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Maine

CHILD WELFARE SERVICES OMBUDSMAN

4TH ANNUAL REPORT • 2006



CHILDREN'S OMBUDSMAN

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I am honored to present the 4th Annual Report of the Maine Child Welfare Services Ombudsman. The past year has offered many challenges for the child welfare system, its staff, and the families who are served by it. As the Ombudsman, I have had the privilege of taking part in several initiatives that will have a long-term, positive impact on Maine's ability to keep its children and youth safe and healthy. I have been asked to:

- Join the Children's Reform Stakeholder Group in its work to make recommendations for better public policy in child welfare and children's mental health,
- Participate in the Managed Care Stakeholders Group as it considered key issues for child welfare services as part of a behavioral health managed care system, and
- Join the Maine Health Access Foundation's Integration Initiative to integrate primary and behavioral health care.

These policy initiatives will have a profound impact on the delivery of services to children and their families. At the heart of all of these endeavors is the goal of more effective, efficient, and coordinated services for our most vulnerable children and their families.

I am also pleased to report that we assisted more children and families than in the previous year. With the help of the Governor's Office, the Legislature's Joint Standing Committee on Health and Human Services, and the Department of Health and Human Services (DHHS), we secured an amendment to our enabling legislation that allows us to issue written case reports. Written reports, which become part of the permanent record, improve communication with DHHS administrators and staff.

We are pleased to be part of an on-going child welfare reform process that allows more children to remain at home safely and produces better results for children and their families.

Yours truly,



G. Dean Crocker, *Child Welfare Services Ombudsman*



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WHAT IS *the Maine Child Welfare Services Ombudsman?*

The first priority of work of the Maine Child Welfare Services Ombudsman is to provide case-specific advocacy services to individuals who have complaints about child welfare services provided by the Maine Department of Health and Human Services (DHHS). When the Ombudsman receives a complaint, he assesses it to determine whether to open it for review.

The Ombudsman may open cases for review based on the following:

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

The Ombudsman will not open a case for review when:

1. The complaint is about a child welfare case that is in Due Process (Court or DHHS Administrative Review or Hearing). The Ombudsman will provide information, if requested, to the caller.
2. The complaint is about a Court Order.
3. The complaint is about a DHHS staff person and no specific child is alleged to have been harmed by the staff person's action or inaction.
4. The primary problem is a custody dispute between parents.
5. The caller is seeking redress for grievances that will not benefit the child.

In addition to opening cases for review, the Ombudsman also provides information about the child welfare system, as well as referrals to other agencies.

MERRIAM-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

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

POLICIES AND PRACTICES

within Maine Child Welfare Services

The Child Welfare Services Ombudsman identified several child welfare services policies and practices within the Department of Health and Human Services, Office of Child and Family Services (OCFS), that require further development. As a result, the Ombudsman made recommendations to the Department in the following topic areas: transition, services, court orders, MaineCare services, data collection, professionalism, and child abuse investigations in schools. The Department is in the process of making several changes in policies and procedures to improve practice.

RECOMMENDATIONS

TRANSITION

1. In order for youth who are in the custody of the Department and who require adult services to experience a seamless transition between the child and the adult service systems, the Department should establish policies and procedures that will clarify roles and specify how the two systems will work together.
2. In order for youth in the custody of the Department to experience a successful transition to adulthood, there should be a clear and consistent expectation for the development of Independent Living Plans and for their inclusion in contracts between the Department and service providers. Independent Living Plans should include the identification of a mentor or other responsible adult upon whom the young adult can depend for support and guidance.
3. In order for youth who have special education needs and who are in the custody of the Department to have better outcomes in continuing and completing their education, child welfare services staff and special education staff should coordinate the child welfare services case plans and the “transition plans” that are required by the Individuals with Disabilities Education Act.

THE DEPARTMENT’S RESPONSE:

Successful transitions for children in the custody of the Department (and other youth, such as those in the custody of the Department of Corrections) have become a top priority of the Governor and the Children’s Cabinet. Thanks to First Lady Karen Baldacci, a task force called “Keeping Maine’s Youth Engaged” has been established with staffing support through the Muskie Institute for Public Policy.

“Keeping Maine’s Youth Engaged” is developing legislation to assure that youth experiencing disruptions, such as a change of placement, will get credit for school work completed before the change in placement.

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Also, the Department has recognized that transition and its planning must become a clear priority for caseworkers. Training and better documentation of transition planning have been undertaken. Further steps are being considered with the support of “Keeping Maine’s Youth Engaged.”

4. In order to encourage adoptions and assure that necessary services are continued for children being adopted, caseworkers should provide prospective adoptive parents with information about services offered through the Division of Children’s Behavioral Health Services (CBHS). Caseworkers should facilitate transition to these services.

THE DEPARTMENT’S RESPONSE:

We agree with this recommendation and have taken steps in Districts 1 and 2 to implement this practice and plan to work statewide to include a CBHS staff member as a participant in pre-adoptive presentation meetings. Several steps are in progress to insure access to post-adoption services on a statewide and consistent basis.

SERVICES

1. In order for children with special needs in the custody of the Department to have their needs met, the Department must ensure that the services it purchases for these children are available, are readily usable, and meet the children’s disability related needs.

THE DEPARTMENT’S RESPONSE:

Changes have been made to the Service Authorization Policy to clarify and reinforce the importance of the authorization of services in the context of the family or child plan so that services meet the unique needs of the child and family. All assessment and case planning activities should be directed toward identifying the most relevant and effective services to provide for safety, permanency and well-being. Bringing the Division of Early Childhood Services under the direction of the Office of Child and Family Services (OCFS) director will facilitate more coordinated responses to services that meet the needs of children with disabilities, including early detection. OCFS contract managers work with providers to assure compliance with physically accessible facilities and providers trained in meeting children’s behavioral health needs.

2. In order to ensure that services to children and families involved with the Department can be expected to produce predictable results and maximize federal funding sources, the Department should take steps to assure that treatment services for which it contracts are based on evidence of effectiveness. The

Department should move away from the practice of routinely referring children and parents for individual psychotherapy unless there is evidence that the treatment will be effective.

THE DEPARTMENT'S RESPONSE:

Lindsey Tweed, M.D., child psychiatrist, has met with child welfare staff in the Districts to provide training in the appropriate use of evaluations and treatment modalities. OCFS is considering developing written guidelines to assist in the decision making regarding treatment modalities. Work is being done to support the staff in challenging treatment decisions to be assured that the right treatment is being provided at the right time.

3. In order to improve the effectiveness of treatment for children and families involved with the Department, caseworkers' referrals for treatment services should specify the behavioral outcomes for which treatment is requested, and case records maintained by the Department should include regular reports from treatment providers documenting the level of achievement of expected behavioral outcomes.

THE DEPARTMENT'S RESPONSE:

We agree that there needs to be a higher standard of accountability for service and treatment providers. OCFS recognizes the need for evidence-based practices that clearly identify outcomes. As noted above, authorizations for treatment are expected to be the outcome of a well-defined and well-developed family or child plan that is created through a family-driven family team meeting where the strengths and challenges of the individual are clearly identified and understood from a treatment perspective.

4. In order to ensure that children ages zero to five in the custody of the Department are screened by Child Development Services (CDS) when there is reason to believe, based on early and periodic screening, that a child may have a disability or developmental delay that qualifies the child for CDS services, the Department should provide guidance to caseworkers in support of implementation of the Child Abuse Prevention and Treatment Act requirements for referrals to the CDS system.

THE DEPARTMENT'S RESPONSE:

We are pleased to have the opportunity to work more closely with the Division of Early Childhood and will be able to use this partnership to inform, educate, and support child welfare staff in the utilization of CDS services. OCFS is committed to a focus on early identification and intervention through this partnership.

COURT ORDERS

In order to ensure that court orders protect clients' rights and don't jeopardize receipt of federal funds, the Department should provide training to caseworkers and supervisors, Assistant Attorneys General, and District Court Judges on client rights afforded under Title XIX of the Social Security Act, and federal and state rules governing MaineCare funded services. Court orders that require parents to participate in mental health and substance abuse treatment services should specify the behavioral changes that are to be achieved as a result of participation in services, while leaving the methodology for obtaining these results to the service providers.

THE DEPARTMENT'S RESPONSE:

We agree with this recommendation and are committed to work both through the Attorney General's Office to clarify the range of authority of the court in MaineCare matters and to promote this understanding in our collaborative work with the judiciary. We have enhanced our relationship with the Administrative Office of the Courts and have made inroads into education regarding the limits of treatment and the need for the treatment provider to have a range of discretion in the development of an individual specific treatment plan.

MAINECARE SERVICES

In order to sufficiently enable mental health professionals to provide guidance to key people in the lives of children in state custody, the Department should encourage the revision of MaineCare regulations under Chapter II, Section 65, sub-sections M (Child and Family Behavioral Health Treatment) and N (Community-Based Treatment for Children without Permanency) to increase the billable hours for these services. Currently, the 10 hour annual allowance is barely sufficient for mental health professionals to attend family team meetings.

THE DEPARTMENT'S RESPONSE:

We have begun to emphasize that family visits should occur in more normalized settings, consistent with helping families gain the skills and knowledge necessary to prompt and successful reunification. The Department has also asked district offices to consider carefully all referrals for individual psychotherapy to assure that it is appropriate and supported by evidence supporting its use for the purpose intended.

DATA COLLECTION

In order to improve the educational performance of children in the custody of the Department who have special education needs, the Department should capture better information about children's disabilities and the impact of those disabilities on educational performance. The Department of Health and Human Services should work with the Department of Education to align and define data elements for disabilities so that they are comparable.

THE DEPARTMENT'S RESPONSE:

We have clarified expectations for caseworkers on the data they must collect for children with disabilities.

PROFESSIONALISM

In order to reflect a professional regard by caseworkers for clients, caseworkers should refer to clients and to themselves in practice and in case records with titles that demonstrate professional regard, such as Mr., Ms., and Mrs.

THE DEPARTMENT'S RESPONSE:

Policy finalized on 7/26/06 on Documentation of Case Management Activity requires that case recordings are purposeful and meaningful, that the intent of the intervention is clearly defined and that the responsibilities of the parties are clearly articulated. It is required that caseworkers refer to clients in a respectful manner in case documentation. The Attorney General's Office has provided informational guidelines on standards for case recordings to caseworkers.

CHILD ABUSE INVESTIGATIONS IN SCHOOLS

In order to appropriately investigate complaints of child abuse against school personnel, the Department of Health and Human Services (DHHS), the Department of Education, and the legislative committees of jurisdiction should develop enabling legislation that provides for adequate investigative staff who are trained in forensic investigations and who are not associated with the school where an employee is under investigation.

THE DEPARTMENT OF EDUCATION'S RESPONSE:

DOE will consider legislative changes to promote effective investigation practices, including mandated reporting and specifying the recipient and uses of information acquired in the course of investigation. The DOE is also consulting with DHHS regarding process, skills, and forensic resources with the aim of assuring effective investigatory practice.

POSITIVE FINDINGS

In addition to identifying child welfare policies and procedures that need further development, the Ombudsman began to incorporate “positive findings” into the case reports that are sent to Program Administrators and to Central Office senior management staff after a case review. Positive findings are the actions of caseworkers who demonstrate outstanding work with families. In the cases reviewed by the Ombudsman, it became increasingly evident that these actions needed to be openly recognized in the Ombudsman’s case reports because they are indicative of the level of dedication that caseworkers exhibit, as well as how the focus of casework at the Department of Health and Human Services is gradually shifting to a more strengths-based, family-centered approach.

Included in this section of the report are the top five positive findings identified during case reviews.

1. **THOROUGH CASEWORK** was the most frequently identified positive finding in 2006. Caseworkers made exceptional efforts to manage all aspects of the cases, and to investigate and assess situations thoroughly in the best interests of the children.
2. The second most frequently identified positive finding was caseworkers’ **STRENGTHS-BASED APPROACH** in working with families. Caseworkers showed compassion and a willingness to assist people and to provide support in a variety of ways.
3. The third most frequently identified positive finding was caseworkers’ attempts to work with families to **PREVENT THE REMOVAL OF CHILDREN**. Caseworkers utilized a variety of approaches in assisting families to reach safe solutions to problems in an effort to avoid having to take children into custody.
4. The fourth most frequently identified positive finding was related to placement. Caseworkers worked hard to **FIND PLACEMENTS IN THE CHILDREN’S BEST INTEREST**. Whether in foster care, kinship care, or residential care, caseworkers made arrangements that met the children’s needs above all else.
5. Lastly, caseworkers **EXTENDED REUNIFICATION TIMEFRAMES** to meet reasonable child and/or family needs. In cases where reunification was pending and children and families required more time to address small issues, caseworkers helped families to resolve the issues and allowed additional time to accommodate families’ needs.

CASE EXAMPLES

of the Child Welfare Services Ombudsman

SEAMLESS TRANSITIONS BETWEEN SERVICES SYSTEMS

The Ombudsman received a complaint regarding a young woman who was seventeen years old and in the custody of the Department of Health and Human Services. This young woman had significant developmental and behavioral issues, and had been in foster care for some time because reunification with her mother was deemed inappropriate.

During the Ombudsman's case review, it was discovered that she had no transition plan. Given her significant delays and disabilities, and the fact that she would soon be turning eighteen years old and leaving the custody of the Department, it was vital that a comprehensive plan be created to assist and support her. The case was of particular concern because she might otherwise move back into her mother's home upon her eighteenth birthday. This was an option her team agreed would not have been beneficial to her and could have resulted in further abuse.

THIS CASE HIGHLIGHTS the need for the Department to establish policies and procedures for transition planning that will clarify the roles of caseworkers in the child welfare services system and in the adult services system, and that will set forth how the staff in these two systems will work together. This will ensure that children in the state's custody who need adult services will experience a seamless transition between the two systems.

Ironically, disabilities are rarely studied in relation to child welfare and are even less frequently considered in the transition from care.

Yet, as foster youth with disabilities age out of the child welfare system, coordination of transition planning among key agencies and systems is imperative.

– From the 2006 article by Katharine Hill and Pam Stenhjem entitled, “Youth with Disabilities Aging Out of Foster Care: Issues and Support Strategies.”

CONTINUATION OF SERVICES AFTER ADOPTION

The Ombudsman received a complaint from a couple who was prepared to adopt a young girl who had lived in their home for three years as a foster child. She was five years old and had numerous severe physical and behavioral issues that professionals had determined required ongoing, long-term support.

The only barrier for the couple of the adoption of the girl was the fear of losing the services that she needed and was currently receiving. During adoption planning, the Department's caseworker from the Division of Child Welfare Services was only able to offer a six month guarantee of continued services. The couple was told that the girl would be moved from their home if they no longer wanted to adopt her. They made the decision to go through with the adoption and risk losing services so that they could keep this child to whom they had grown very attached.

THIS CASE HIGHLIGHTS the need for child welfare caseworkers in the Department to provide prospective adoptive parents with information about services offered through the Division of Children's Behavioral Health Services. Caseworkers should facilitate transition to these services. This will encourage adoptions and ensure that children who need services continue to receive them after they are adopted.

PROTECTION OF CLIENTS' RIGHTS AND COURT ORDERS

The Ombudsman received a complaint about a mother who had an episodic, but ongoing substance abuse problem. The Department had been involved with the family through several changes in the circumstances of the children and wanted the mother to participate in home-based mental health services.

The mother had been working successfully with a service provider to address her issues, but the Court, on the recommendations of the caseworker, ordered the mother to receive home-based mental health services from a different service provider. The mother was unable to establish a working relationship with the court ordered service provider and wanted to return to her previous service provider. The right to choose service providers guaranteed under MaineCare rules was not afforded to the mother, thus placing the agency's license and Medicaid approval to provide services in jeopardy.

THIS CASE HIGHLIGHTS the need for the Department to train caseworkers and supervisors, Assistant Attorneys General, and District Court Judges on client rights afforded under Title XIX of the Social Security Act, and federal and state rules governing MaineCare funded services. This will ensure that court orders protect clients' rights and do not jeopardize receipt of federal funds. Court orders that require parents to participate in mental health and substance abuse services should specifying the behavioral changes that are to be achieved as a result of participation in services, while leaving the methodology for obtaining these results to the service providers.

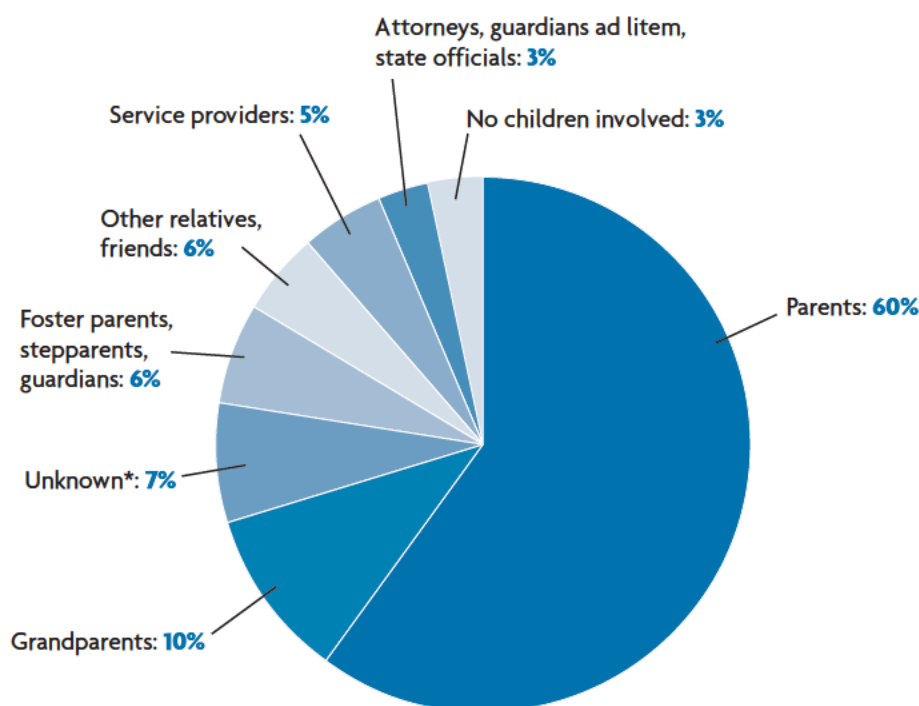
DATA

from the Child Welfare Services Ombudsman

The data in this portion of the annual report are from the Child Welfare Services Ombudsman database and provide information about the individuals who contacted the Ombudsman, the complaints they had about the Department of Health and Human Services, the children who are the subject of those complaints, and how complaints were resolved during the reporting period from October 1, 2005 through September 30, 2006.

WHO CONTACTED THE OMBUDSMAN?

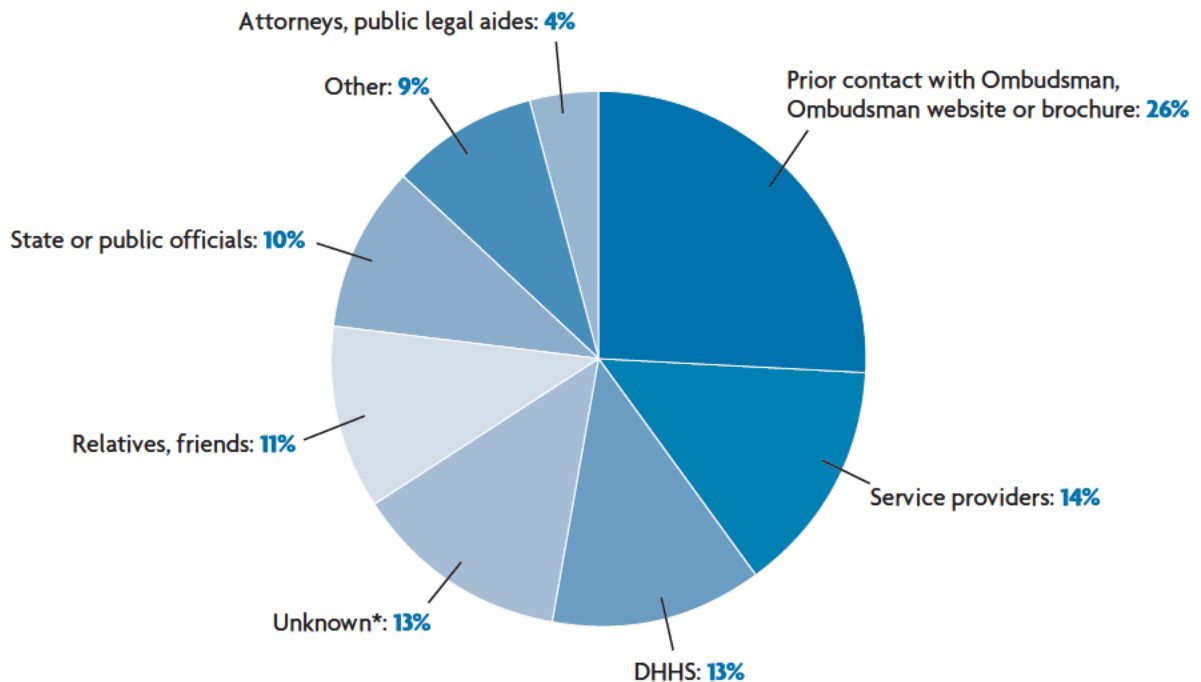
During the reporting period, a total of 302 individuals contacted the Ombudsman. The majority of the contacts (75%) were from individuals most closely connected to children involved with the Department: parents, grandparents, stepparents, guardians, and foster parents.



* *Unknown* represents two types of individuals: 1) those who contacted the Ombudsman but who then determined that they did not need or want ombudsman services, and 2) those whom the Ombudsman was unable to reach.

HOW DID INDIVIDUALS LEARN ABOUT THE OMBUDSMAN?

Individuals learned about the Ombudsman from a variety of sources. Just over a quarter of the 302 individuals who contacted the Ombudsman (26%) learned about the Ombudsman from prior contact with the Ombudsman or from the Ombudsman website or brochure. Another 27% of individuals who contacted the Ombudsman learned about the Ombudsman from a service provider with whom they were working or from the Department.



* *Unknown* is due to individuals contacting the Ombudsman but not completing the intake process for receiving services.

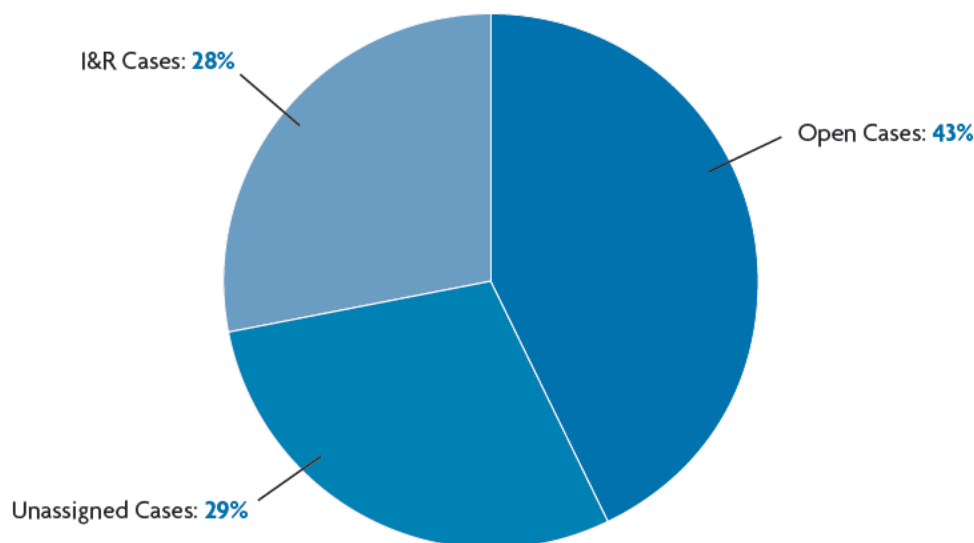
HOW DOES THE CHILD WELFARE SERVICES OMBUDSMAN DOCUMENT CASES?

The Ombudsman assigns cases to one of three categories: 1) Unassigned, 2) Information and Referral (I&R), or 3) Open. Initially, all cases are Unassigned while the Ombudsman is gathering information about the inquiry or complaint. Sometimes an individual's case will remain categorized as Unassigned because the Ombudsman staff is unable to reach an individual after several attempts to do so, or an individual determines that they do not need or want ombudsman services.

Once the information related to the inquiry or complaint has been gathered from an individual, the case is re-categorized as I&R or Open. An I&R case is one in which the individual is seeking information or referrals to other agencies.

Cases are categorized as Open when the Ombudsman determines that reviewing a child welfare case would benefit the well-being of the child or children who are the subject of the complaint, or when reviewing a child welfare case would benefit 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 of the Division of Child Welfare Services.

During the reporting period, the Ombudsman opened 133 cases for review. Of those 133 cases, 8 involved individuals who contacted the Ombudsman during the previous reporting period. Additionally, 85 individuals were provided with information and/or referrals. During that same time period, 92 cases were documented as Unassigned.



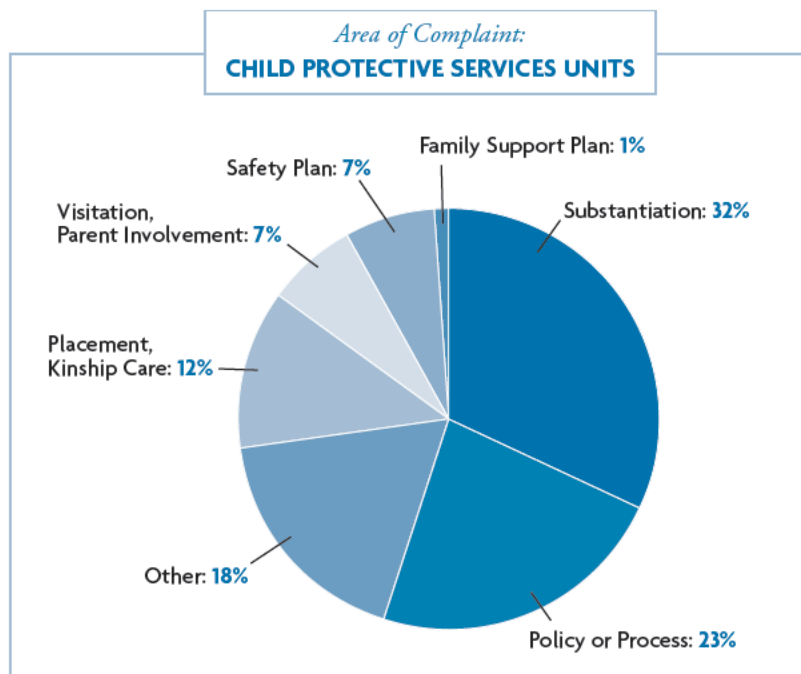
HOW MANY CASES WERE OPENED IN EACH DHHS DISTRICT?

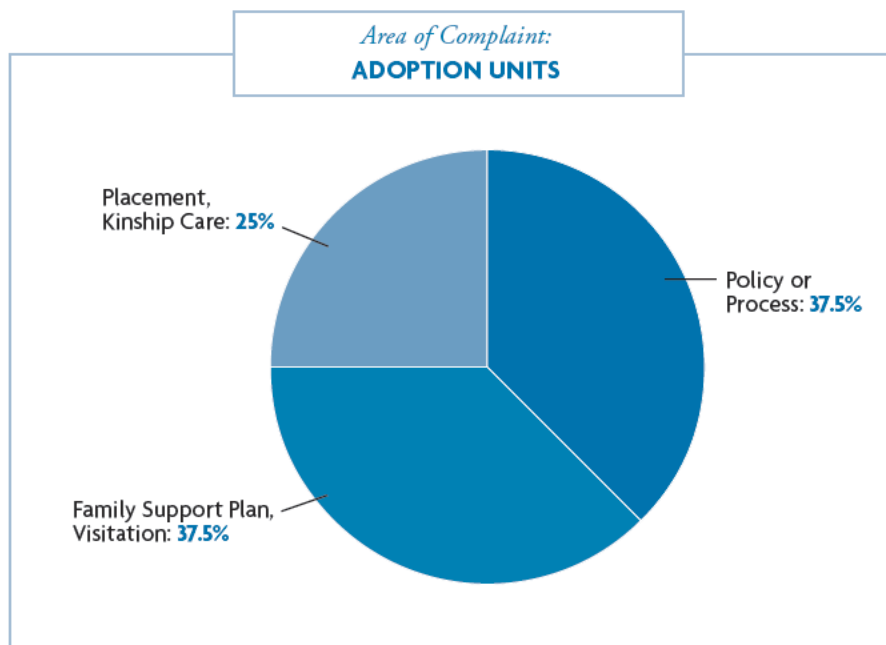
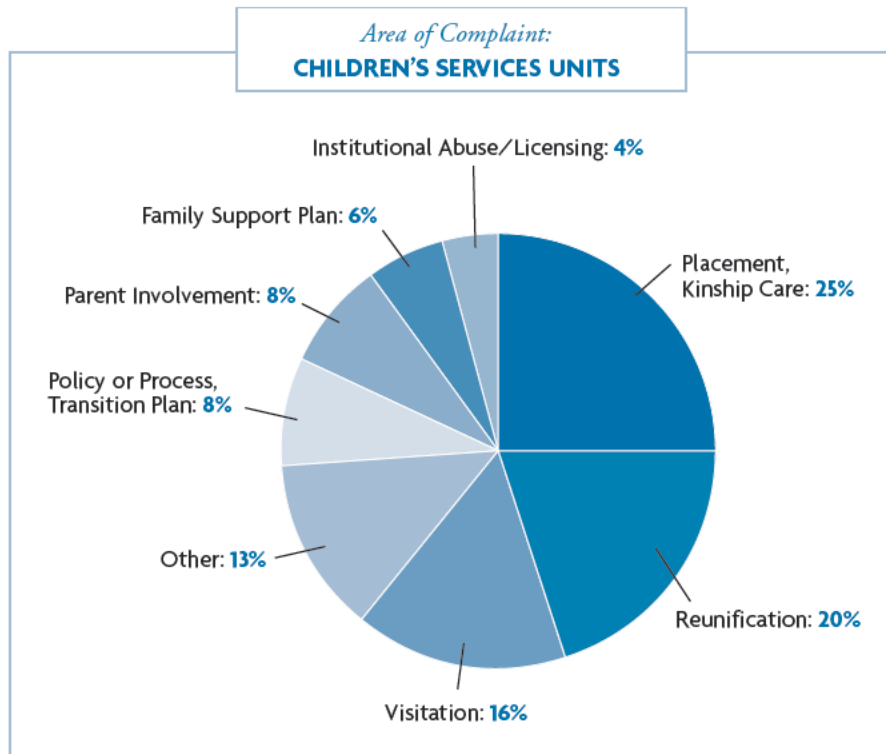
The Division of Child Welfare Services consists of 8 districts. Each district has at least one office and some have two or three. During the reporting period, the number of cases in each district varied from a low of 7 in District 1 to a high of 23 in District 6.

DISTRICT #	OFFICE	CASES	DISTRICT		CHILDREN	
			NUMBER	% OF TOTAL	NUMBER	% OF TOTAL
1	Biddeford	5	7	5%	13	6%
	Sanford	2				
2	Portland	17	17	12.5%	27	11%
3	Lewiston	21	22	17%	38	16%
	South Paris	1				
4	Augusta	14	14	11%	28	12%
5	Rockland	8	21	16%	38	16%
	Skowhegan	13				
6	Bangor	23	23	17%	44	19%
	Dover-Foxcroft	0				
7	Ellsworth	5	17	12.5%	29	12%
	Machias	12				
8	Caribou	2	12	9%	19	8%
	Houlton	7				
	Fort Kent	3				
TOTAL			133	100%	236	100%

WHAT ARE THE MOST FREQUENTLY IDENTIFIED COMPLAINTS?

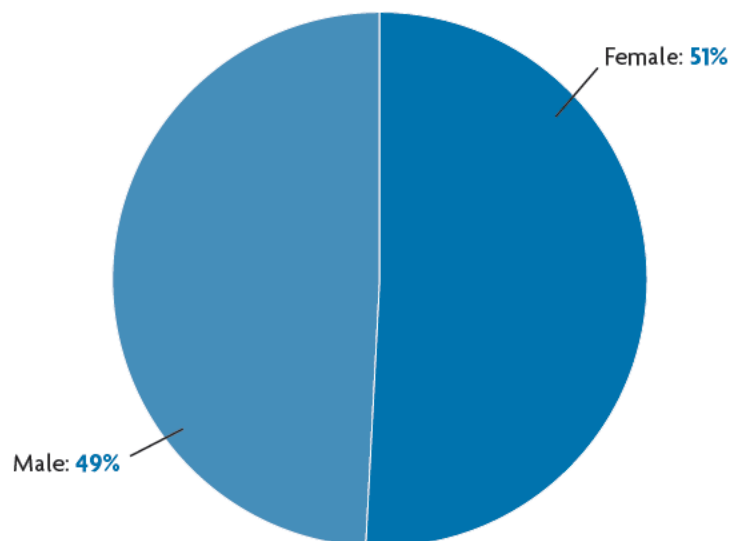
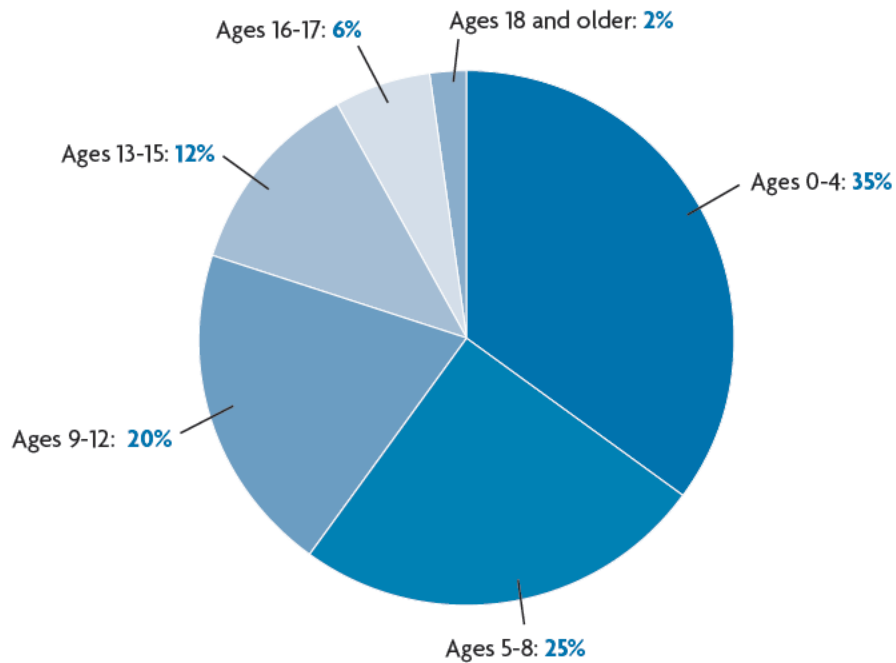
During the reporting period, 133 cases were opened with a total of 316 complaints. Each case typically involved more than one complaint. There were 149 complaints regarding Child Protective Services Units, 159 complaints regarding Children's Services Units, and 8 complaints regarding Adoption Services Units.





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

The Ombudsman collects demographic information on the children involved in cases open for review, including age and gender. During the reporting period, 35% of these children were 4 years old or younger. Of the 236 children involved in cases opened for review, 120 were girls and 116 were boys.



HOW WERE OPEN CASES RESOLVED?

During the reporting period, the Ombudsman closed 132 cases that had been opened for review. Of these cases, 107 were opened in the current reporting period and 25 were opened in the previous reporting period. When closing a case, the Ombudsman determines whether each complaint within the open case is Valid/Resolved, Valid/Not Resolved, or Not Valid.

VALID/RESOLVED complaints are those that the Ombudsman has determined have merit, and changes have been or are being made by the Department in the best interests of the child or children involved.

VALID/NOT RESOLVED complaints are those that the Ombudsman has determined have merit, but they have not been reconciled for the following reasons:

1. **ACTION CANNOT BE UNDONE:** The issue cannot be resolved because it involved an event that had already occurred.
2. **DEPARTMENT DISAGREES WITH OMBUDSMAN:** The Department disagreed with the Ombudsman's recommendations and would not make case changes.
3. **CHANGE NOT IN CHILD'S BEST INTEREST:** Making a change to correct a policy or practice violation is not in the child's best interest.
4. **LACK OF RESOURCES:** The Department agreed with the Ombudsman's recommendations but could not make a change because no resource was available.

NOT VALID complaints are those that the Ombudsman has reviewed and has determined that the Department was or is following policies and procedures in the best interests of the child or children.

The 155 cases closed during the reporting period included 343 complaints. Of these 343 complaints, the Ombudsman determined that 55 were Valid/Resolved, 27 were Valid/Not Resolved, and 261 were Not Valid.

RESOLUTION	CHILD PROTECTIVE SERVICES UNITS	CHILDREN'S SERVICES UNITS	ADOPTION UNITS	TOTAL
Valid/Resolved	32	19	4	55
Valid/Not Resolved	7	17	3	27
1. Action cannot be undone	5	13	2	20
2. Dept. disagrees with Ombudsman	2	3	1	6
3. Change not in child's best interest	0	1	0	1
4. Lack of resources	0	0	0	0
Not Valid	119	139	3	261
TOTAL	158	175	10	343

REFLECTING BACK

on 2006

The Ombudsman is pleased to report progress has been made on each goal established for 2006.

ACHIEVE PROGRAM STABILITY THROUGH COLLABORATION WITH COLLEAGUES AT THE LONG-TERM CARE OMBUDSMAN PROGRAM AND THE OFFICE OF ADVOCACY

- ✓ Complete a report to the Joint Standing Committee on Health and Human Services that will include recommendations to maximize program independence, effectiveness and the ability to provide ombudsman services, as well as to achieve long-term budget stability.
 - In collaboration with the Long-Term Care Ombudsman and the Office of Advocacy a report was made to the Joint Standing Committee on Health and Human Services.
 - Agreements were reached with the Executive Department to assure that the Ombudsman Program remains autonomous and the contract for the program continues through the Department of Administrative and Financial Services.

PROVIDE ADVOCACY AND TECHNICAL ASSISTANCE FOR THE DEPARTMENT OF HEALTH AND HUMAN SERVICES 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.
 - The Department is in the process of developing policies and procedures to assure that appropriate referrals are made for all screened out calls.
- ✓ Services and supports for kinship families and the children for whom they care are at least equal to such services and supports for children in foster care.
 - The current expectation is that kinship families will have available to them the full range of supports that are available to foster homes.
- ✓ Supports and services for kinship placements of children who are not in the custody of the Department.
 - The Department has begun, in a limited way, to provide support services to kinship families of children not in the custody of the Department, and has secured federal approval of a subsidized guardianship waiver that enables kinship families to receive some financial support under the Adoption and Safe Families Act.
- ✓ Integration of child welfare and children's behavioral health services.
 - Integration remains an active goal. The Request for Proposal for behavioral health managed care will discuss requirements for greater clinical mental health resources in assessment and care planning.

- ✓ A single source of information and entry into the State's system for children and families.
 - The State is in the process of implementing the 211 information system.
- ✓ A uniform practice model shared by the Department and the private agencies with which it contracts for child welfare and children's behavioral health services.
 - A uniform practice model was developed for the Department but has yet to become the policy standard for private contracted agencies.

CONTINUE TO SUPPORT KEY CHILD WELFARE POLICIES THAT LEAD TO:

- ✓ Decreasing the number of children coming into state custody.
- ✓ Increasing reliance on kinship care.
- ✓ Decreasing the length of time children and youth spend in the care of the Department.
- ✓ Providing consistent support for planning and services that enable successful transition to adulthood for children in the custody of the Department.
- ✓ Increasing reliance on less restrictive, more normalizing placements for children and youth in care.
- ✓ Establishing comprehensive standards to protect the basic rights of children served by the Department, including those in state custody.
- ✓ Assuring adequate protection for children who may have been abused in the public education system.
- ✓ Achieving more effective parent involvement in the child welfare system.

TWO GOALS WHERE CONSIDERABLE PROGRESS HAS BEEN MADE ARE:

- ✓ Assuring adequate protection for children who may have been abused in the public education system.
 - The Department of Education (DOE) is committed to making improvements in its handling of child abuse complaints against school personnel that will include statutory changes regarding confidentiality and the development of a clear procedural guideline for the Local Education Administration (LEA) investigating complaints of abuse and reporting back to DOE. This will improve the accountability of LEAs for investigating complaints.
- ✓ Providing consistent support for planning and services that enable successful transition to adulthood for children in the custody of the Department.
 - The First Lady, Karen Baldacci, as Chair of the Children's Cabinet will have legislation submitted to assure that youth in state custody will have educational credits transferred when moving to a new school district. The First Lady has also established a task force called "Keeping Maine's Youth Engaged" that will continue to study how to improve outcomes for youth as they transition to adulthood from our public systems, such as child welfare or corrections.

LOOKING FORWARD

to 2007

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

- Provide ombudsman services for all children and families served by programs of the Office of Child and Family Services within the Department of Health and Human Services.
- Provide advocacy and technical assistance for the Department of Health and Human Services that will result in:
 - The integration of services between the Division of Child Welfare Services and the Division of Children's Behavioral Health Services.
 - A uniform practice model shared by the agencies that contract with the Division of Child Welfare Services and the Division of Children's Behavioral Health Services.
 - A reliance on evidence-based services for which research shows successful outcomes.
 - The integration of physical and behavioral health care.
- Continue support for key child welfare policies including:
 - Decreasing the number of children coming into state custody.
 - Increasing reliance on kinship care.
 - Decreasing the length of time children and youth spend in the care of the Department.
 - Providing consistent support for planning and services that enable successful transition to adulthood for children in the custody of the Department.
 - Increasing reliance on less restrictive, more normalizing placements for children and youth in care.
 - Establishing comprehensive regulations to protect the basic rights of children, including those in state custody.
 - Assuring that children who may have been abused in the public education system are adequately protected.
 - Achieving more effective parent involvement in the child welfare system.

During the next year, the Ombudsman will continue to collaborate with organizations and policymakers 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, the Department of Health and Human Services, and all other stakeholders in Maine's child welfare system.

ACKNOWLEDGMENTS

As the fourth year of operation is completed, the Ombudsman for Child Welfare Services would like to acknowledge the many people that have helped assure the success of the mission of the Ombudsman Program to support better outcomes for children and families served by the Child Welfare System. Unfortunately, space does not allow listing all the people and their contributions.

The staffs of public and private agencies that provide services to children and families involved in the child welfare system for their efforts to implement new ideas and expectations at the frontline, where it matters most.

Senior management staff in the Office of Child and Family Services, most ably lead by Jim Beougher, for their desire to inform and improve Maine's child welfare policies by traveling around the country in search of new ideas and different ways of working with children and families. They brought back ideas and shared them with other child serving agencies and the Children's Cabinet as they considered their roles in keeping children safe.

The Legislature's Joint Standing Committee on Health and Human Services for their continued support of the Ombudsman Program through their work to ensure that the Ombudsman Program retains its autonomy and continues to receive funding through its contract with the Department of Administrative and Financial Services.

First Lady Karen Baldacci for her leadership of the Children's Cabinet and her commitment to ensuring that youth in our public systems, such as child welfare or corrections, have a successful transition to adulthood.

Freda Plumley, Board Member of the Maine Children's Alliance, for her consultation with the Ombudsman on a variety of child welfare issues.

Jack Comart, Esq., Maine Equal Justice Partners for his willingness to be available to the Ombudsman for consultation on complex legal issues.

KIDS LAW staff for their strong support of the Ombudsman Program and their very effective advocacy for low-income families in the child welfare system.

Mary Callahan for initiating a different discussion of child welfare and for her willingness to participate in a positive way in the public discussion.

Elinor Goldberg, President/CEO of the Maine Children's Alliance, for her advocacy at the federal level for continued funding of programs that support better outcomes for children and families, and especially for those involved with the child welfare system.

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