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Maine
CHILD WELFARE SERVICES
OMBUDSMAN

3RD ANNUAL REPORT • 2005



PHOTO BY SHARON PIENIAK



CHILDREN'S OMBUDSMAN

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I am honored to present the 3rd Annual Report of the Maine Child Welfare Services Ombudsman. The Maine Children's Alliance is pleased to manage the Ombudsman Program, as we believe it to be a critical part of establishing a more effective system for children and their families.

In our 2004 Annual Report, we set goals for the coming year. Thanks to the support of our colleagues in the Governor's Office, the members of the 122nd Legislature, the staff of the Department of Health and Human Services, our staff and volunteers, and stakeholders, we can acknowledge progress on all of the goals stated in our 2004 Annual Report. Please see page 15 for a summary.

We increased services in 2005 by an average of 4 cases a month or 48 cases. We substantially improved our ability to manage data through a revision of our database. As a result, we are able to generate written reports much more quickly.

Yet, much remains to be done. We will continue to improve our practice. We will work with our colleagues at the Long-Term Care Ombudsman Program and the Office of Advocacy to make recommendations to the Joint Standing Committee on Health and Human Services to improve ombudsman and advocacy services.

The Ombudsman will continue to collaborate with the people and groups that are working toward making Maine more supportive of our families and a safer place for our children. The Ombudsman looks forward to working with the Governor, the Legislature, DHHS and all other stakeholders in Maine's child welfare system.

Yours truly,



G. Dean Crocker
Child Welfare Services Ombudsman

"It is far easier to build strong children than repair broken men."

— FREDERICK DOUGLASS



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What is the Maine Child Welfare Services Ombudsman?

Maine's Child Welfare Services Ombudsman is contracted directly with the Governor's Office and is overseen by the Department of Administrative and Financial Services.

The Ombudsman is authorized by 22 MRSA §4087-A to set priorities for opening cases for investigation. All calls requesting information are answered to the best of the Ombudsman's ability.

The Ombudsman may open cases based on the following:

1. The involvement of the Ombudsman is expected to benefit the child or children who are the subject of the inquiry or complaint in some demonstrable way.
2. The inquiry or complaint appears to contain a policy or practice issue whose resolution may benefit other children and families.

The Ombudsman will not open a case when:

1. The case is in Due Process (Court or Department of Health and Human Services (DHHS) Administrative Review or Hearing). Information will be provided as requested.
2. The complaint is against a DHHS staff person and no specific child is alleged to have been harmed by the worker's action or inaction.
3. In the judgment of the Ombudsman:
 - The primary problem is a custody dispute between parents.
 - The caller is seeking redress for grievances that will not benefit the child.
 - Opening an investigation may jeopardize a child's emotional well-being.

More information about the Ombudsman may be found at the website at:
<http://www.mainechildrensalliance.org/am/publish/ombudsman.shtml>

MIRRIAM-WEBSTER ONLINE defines an *Ombudsman* as:

- 1: a government official (as in Sweden or New Zealand) appointed to receive and investigate complaints made by individuals against abuses or capricious acts of public officials
- 2: one that investigates reported complaints (as from students or consumers), reports findings, and helps to achieve equitable settlements

Policy and Practice within the Office of Child and Family Services

In the Ombudsman's 2004 Annual Report a number of policy and procedure areas within the Office of Child and Family Services (OCFS) were identified and several recommendations were made. The Ombudsman is grateful for the leadership of the OCFS Senior Management Team and, in particular, its key central office staff who collaborated with the Ombudsman on the implementation of those recommendations: James Beougher, Director of OCFS; Christopher Beerits, Deputy Director; and Daniel Despard, Manager of Policy and Programs.

RESULTS OF SOME OF THE RECOMMENDATIONS MADE IN 2004

- In an effort to move to a strengths-based and solution-focused model that recognizes the importance of acknowledging family and parent strengths while ensuring the safety and well-being of children, a greater emphasis is being placed on the use of assessment resources in the children's behavioral health system and related assessment programs to determine parent and family strengths. Funds for parental capacity assessments and psychological evaluations have been decreased.
- Training, supervision and accountability systems have continued to support movement toward case work that supports a more clearly recognized role for families in assessment and case planning.
- Substantiation of child abuse or neglect is no longer a requirement for providing services. Prior to the establishment of the Community Intervention Program (CIP) approximately fifty percent of the reports received by Child Protective Services Intake were determined to be likely to have some level of abuse or neglect present but received no response. As a result of the establishment of the CIP only those cases determined to be unrelated to child welfare receive no responses. The OCFS now is considering how to assure that cases screened out by Child Protective Services Intake as inappropriate for child welfare services can be appropriately connected to other services.
- Initial steps are underway for making consistent, ongoing connections between siblings and are tied to planning for resource development to enable children to stay in or close to their homes and communities. The OCFS has a clear management direction to assure as much as possible that siblings in its care or custody remain together.
- Involving relatives who are not kinship providers for children in DHHS care or custody is becoming an expectation in practice at OCFS.
- Budget recommendations presented to the 122nd Legislature included key policy emphasis on kinship care, decreased numbers of children coming into care and greater reliance on more normalized placement options.

OMBUDSMAN RECOMMENDATIONS MADE IN 2005

OCFS POLICY AND PRACTICE

In order to assure a connection to appropriate services for families for whom child abuse or neglect is indicated, policy and practice clarifications should be made to establish a performance expectation that OCFS caseworkers make referrals to appropriate services even when OCFS does not open a case or make a referral to a Community Intervention Program (CIP).

THE OFFICE OF CHILD AND FAMILY SERVICES SHARED WITH THE OMBUDSMAN THAT...

...policy is in place and guidance is being provided to senior management regarding the implementation of a performance expectation that OCFS caseworkers must make referrals to appropriate services even when an OCFS case is not opened or referred to a CIP. This is in addition to the already established policy of referring cases at low or moderate risk for abuse or neglect to a CIP.

A status of indicated or substantiated child abuse or neglect should not result from a parent following a court order as opposed to an OCFS directive. To the extent that OCFS caseworkers believe that following a court order will place a child in jeopardy, the caseworker should file a Child Protection Petition asking for a disposition that will protect the child.

THE OFFICE OF CHILD AND FAMILY SERVICES SHARED WITH THE OMBUDSMAN THAT...

...it is in strong agreement and believes that it is an issue for supervision.

SAFETY PLANS

For children placed with relatives there should be more effective follow-up on safety plans to help relatives make connections with services and support systems, and to move toward family reunification when that becomes appropriate.

THE OFFICE OF CHILD AND FAMILY SERVICES SHARED WITH THE OMBUDSMAN THAT...

...the OCFS quality assurance team has identified this issue as well. A policy has been developed that specifies that there will be follow-up when relative care becomes the safety plan for children not in state custody. This new policy will make sure that relatives get connected to available resources. Maine has done research and visited a model site whose information will be instrumental in the development of new policy and procedure.

"Nothing you do for children is ever wasted. They seem not to notice us, hovering, averting our eyes, and they seldom offer thanks, but what we do for them is never wasted."

— GARRISON KEILLOR

CASE PLANS

A case plan structure and caseworker training in support of measurable outcomes should be established in order to achieve behaviorally specific objectives which can be more clearly communicated to parents and providers, and increase MaineCare compliance.

THE OFFICE OF CHILD AND FAMILY SERVICES SHARED WITH THE OMBUDSMAN THAT...

...a new policy is in place requiring that case plans be developed in Family Team Meetings, the structure of which already requires a focus on families, natural supports and strengths. This work also is part of the OCFS process for integrating the child welfare and children's mental health systems.

FAMILY REUNIFICATION

MaineCare's Mental Health Services regulations pertaining to the child welfare system should be revised to define services applicable to family rehabilitation and reunification. This would improve the effectiveness of those services, and maximize MaineCare funding for services that are currently state funded.

THE OFFICE OF CHILD AND FAMILY SERVICES SHARED WITH THE OMBUDSMAN THAT...

...the new draft of the MaineCare Mental Health Services regulations going out for public comment contains a new section focusing on permanency services. The OCFS also is developing policy to require that family plans, including the plan for family reunification, be completed at a Family Team Meeting within thirty-five days of a child's entry into state custody. The new MaineCare proposed regulations and this policy are part of OCFS's plan to reduce the amount of time a child is in state custody.

The process of rehabilitation and reunification should be shortened through better coordinated and integrated treatment programs.

TRANSITION

Interagency protocols between the Department of Education (DOE) and OCFS should be developed to support better collaboration in the transition of state wards to adulthood and clarify the roles of caseworkers and surrogate parents in developing the child's Individual Education Plan and in meeting the needs of state wards who qualify for special education services.

THE OFFICE OF CHILD AND FAMILY SERVICES SHARED WITH THE OMBUDSMAN THAT...

...they have identified a staff person who has been assigned to work with the Children's Cabinet on improving the transition of children and youth between programs and to life as an adult. There are ongoing discussions between DOE and DHHS on this subject, and it has been identified as one of two top priorities for the Children's Cabinet.

OTHER

Communication with parents could be improved through the development of a handbook for parents where they can keep their case information, a statement of their rights in the child welfare system, and notes and records of their communications with caseworkers and service providers.

THE OFFICE OF CHILD AND FAMILY SERVICES SHARED WITH THE OMBUDSMAN THAT...

...they agree that a pilot project to assess the usefulness of a communication handbook would be appropriate, but it is not possible to begin this year due to other commitments. The OCFS believes that this could become part of an over-all effort to improve parental involvement and family focus in the integrated child welfare and children's mental health system. The OCFS is exploring how other states have improved parent involvement.

The DOE should develop a protocol for investigating allegations of abuse in public schools that uses professionals trained in child abuse investigations. The protocol should assure that children who may be victims are provided the same protection as children involved in child protective cases.

The OCFS should develop a "Rights of Children in the Care or Custody of the Department of Health and Human Services" to assure a more normalized experience for children and youth in care. This should clarify basic rights of state wards and require a clear process for any infringement of those rights. The OCFS should include current and former state wards in the process of developing the statement.

THE OFFICE OF CHILD AND FAMILY SERVICES SHARED WITH THE OMBUDSMAN THAT...

...the Children's Reform Steering Committee heard directly from youth in DHHS custody about the need to assure their right to the normal experiences of children and youth. The youth group also asked for greater involvement in their own plans. A recommendation was made to develop clear written policy in support of these rights and OCFS agreed to make it a priority for the coming year.

*"If a child is to keep alive his inborn sense of wonder,
he needs the companionship of at least one adult who can share it,
rediscovering with him the joy, excitement and mystery of the world we live in."*

— RACHEL CARSON

Case Examples

COURT ORDER VS. OFFICE OF CHILD AND FAMILY SERVICES DIRECTIVE

Ms. S contacted the Child Welfare Services Ombudsman to complain that she had been substantiated for abuse by the Office of Child and Family Services (OCFS) because she followed a court order and allowed her ex-husband to have visits with their children. She believed she was treated unfairly by OCFS because they asked her to violate a court order and face contempt charges. The OCFS intervened when Ms. S did allow the visitation to take place, citing that she was “failing to protect” her children from their father given his violent history.

The Ombudsman found that there was a court order requiring visits. There also was information supporting OCFS’s contention that the children’s father posed a substantial risk to the children. The Ombudsman reviewed a number of other cases in which OCFS had suggested that the parent return to court to get the custody and visitation order amended. When the Ombudsman spoke with other clients, it was discovered that they did not have the financial ability to hire lawyers.

THIS CASE HIGHLIGHTS the need for OCFS to develop a plan to resolve jeopardy in cases like this, including the possibility of assisting the custodial parent with getting a protection from abuse order or having changes made in custody and visitation orders. If those alternatives are not successful, OCFS should file a Petition for Child Protection asking the Court to order a disposition that will protect the children. Data from the Department of Health and Human Services (DHHS) shows that most families in the child welfare system are low-income families who cannot afford lawyers.

COMMUNICATION OF CLEAR EXPECTATIONS OF PARENTS IN REHABILITATION AND REUNIFICATION PLANS

Ms. T contacted the Ombudsman about the plan she and her OCFS caseworker had made for rehabilitation and reunification with her children. The caseworker told Ms. T that they planned to ask the Court to approve their request to cease reunification efforts with her. Ms. T stated that her learning disability and level of cognitive skills may have prevented her from fully understanding and engaging in the reunification process. Ms. T did not understand why OCFS had concluded that she didn’t comply with the plan when, in fact, she had gone to all the required services.

The Ombudsman reviewed the rehabilitation and reunification plan which stated that OCFS would provide certain services, and that Ms. T would participate in those services and follow the recommendations of the service providers. The plan did not set forth the skills or knowledge Ms. T was expected to demonstrate as a result of participating in services. Neither was there clarity about that for which the service providers would be held accountable. Mrs. T attended services faithfully but the service providers continued to report that she was not making progress.

THIS CASE HIGHLIGHTS the importance of clearly stated measurable outcomes to help clients and OCFS determine the level of success in rehabilitation and whether the children can be safely reunified with their parents. Concrete behavioral expectations will link the process to the issues that resulted in the removal of the children and the changes that are necessary to protect the children from jeopardy. Better, clearer communication between team members will result in more effective services.

OFFICE OF CHILD AND FAMILY SERVICES RESPONSIBILITY UNDER GUARDIANSHIP

Ms. K contacted the Ombudsman with concerns about her son who she voluntarily placed with a relative as part of a safety plan with OCFS. The OCFS had received a complaint, judged it to be valid, and substantiated severe neglect. The OCFS negotiated a safety plan with Ms. K to have her son placed under the guardianship of Ms. K's mother. The grandmother petitioned the Probate Court and, with her daughter's consent, was awarded guardianship.

The OCFS assessed that the child was safe with the grandmother and closed the child protective services case. There was no rehabilitation or reunification plan because DHHS had never had custody of the child and the Probate Court had awarded guardianship to the grandmother. Subsequently, Ms. K took it upon herself to get treatment and was clean and sober a year later. Her service providers supported her decision to ask that custody be returned to her.

Ms. K called her OCFS caseworker and asked for help in getting the Probate Court to return custody of her son to her. The caseworker responded that the case was closed and that they have no role since the child is safe and the Probate Court has made a guardianship decision. The caseworker told Ms. K that in order to have her son returned she would need to get a lawyer and petition the Court on her own.

THIS CASE HIGHLIGHTS the need for OCFS to determine what its policy and practice should be when the outcome of the safety plan is the awarding of guardianship of a child by the Probate Court to another individual. There currently is no statutory authority or assigned responsibility for rehabilitation and reunification in such cases. The OCFS should review the relevant laws and determine the statutory changes that are necessary to clarify DHHS responsibility in these situations. While there may not have been safety issues warranting child welfare services continued involvement, there were family support needs, both for the grandparents caring for the child and for the child's mother as she worked to address her behavioral health issues. The OCFS is the agency which provides these services.

"How wonderful it is that nobody need wait a single moment before starting to improve the world."

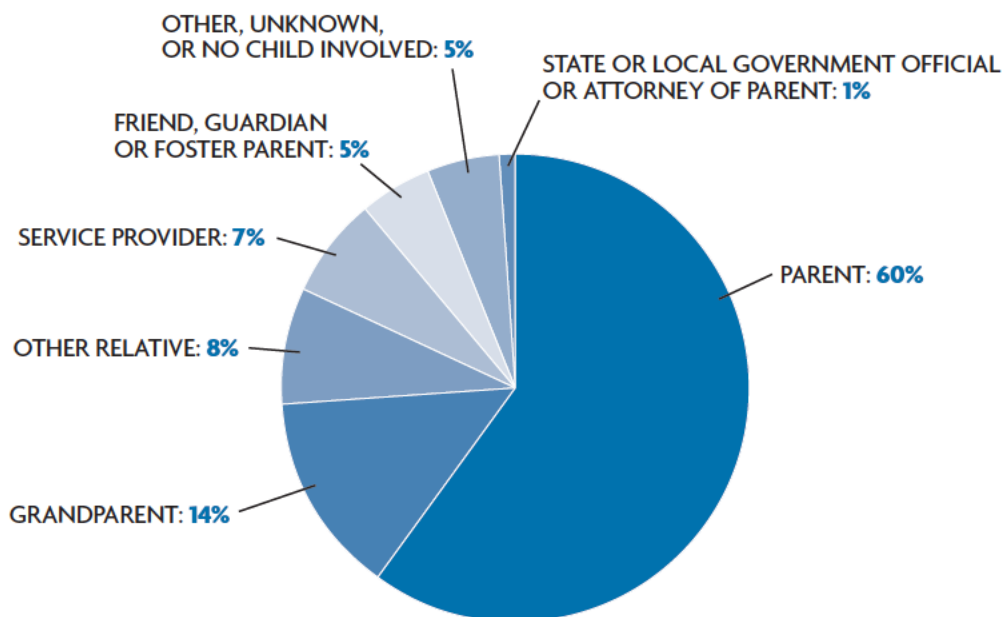
— ANNE FRANK

Child Welfare Services Ombudsman Data

Each contact to the Child Welfare Services Ombudsman provides the opportunity to respond to requests for information and to complaints about the Office of Child and Family Services (OCFS). In addition, each contact allows the Ombudsman to identify recurring problems in Maine's child welfare system and to make recommendations for systemic change. The data in this portion of the Annual Report is from the Ombudsman database and provides information on the individuals who contacted the Ombudsman, the types of complaints they had, the children who were the subject of the complaints, and how complaints were resolved for the reporting period of November 1, 2004 to October 31, 2005.

WHO CONTACTED THE CHILD WELFARE SERVICES OMBUDSMAN?

During the twelve month reporting period a total of 257 individuals contacted the Ombudsman. Parents and relatives of children involved with the Department of Health and Human Services (DHHS) represent the majority of contacts (82%).



"In every conceivable manner, the family is link to our past, bridge to our future"

— ALEX HALEY

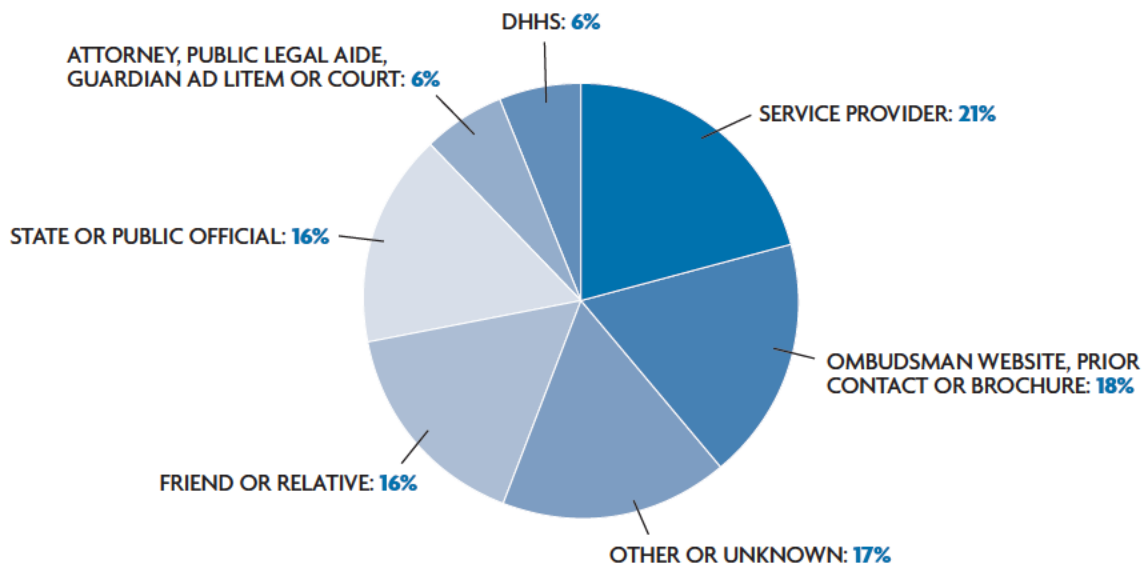
HOW LONG DID THEY WAIT FOR ASSISTANCE?

Over a six month period from May through October 2005, 126 individuals contacted the Ombudsman. The majority of those contacts (117) waited seven calendar days or less for a staff member to respond to their request for assistance and the other 9 waited between eight and thirteen days.

NUMBER OF CONTACTS (126 TOTAL):	43	17	10	10	6	13	9	9	2	2	1	1	2	1
NUMBER OF DAYS WAITED FOR RESPONSE:	0	1	2	3	4	5	6	7	8	9	10	11	12	13

HOW DID INDIVIDUALS LEARN ABOUT THE CHILD WELFARE SERVICES OMBUDSMAN?

Slightly more than one-fifth of the contacts to the Ombudsman learned about the Ombudsman from a service provider (21%), followed by the Ombudsman website, brochures, and prior contact with the office (18%).

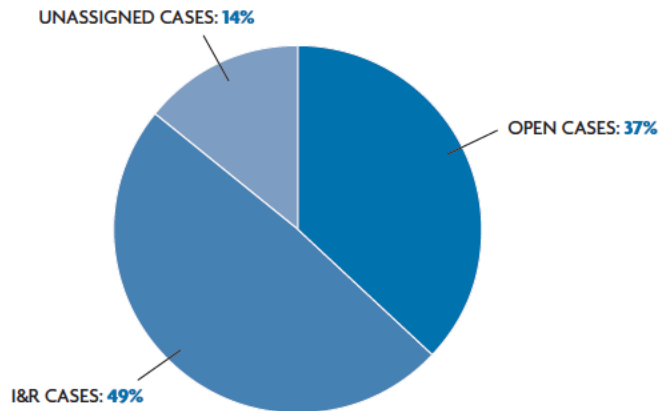


"To nourish children and raise them against odds is in any time, any place, more valuable than to fix bolts in cars or design nuclear weapons."

— MARILYN FRENCH

HOW DOES THE CHILD WELFARE SERVICES OMBUDSMAN DOCUMENT CASES?

The Ombudsman documents cases in one of three categories: Unassigned, Information and Referral (I&R) or Open. Initially, all cases are documented as Unassigned while on the waitlist and while the Ombudsman gathers information on the inquiry or complaint. Sometimes a contact will remain categorized as Unassigned because Ombudsman staff is unable to reach the contact after several attempts to do so, or the contact determines they do not need Ombudsman services.



Once the information has been gathered, the case is documented as either I&R or Open.

Cases are documented as I&R when an individual requests information or calls with a complaint or concern that does not meet the Ombudsman's criteria for opening a case.

Cases are documented as Open when involvement of the Ombudsman would benefit the well-being of the child or children involved in the complaint or other children and families. These cases may have several complaints and may involve a Child Protective Services Unit, a Children's Services Unit, or an Adoption Unit.

HOW MANY CASES WERE OPENED IN EACH DHHS DISTRICT?

DISTRICT #	OFFICE	CASES	DISTRICT		CHILDREN	
			NUMBER	% OF TOTAL	NUMBER	% OF TOTAL*
1	Biddeford	7	16	16.5%	36	19%
	Sanford	9				
2	Portland	13	13	14%	25	13%
3	Lewiston	10	11	11%	19	10%
	South Paris	1				
4	Augusta	8	8	8%	17	9%
5	Rockland	3	13	14%	30	15%
	Skowhegan	10				
6	Bangor	16	16	16.5%	28	14%
	Dover-Foxcroft	0				
7	Ellsworth	4	12	13%	27	14%
	Machias	8				
8	Caribou	4	7	7%	12	6%
	Houlton	1				
	Fort Kent	2				
TOTAL			96	100%	194	100%

*Percent of children involved in Open Cases

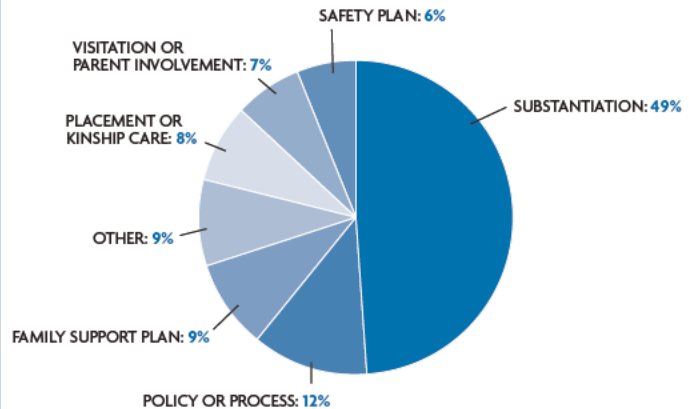
WHAT ARE THE MOST FREQUENTLY IDENTIFIED COMPLAINTS?

Between November 1, 2004 and October 31, 2005, 96 cases were opened with a total of 317 complaints. There were 130 complaints regarding Child Protective Services Units, 183 complaints regarding Children's Services Units, and 4 complaints regarding Adoption Units. Each complaint is summarized according to the specific issues of the complaint.

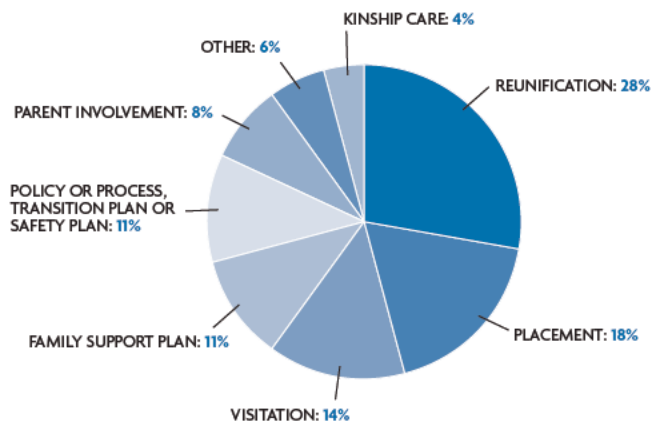
"One hundred years from now, it will not matter what my bank account was, how big my house was, or what kind of car I drove; But the world may be a little better because I was important in the life of a child."

— ANONYMOUS

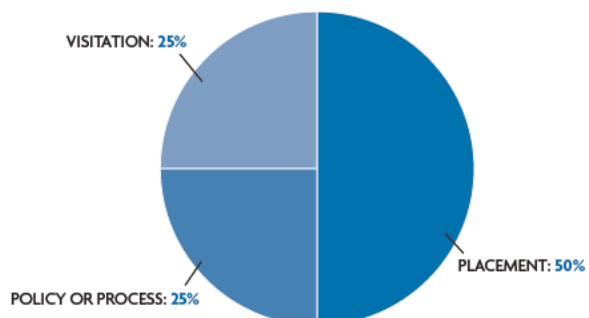
Area of Complaint: CHILD PROTECTIVE SERVICES UNITS



Area of Complaint: CHILDREN'S SERVICES UNITS



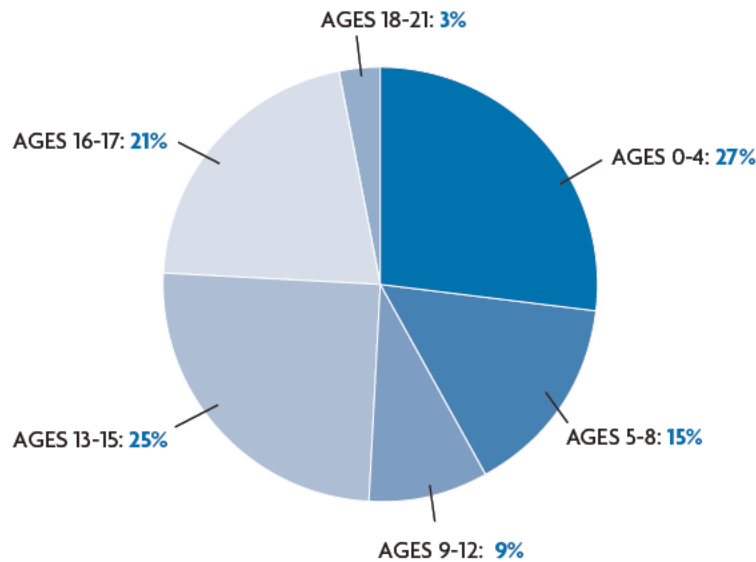
Area of Complaint: ADOPTION UNITS



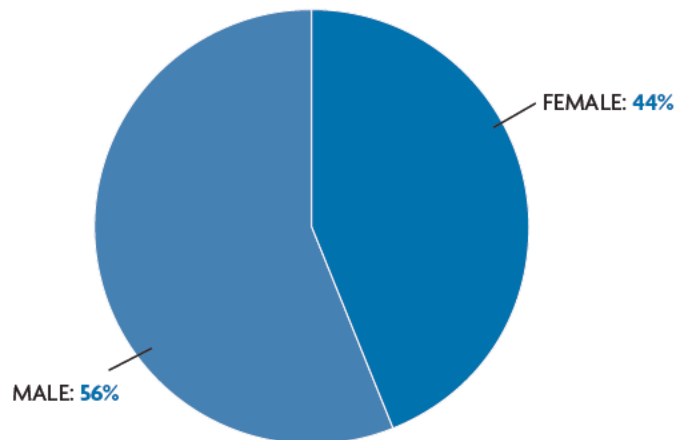
WHAT ARE THE AGES AND GENDER OF THE CHILDREN INVOLVED IN OPEN CASES?

The Ombudsman collected age and gender information for all children involved in Open cases.

Slightly more than one-fourth of the cases opened by the Ombudsman involved children aged 0-4 years. Another one-fourth of the cases involved children ages 13-15 years and just over one-fifth of the cases involved children ages 16-17 years.



Of the children involved in Open cases, 109 were male and 85 were female.



HOW WERE OPEN CASES RESOLVED?

When closing a case, Ombudsman staff document each complaint as Valid and either Resolved or Not Resolved, or Not Valid based on the Ombudsman's review.

Valid complaints are complaints that the Ombudsman has reviewed and has determined that the complainants are correct in their identification of the complaint issue. Cases may involve more than one complaint. For example, a person may complain about a child being removed from their home, the placement in which the child is placed and the plan for reunification.

Resolved complaints are complaints in which the Ombudsman has determined that changes being made by the Office of Child and Family Services (OCFS) to address the complaints are in the best interests of the children. Cases may be resolved when the Ombudsman determines OCFS policy and procedures were followed. Cases also may be resolved when the Ombudsman determines that no action is necessary by DHHS.

Valid complaints can be Unresolved when OCFS disagrees with the Ombudsman's recommendations for addressing the best interests of the children involved in the complaint.

Not Valid complaints are complaints the Ombudsman has reviewed and has determined that OCFS is following policies and procedures and is working in the best interests of the children involved in the complaint.

During the twelve month reporting period, the Ombudsman closed 88 cases with a total of 268 complaints. Of those 268 complaints, 64 (24%) were considered Valid/Resolved and 204 (76%) were considered Not Valid.

RESOLUTION	CHILD PROTECTIVE SERVICES UNITS	CHILDREN'S SERVICES UNITS	ADOPTION UNITS	TOTAL
Valid/Resolved	24	39	1	64
Valid/Not Resolved	0	0	0	0
Not Valid	75	125	4	204
TOTAL	99	164	5	268

"If we don't stand up for children, then we don't stand for much."

– MARIAN WRIGHT EDELMAN

Reflecting Back on 2005

The Ombudsman is pleased to report progress has been made on each goal established for 2005.

- ✓ Advocate for better outcomes for youth transitioning to adulthood by working with the Department of Health and Human Services (DHHS) to improve compliance with federal mandates for assessment and transition planning for state wards.
 - The Children's Cabinet made transition one of three top priorities.
 - The DHHS and the Department of Education (DOE) have committed to several steps to assure more successful transitions for state wards.
- ✓ Advocate for a stronger focus on family support and kinship care.
 - The Office of Child and Family Services (OCFS) adopted a practice model based on family centered practice.
 - Budget and policy recommendations were approved to increase Maine's reliance on kinship care.
- ✓ Work to improve the effectiveness and efficiency of mental health services available in the child welfare system.
 - The Children's Reform Steering Committee (of which the Ombudsman was a part) made comprehensive recommendations for improvement of treatment services for children and families in child welfare.
 - The Ombudsman continues to be part of the Best Practices Group whose focus is improving trauma sensitive practice.
 - The Ombudsman has an agreement with DHHS, DOE and the Department of Corrections to work on the development of a human resources system to support implementation of evidence based practice.
- ✓ Support advocacy for children in the State's care or custody to have the same normalizing opportunities as other children, including the right to ongoing and safe relationships with their siblings and relatives.
 - The OCFS has clarified policy and procedure to assure support for sibling relationships for children in state care or custody.
- ✓ Work with the staff of the Bureau of Medical Services to secure financing under Medicaid for the work the Ombudsman does regarding planning and quality assurance for child welfare services.
 - The Ombudsman secured MaineCare financing for the Ombudsman Program.
- ✓ Dialogue with representatives of Maine's court system on how the Court can support improvement in the child welfare system.
 - The Ombudsman continues to meet with the Chief Justice of the Maine Supreme Court and the Chief District Court Judge to discuss ways to improve outcomes for children and families.
- ✓ Recommend an amendment of the Ombudsman authorizing legislation to improve communication and accountability in the Ombudsman Program.
 - The 122nd Legislature amended the statute which established the Ombudsman Program to provide for written reports to DHHS. The law was signed by the Governor on June 20, 2005.

Looking Forward to 2006

The following is a brief summary of the goals the Ombudsman for Child Welfare Services has set for the coming year:

- Achieve program stability through collaboration with colleagues at the Long-Term Care Ombudsman Program and the Office of Advocacy by completing a report to the Joint Standing Committee on Health and Human Services as required by P.L. 2005, Chapter 412, Section 11. The report will include recommendations to maximize program independence, effectiveness and the ability to provide ombudsman services, as well as long-term budget stability.
- Provide advocacy and technical assistance for the Department of Health and Human Services (DHHS) that will result in:
 - Connections with appropriate services and supports for all families calling Child Protective Services Intake even when the call is not about child abuse and neglect.
 - Services and supports for kinship families and the children for whom they care at least equal to such services and supports for children in foster care.
 - Supports and services for kinship placements outside the Office of Child and Family Services system.
 - Integration of children's behavioral health and child welfare services.
 - A single source of information and entry into the State's system for children and families.
 - A uniform practice model shared by public and private agencies in the child welfare and children's behavioral health systems.
- Continue to support key child welfare policies that lead to:
 - Decreasing the number of children entering state custody.
 - Increasing reliance on kinship care.
 - Decreasing the length of time children and youth spend in care.
 - Providing consistent support for planning and services enabling successful transition to adulthood for state wards.
 - Increasing reliance on less restrictive, more normalizing placements for children and youth in the care or custody of DHHS.
 - Establishing comprehensive standards to protect the basic rights of children served by DHHS, including those in state custody.
 - Assuring adequate protection for children who may have been abused in the public or private education systems.
 - Achieving more effective parent involvement in the child welfare system.

Again this year, the Ombudsman will continue to collaborate with the people and groups that are working toward making Maine more supportive of its families and a safer place for its children. The Ombudsman looks forward to working with the Governor, the Legislature, DHHS and all other stakeholders in Maine's child welfare system.

ACKNOWLEDGMENTS

As the third year of operation comes to completion, the Ombudsman for Child Welfare Services acknowledges many people who have helped to assure the success of the Ombudsman Program's mission to support better outcomes for the children and families served by the child welfare system. Space does not allow listing all the people and their contributions.

Public and private agency staff who work in child welfare and children's behavioral health - It is they who struggle to implement new ideas and expectations at the frontline, where it matters most.

Legislators whose advocacy has assured continued existence of the Ombudsman Program and whose interest will build a better ombudsman and advocacy system - A significant portion of the time of the Joint Standing Committee on Health and Human Services has been spent in advocacy for continued funding and consideration of how to make the Ombudsman for Child Welfare Services more effective.

Senior managers in the Office of Child and Family Services, most ably lead by James Beougher - Many new policies and fresh new ideas continue to come from this group of people. Their support for the Ombudsman Program is clear and demonstrated at a tangible level.

Patrick Ende, Senior Policy Advisor in the Governor's Office - Mr. Ende has consulted with us on many different issues and continues to be a strong advocate for the low-income families and children the Program serves.

The staff of the Maine Children's Alliance (MCA) and the Ombudsman for Child Welfare Services - The office continues to operate smoothly and effectively because:

- Elinor Goldberg provides excellent guidance on public policy work and maintains a high standard of accountability.
- Paula Cookson provides competent, efficient and effective support as the Assistant Ombudsman.
- Mary Milam manages the data system so effectively.
- Bonnie Colfer manages the finances and supervises the office so well.
- Lisa Hassam provides strong administrative support and assistance with intake.

Freda Plumley, Board Member of MCA - Ms. Plumley consults with the Ombudsman on a variety of issues. She was instrumental in helping to improve the Probate Code's guardianship provisions in collaboration with Sen. Richard Rosen and the Bangor Family Connections Group.

Jack Comart, Esq., Maine Equal Justice Partners - Mr. Comart has been readily available to consult with the Ombudsman on complex legal issues.

Allison Beyea, Esq., KIDS LAW - Ms. Beyea has been a strong supporter of the Ombudsman Program and a very effective advocate for low-income families in the child welfare system.

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