, and flexibility, this Community Wide Initiative will meet its aims and provide the people of the State with the needed services and eliminate unnecessary state involvement with cases that are not of imminent risk or unsafe for the children involved. The Initiative model will allow the remaining Department of Child Welfare workers to focus only on child welfare cases of great risk

while the community agencies will serve the varying needs of families where children are safe, but services are still needed. Through family directed services and the involvement of natural supports, this Community Wide Initiative will leave families empowered and more self-sufficient, reducing the families' need for services in the future.

Implications for Social Work Practice, Research and Policy

The use of the Initiative philosophy and model in the State offers an example of how to utilize minimal resources to ensure the most effective service provision, enabling families at risk to learn to be self-sufficient and utilize their natural supports, rather than depend on the State in a time of crisis. The Initiative model creates collaboration between the public and private sector, and eliminates the role of the state as expert, allowing more flexibility in service provision. This allows the Department of Child Welfare workers to focus on child welfare, eliminates overlap of services and reduces the wasting of scarce resources in economically difficult times. The Initiative model forces social work to examine its tie to the medical model, and shows the positives of a return to a strengths perspective, client directed practice, where all natural supports and resources are utilized through a method of reciprocity. The shift to the Initiative model created changes in policy surrounding funding, ownership of clients, and shared responsibility between the private and public sector. The use of flexible funds allows services to be more subjective to the individual needs of families rather than trying to fit families into rigid services that have proven ineffective in the long run. The Initiative philosophy is comparable to this saying: "Give a man a fish and you've fed him for a day, teach a man to fish and he'll have food for life."

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