Maine
CHILD WELFARE SERVICES
OMBUDSMAN

8TH ANNUAL REPORT • 2010

CHILDREN'S OMBUDSMAN

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The 2010 Maine Child Welfare Services Ombudsman Annual Report was written and prepared by:

DEAN CROCKER, MSW
President/CEO Ombudsman

CARLA MOWATT, LMSW
Assistant Ombudsman

TONIA STEVENS
Project Assistant

CLAIRE BERKOWITZ, MS
Research Coordinator

Edited by:
MARY MCPHERSON
CINDY HAN

Book Design:
SHARON PIENIAK
Bluecat Media, www.bluecatmedia.com

I AM PLEASED TO PRESENT THE 8TH ANNUAL REPORT for the Maine Child Welfare Services Ombudsman Program. It has been our honor, at the Maine Children's Alliance, to be entrusted with the operation of the Ombudsman Program and the opportunity to make positive contributions to the welfare of Maine's children and families who struggle with abuse and neglect.

We are dedicated to the ongoing reformation of child welfare in Maine. The road has not always been smooth. Many people have had to accept change – sometimes difficult and painful change. I am grateful to all the public and private agency staff and foster parents who have helped to make Maine's child welfare system a national leader. Our children and grandchildren will benefit from a system in which:

- More children remain safely with family in their home community
- Significantly less money is spent on out-of-home residential care
- More money is invested in community supports
- Youth have a better chance to gain an education and successfully transition to adulthood

It is exciting to see the development of public policy in support of kinship families. We are pleased to support the work of the Legislature's Task Force on Kinship Families that will report to the 125th Legislature in January 2011. The Kinship Families report and the work underway through federally funded pilot projects will provide the basis for effective public policy for kinship care.

As the rate of child placement in kinship care has risen, the number of children placed in residential care has dramatically declined. This policy shift has resulted in more effective care for children and, concurrently, has dramatically reduced the state's total expense for residential treatment for child welfare placements. (See "Positive Trends in Child Welfare Services" on page 18 for details.)

Significant steps have been taken to address a serious problem identified in my past reports: the integration of children's behavioral health services and child welfare. Child welfare used to have a separate behavioral health system for its clients. Now there is one children's behavioral health system for all children, and that system is rapidly working toward another of our recommendations: evidence-based practice.

Unfortunately, our children and families still face serious health and safety issues. Too often, youth in state custody still leave custody or care to very uncertain futures, often with no connection to a life-long family. Poverty is still a predominant factor for too many of our children, often resulting in damage to children in critical stages of development and their families. Maine still fails to identify a large percent of children at risk. And we still rely too much on psychiatric medications like anti-psychotic drugs.

At a time of huge economic challenges and continued budget woes, we are pleased to present this report that suggests hope for the future. We close with the note that significant steps remain to be taken to assure the health and safety of our children.

Yours truly,

G. Dean Crocker
Child Welfare Services Ombudsman

WHAT IS *the Maine Child Welfare Services Ombudsman?*

The Maine Child Welfare Services Ombudsman Program 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 M.R.S.A. §4087-A to provide information and referrals to individuals requesting assistance and to set priorities for opening cases for review when an individual calls with a complaint regarding child welfare services in the Maine Department of Health and Human Services.

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: someone who investigates reported complaints (as from students or consumers), reports findings, and helps to achieve equitable settlements

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 an inquiry or complaint in some demonstrable way.

2. The complaint appears to contain a policy or practice issue the resolution of which 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 Department 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 Department 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.

More information about the Ombudsman Program 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 Program identified several child welfare services policies and practices within the Department of Health and Human Services, Division of Child Welfare Services, that require further development. As a result, the Ombudsman Program made recommendations to the Department in the following topic areas: cultural sensitivity in substitute care placements; levels of care assessment for children with exceptional medical care needs; safety planning; child protective assessments and the resulting findings; use of anti-psychotic medications.

A summary of the Ombudsman Program recommendations, with the Division of Child Welfare's responses, are provided below:

RECOMMENDATIONS

CULTURAL SENSITIVITY IN SUBSTITUTE CARE PLACEMENTS

The Ombudsman Program reviewed a case involving an Orthodox Jewish family. The review brought to light several concerns about the District's interpretation of policy and practice when determining placement of children of a particular culture or faith.

The Department's child welfare policy, below, appears to leave caseworkers with insufficient direction regarding spiritual considerations for substitute care placements.

> V. (D). Selection of Substitute Care Placement
>
> 3. Cultural/Spiritual Considerations.
> Placement is to be made with consideration of families where cultural, ethnic, and religious practices will be continued, valued, and advanced. If the foster family selected is not of the same ethnic heritage or general religious faith as the child, the foster family is expected to accept the child's differences and to facilitate the child's participation in his religious and ethnic community. The foster family may not impose their religious beliefs on the child.

The policy, as written, states that "consideration" must be made in regards to finding a placement to support and advance a child's cultural, ethnic, and religious practices. It may be interpreted that a good faith effort is all that is needed and that, in the absence of securing such a placement, the responsibility falls on the identified foster family, who may have differing cultural or spiritual beliefs and understanding, to provide follow-through. While foster families should be expected to follow through with this commitment, the inclusion of some checks and balances in Department policy and procedure is essential to ensure that it is actually done.

The Ombudsman Program recommends that the policy on Substitute Care Placement be revised, or clarified. This revision should provide a more specific expectation for due diligence in home finding and follow-up procedure to monitor efforts by the foster home to follow through on agreed-upon efforts to meet differing cultural and spiritual needs of the child(ren). This will not be an added responsibility for the caseworker, as it can be accomplished in mandatory monthly face-to-face visits.

THE DEPARTMENT'S RESPONSE:

This policy is currently under a review process for revision. The department agrees this section of policy should be more specific related to monitoring efforts by the resource family in supporting the cultural and spiritual needs of the child. Our efforts to place more children with relatives (now at 30%) and/or in their home community will also further this goal.

LEVELS OF CARE ASSESSMENT FOR CHILDREN WITH EXCEPTIONAL MEDICAL CARE NEEDS

We are pleased to support the Department's inclusion of a level of care for children with high medical needs within the Levels of Care (LOC) Policy.

The tools that are traditionally used to assess levels A through E are the PECFAS, CAFAS, and CHAT. These assessment tools do not capture the needs of medically fragile children. The revised policy states "in the event the child is identified as meeting preliminary criteria for Exceptional Medical Care and is placed in an OCFS [Office of Child and Family Services] resource home, the completed Certification of Exceptional Medical Care and supporting documentation will be forwarded to the Director of Child Welfare Policy & Practice for review and approval of Level M, prior to the entry of this rate."

The Ombudsman Program recommends utilizing the Katie Beckett eligibility process through Gould Health Systems. This program currently assesses children with long-term disabilities and complex medical needs who live at home with their families, rather than in nursing facilities. Use of this process will also allow transfer of the eligibility process to the child's home in the case of reunification or to an adoptive home should that be the alternative. It also reduces training and administrative cost in OCFS.

THE DEPARTMENT'S RESPONSE:

The Department will need to further review the Katie Beckett process to determine feasibility within the child welfare system but is committed to this review.

SAFETY PLANNING

Department policy recognizes the appropriate use of safety plans as a short-term vehicle for assuring child safety. Policy states an expectation that safety plans will serve a short-term purpose, then cease to be necessary or appropriate because:

1. The family has worked with the Department to develop a family plan that will address safety concerns;
2. The Department has taken legal action to protect the child; or
3. The case is closed because the family refuses to cooperate and risk factors do not rise to the level of involuntary action by the Department.

The Ombudsman Program's concerns about safety planning include:

1. The duration of the plan – cases in which safety plans are not replaced by family plans within 35 days as required by policy; and
2. That safety plans are used with parents/caregivers who do not acknowledge the need for a safety plan.

Use of a safety plan beyond the initial 35 days allowed for assessment and case planning runs the risk of appearing to abuse the Department's authority. Families who come to the Ombudsman Program with concerns about safety plans often don't understand that the child(ren) is not in state custody or that the family has decision-making authority.

The Ombudsman Program also questions the use of safety plans when the parent/caregiver clearly does not agree that a need for a safety plan exists. These are voluntary plans and depend on the good faith of parents/caregivers to keep the child(ren) safe as agreed in the plan. Our concern does not include the parent/caregiver who is merely unhappy with the Department's involvement. The concern arises from those cases in which documentation shows open disagreement.

The Ombudsman Program recommends training and supervisory clarification around the appropriate use of safety plans. We have been pleased to support policy development and management support in this area.

THE DEPARTMENT'S RESPONSE:

The Department has embarked on a significant transition in the safety assessment process utilizing Signs of Safety (Turnell). *The* Signs of Safety *is an innovative strengths-based, safety-organized approach to child protection casework. It focuses on the question, "How can child protection professionals actually build partnerships with parents where there is suspected child abuse or neglect so that children can remain safely at home whenever possible?" It brings the solution-oriented model to child protection work, expanding the investigation of danger and assessment of risk to incorporate identification of protective capacities that can be built upon to mitigate danger and risk and to stabilize and strengthen the family's situation and thereby the child's safety.*

Safety planning is an integral part of this, and improved supervisory practice related to safety planning is inherent in the project.

CHILD PROTECTIVE ASSESSMENTS AND THE RESULTING FINDINGS

The Ombudsman Program has reviewed a number of cases in which we believed the Department's decision to be inaccurate, given the information we have reviewed during the assessment process.

In these instances, Districts have agreed that another decision might have been made, and the result has been an agreement that future complaints regarding this case will receive high priority for investigation.

Policy does not say that re-assessment cannot occur. It is a practice decision not to re-open an investigation.

The Ombudsman Program recommends that there be an identified process in which the Department can re-assess a finding based on new or clarifying information.

THE DEPARTMENT'S RESPONSE:

The Department has convened a stakeholder group which includes parents who have been substantiated to revise the Rules for Substantiation. A significant point that will be addressed in the revision is more clarity on the appeal process and an opportunity to request, after a period of time and successful work toward improved functioning, substantiation be removed from public view. The rules will add more language on what additional information a client may bring forward to request a review of the decision. The Department also believes that the adoption of a fact-finding interview protocol that is backed by research and implemented statewide will improve the decision-making process to prevent inaccurate findings or findings based on insufficient facts.

CHILDREN RECEIVING ANTI-PSYCHOTIC MEDICATION

The Ombudsman Program brought a serious concern to the Department's Divisions of Child Welfare and Children's Behavioral Health regarding the use of anti-psychotic medication with children and youth in DHHS custody. A national study, done collaboratively by 15 state Medicaid Directors, suggests these drugs have serious long-term side effects, and that state wards are much more likely to be prescribed this medication than other children and youth.

Concurrently, the Department's Medical Directors for child and adult mental health also raised this concern. Lindsey Tweed, MD, of the Division of Children's Behavioral Health, chaired a work group to develop guidance for caseworkers, medical practitioners and youth in DHHS custody. The work group expeditiously completed its work. Youth in care were included in the work group and encouraged to develop their own guidance for youth about anti-psychotic medication and its use.

One of the youth who participated on the work group and provided leadership for the youth guide was recognized at MCA's Champions for Children event in September 2010 with a Giraffe Award.

THE DEPARTMENT'S RESPONSE:

The Department was very pleased to have significant support from a variety of stakeholders across the state who came together over a period of one year to develop a Consent Worksheet that can be used to make important decisions related to the use of anti-psychotics in children. This worksheet is being presented statewide. Youth from Project Youth MOVE and YLAT have developed a Youth Guide "Making a Choice" that supports understanding of the risks and benefits of medication and the process to make an informed choice.

OMBUDSMAN EXPANSION TO INCLUDE CHILDREN'S BEHAVIORAL SERVICES

The Ombudsman Program continues to get referrals from families and providers seeking help with behavioral health concerns. Recent cuts in state funding for children's mental health services and the stresses of an on-going recession leave families looking for support that is often not available.

Additionally, as the Child Welfare Division continues its appropriate focus on helping families to keep children safe without state intervention, these families often look to the behavioral health system for support. While Maine has a federal grant to help build a better system of supports for kin families, it is a pilot project and does not cover the entire state.

We believe the expansion of the Ombudsman Program to allow response to the above is essential, especially now when state and local providers must become increasingly more creative in their responses. For many families our help in finding creative ways to access services will be invaluable.

POSITIVE FINDINGS

In addition to identifying child welfare policies and procedures that need further development, the Ombudsman Program incorporates "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. These actions 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 continues to shift to a more strengths-based, family-centered approach. The following are the top six positive findings identified during case reviews completed in the past year.

1. The most frequently identified positive finding in 2010 was that the Districts provided STRONG KINSHIP, RELATIVE, OR SIBLING WORK. Caseworkers made exceptional efforts to ensure that children remained connected to family members in multiple ways. *This was an area of practice that the 2009 Ombudsman Report specifically noted as needing improvement.*

2. The second most frequently identified positive finding was that narrative LOGS WERE WELL-WRITTEN and provided a clear history of events. *This was another area of practice that the 2009 Ombudsman Report specifically noted as needing improvement.* This year's positive findings note some dramatic improvements in how caseworkers are documenting to best represent the content and life of a case.

3. The third most frequently identified positive finding was that the Office of Child and Family Services provided PROMPT AND THOROUGH ASSESSMENTS. *Once again, this was an area specifically noted in the Ombudsman Report as needing improvement in 2009.* The caseworkers have shown great improvement in the quality and thoroughness of their assessments. However, this year's Ombudsman Report notes that the information gathered during these assessments does not always correlate with the caseworker's resulting findings, and therefore the Ombudsman has suggested supervision and training for improvement in this area. The Ombudsman also recommends that these cases be re-opened for assessment, when it is clear that the assessment does not match the finding.

4. The fourth most frequently identified positive finding was that the caseworker provided PROMPT AND APPROPRIATE SERVICE RECOMMENDATIONS POST-ASSESSMENT AND/OR THROUGHOUT THE LIFE OF THE CASE. Caseworkers displayed a marked improvement in determining the appropriate services for rehabilitation and reunification efforts, and identifying more succinct goals to best match the families' needs.

5. The fifth most frequently identified positive finding was that FAMILY TEAM MEETINGS were more consistently held in a timely manner, and according to policy expectations. *The Ombudsman recommended improvement in this area, in the 2009 report.* Caseworkers have displayed an increase in the consistency and facilitation of these meetings to bring together family members and providers to assure that the cases have clear direction and movement toward the child(ren)'s permanency.

6. Lastly, caseworkers exhibited consistent improvement in the development of SAFETY PLANS, CHILD PLANS, FAMILY PLANS, AND REUNIFICATION PLANS. Caseworkers are showing a better understanding of how to match the needs determined during the assessment phase with the goals and objectives of how to best reunify and strengthen families, rather than just mandating a list of services. In this area, the one specific area noted by the Ombudsman for continued improvement for 2010 remains the use and length of Safety Planning.

CASE EXAMPLES
of the Child Welfare Services Ombudsman

THE PROCESS OF CHILD PROTECTIVE SERVICES ASSESSMENTS AND THE RESULTING FINDINGS

The Ombudsman Program reviewed several cases this year, which have resulted in findings that were found to be inaccurate, given the information presented during the assessment process.

In one such case, the actual assessment provided ample information regarding a mother's pattern of neglect of her young daughters, including: the presence of perpetrators and sexual abuse of one of her daughters by one of her previous partners; medical neglect; and domestic violence involvement. There was enough information present to clearly indicate this parent for abuse and neglect. This same case included substantial information to indicate the current alleged abuser of abuse and neglect. However, the Department of Health and Human Services ("the Department") closed the case without findings. The alleged perpetrator is now residing in Massachusetts and may likely provide a danger to other children. Since there was not a finding or indication of abuse and neglect in regards to this person, a referral was not made to Massachusetts.

Although the Ombudsman Program believes that both the individuals in this case should have been indicated for abuse and neglect, our understanding of current practice is that the Department cannot go back and change a prior decision. This does not allow for the Department to re-assess a family, when there is strong reason to believe that the assessment process was incomplete and/or the actual finding is inaccurate and inconsistent with the assessment information gathered.

> THIS CASE HIGHLIGHTS the need to have an identified process by which the Department can change a finding, in cases that provide clear evidence to do so. Minimally, the Ombudsman suggests a process by which the Department can provide a re-assessment of a family without a new referral, if there is reason to believe that the former assessment was incomplete or the finding inaccurate.

PRIORITIZING RELATIVE/KINSHIP PLACEMENTS FOR CHILDREN

The Ombudsman Program received a call from an aunt of a nine-year-old girl who had been taken into custody by the Department and placed in a non-relative, or stranger, foster home, although there were several relatives who had expressed interest in providing a kinship placement for her.

The Department had removed this child due to her sibling alleging that the child's stepfather had sexually abused her. When the Department began to reach out to the child's relatives and told them of the allegation and the need for placement for this child, the relatives that were contacted responded in disbelief that the stepfather could have committed such abuse. Rather than completing a more comprehensive assessment of these relatives to better determine if their disbelief about the situation meant that they would not or could not protect the child, DHHS responded by placing the child in a stranger foster home.

This child suffers from an extreme anxiety disorder, and had not spent a night away from home in more than a year. Upon review of this case, the Ombudsman Program found several family members willing to take this child and desiring further assessment by the Department. Upon closure of the Ombudsman Program review, DHHS did place her with her maternal grandfather, who was found to be appropriate for placement.

THIS CASE HIGHLIGHTS the need for complete relative assessments. Many families share disbelief about alleged abuse; however, that does not mean that they will not or cannot protect a child. A Family Team Meeting would also have been an appropriate venue to seek a better understanding of what, if any, relative placements were an option. Identifying a relative placement may have also resulted in avoiding the unnecessary step of placing the child in a stranger foster home.

CHILDREN'S BEHAVIORAL HEALTH SERVICES

The Ombudsman Program received 154 calls in 2010 that were categorized as Information and Referrals (I&Rs). These are complaint areas in which the Ombudsman Program may not be able to get directly involved in through a specific case review, yet may be able to ensure that the caller has the necessary connections and referrals to get support to resolve their need. Many of these cases involve concerns about Children's Behavioral Health Services (CBHS). Although the Ombudsman Program statute does not currently cover CBHS, it is of utmost importance that these families receive referrals to entities that may be able to help.

One such case came to our attention when an Adult Case Manager called the Ombudsman Program on behalf of a mother who has a 13-year-old daughter with significant behavioral health needs. The daughter had two agencies working with her to provide in-home support. However, despite a formal assessment that had identified the need for this youth to have 22 hours of in-home support to address the specific goals on her individualized behavioral plan, she remained severely underserved. Most weeks she would only receive 10-12 hours of in-home support, and this was split between three different workers and the two agencies. As we discussed this complaint with the provider who called the Ombudsman Program, we found that not only was this youth underserved in the number of hours that should have been provided her, the actual services were inconsistent among the in-home providers, and there appeared to be lack of communication between the two serving agencies. Since this case did not involve Child Welfare, the Ombudsman Program could not open this as a full review.

Instead, with consent from the parent, the Ombudsman Program reviewed this case with Maine Equal Justice Partners (MEJP) and the Disability Rights Center (DRC). In turn, MEJP and DRC collaborated to ensure that this parent had the necessary support and guidance to address the issues formally with Children's Behavioral Health Services.

The end result, for this youth, is that she now has: an updated assessment; a new provider agency that has connected with this family to provide the full number of hours indicated for appropriate treatment; and revised goals and objectives to meet her needs according to the recent assessment.

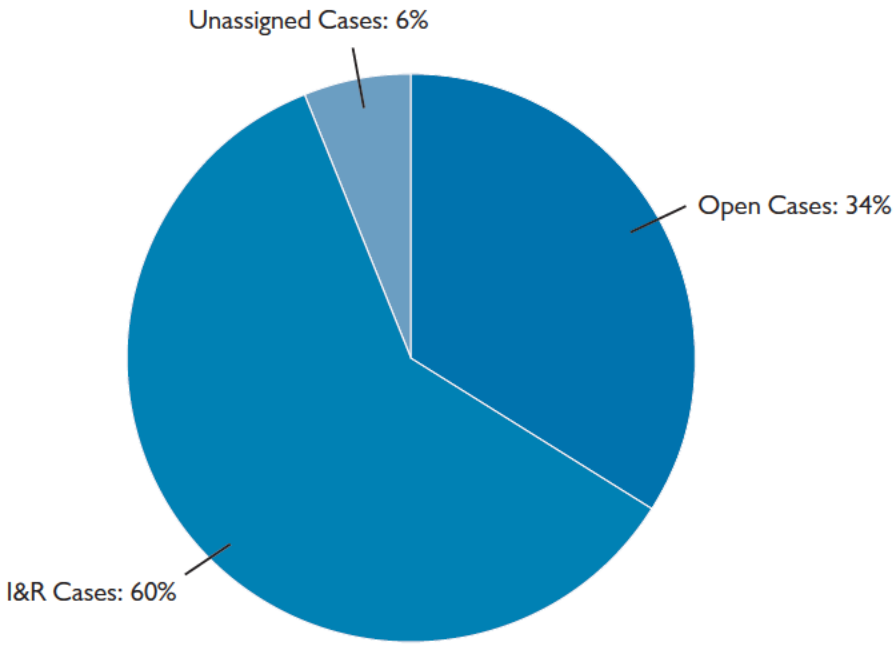
THIS CASE HIGHLIGHTS the need for an Ombudsman Program for Children's Behavioral Health Services. While abuse or neglect was not present in this family, the Ombudsman Program's role was essentially the same: to provide an objective external review; determine what is in the best interest of the child; and help the children' system to work as intended for this child.

DATA
from the Child Welfare Services Ombudsman

The data in this section of the Annual Report are from the Child Welfare Services Ombudsman database for the reporting period of October 1, 2009, through September 30, 2010.

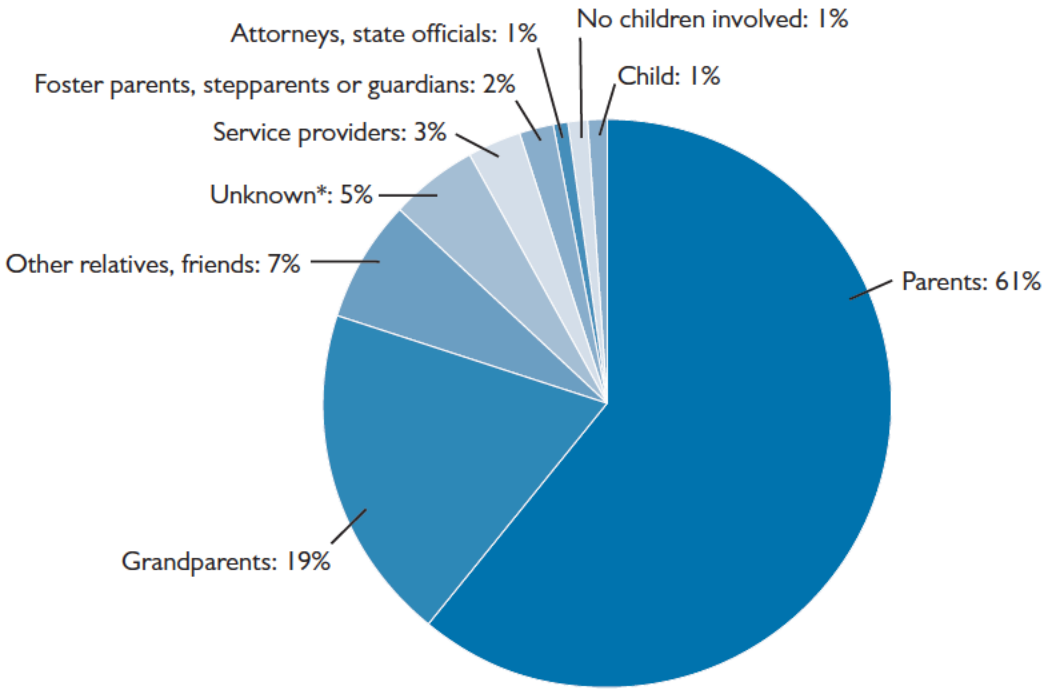
In 2010, 259 inquiries were made to the Ombudsman Program. As a result, 89 cases were opened for review (34%), 154 cases were given information or referred for services elsewhere (60%), and 16 cases were unassigned (6%). An unassigned case is the result of an individual who initiated contact with the Ombudsman Program, but who then did not complete the intake process..

HOW DOES THE OMBUDSMAN PROGRAM CATEGORIZE CASES?



WHO CONTACTED THE OMBUDSMAN PROGRAM?

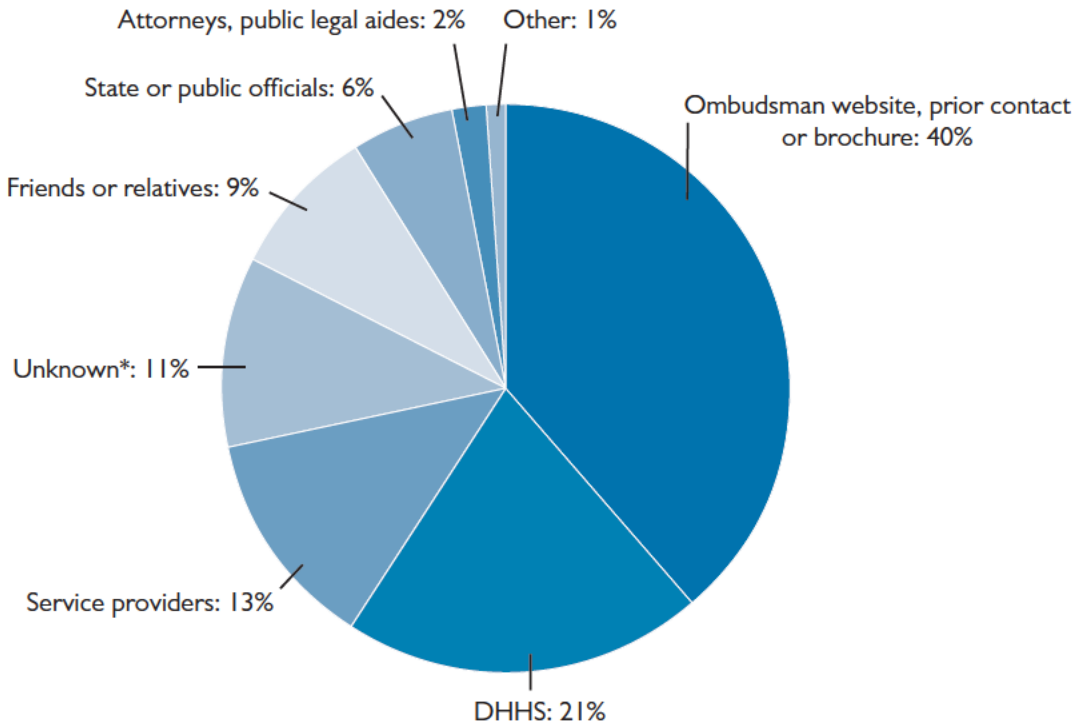
In Fiscal Year 2010, the highest number of contacts were from parents, followed by grandparents, then other relatives/friends.



* *Unknown* represents those individuals who initiated contact with the Ombudsman, but who then did not complete the intake process for receiving services.

HOW DID INDIVIDUALS LEARN ABOUT THE OMBUDSMAN PROGRAM?

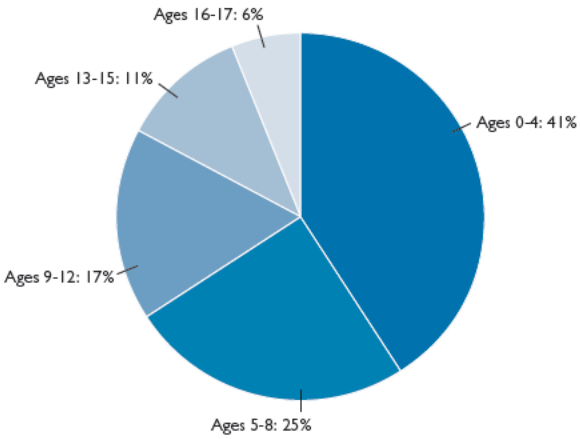
In 2010, of the 259 contacts of the Ombudsman Program, 40% learned about the program through the Ombudsman website, brochure or prior contact with the office. While the Department of Health and Human Services (DHHS) continued their efforts to inform parents about the Ombudsman Program, 22% learned about the program from DHHS, down from 31% the previous year. The smallest number of referrals came from attorneys or public legal aides and other, with 8 (3%) coming from these categories.

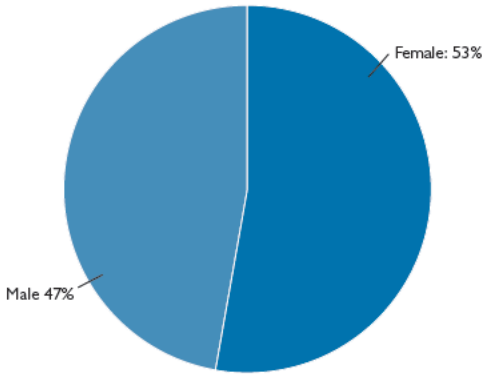


* *Unknown* represents those individuals who initiated contact with the Ombudsman, but who then did not complete the intake process for receiving services.

WHAT ARE THE AGES OF CHILDREN INVOLVED IN OPEN CASES?

The Ombudsman Program collects demographic information on the children involved in cases opened for review. During the reporting period, 66% of these children were age 8 and under. There were 195 children represented in the 89 cases opened for review: 53% were female and 47% were male.





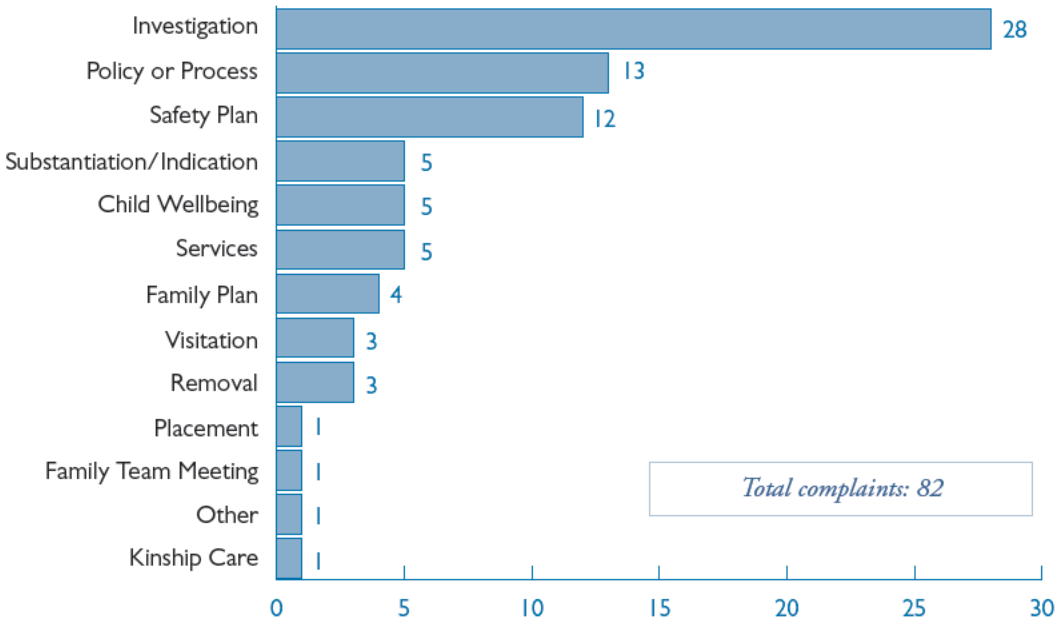
HOW MANY CASES WERE OPENED IN EACH OF THE DEPARTMENT'S DISTRICTS?

			DISTRICT		CHILDREN	
DISTRICT #	OFFICE	CASES	NUMBER	% OF TOTAL	NUMBER	% OF TOTAL
1	Biddeford	11	12	13%	33	17%
	Sanford	1				
2	Portland	8	8	9%	12	6%
3	Lewiston	14	14	16%	34	17%
4	Rockland	9	9	10%	12	6%
5	Augusta	10	15	17%	32	16%
	Skowhegan	5				
6	Bangor	17				
	Dover-Foxcroft	0	17	19%	43	22%
7	Ellsworth	3	8	9%	14	7%
	Machias	5				
8	Caribou	4				
	Houlton	1	5	6%	14	7%
	Fort Kent	0				
CENTRAL INTAKE			1	1%	1	1%
TOTAL			89	100%	195	100%

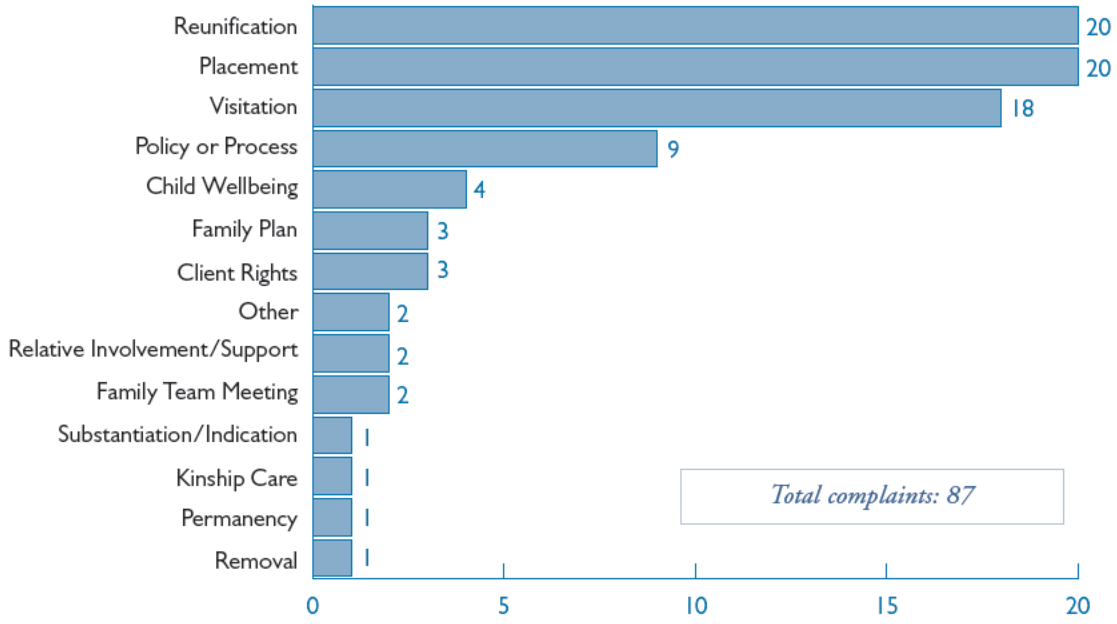
WHAT ARE THE MOST FREQUENTLY IDENTIFIED COMPLAINTS?

During the reporting period, 89 cases were opened with a total of 170 complaints. Each case typically involved more than one complaint. There were 82 complaints regarding Child Protective Services Units, 87 complaints regarding Children's Services Units, and 1 complaint regarding Adoption Services Units.

Area of Complaint: **CHILD PROTECTIVE SERVICES UNITS**



Area of Complaint: **CHILDREN'S SERVICES UNITS**



HOW MANY CASES WERE CLOSED AND HOW WERE THEY RESOLVED?

During the reporting period, the Ombudsman Program closed 91 cases that had been opened for review. Of these cases, 15 were opened during the previous reporting period and 76 were opened during the current reporting period. There are 13 cases that remain open from the 2010 reporting period. The 91 cases closed during this reporting period included 158 complaints and those are summarized in the table below.

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

1. ACTION CANNOT BE UNDONE: The issue could not 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 changes.

3. CHANGE NOT IN THE 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.

RESOLUTION	CHILD PROTECTIVE SERVICES UNITS	CHILDREN'S SERVICES UNITS	ADOPTION UNITS	TOTAL
Valid/Resolved	10	25	1	36
Valid/Not Resolved*	10	3	1	14
1. Action cannot be undone	8	3	0	11
2. Dept. disagrees with Ombudsman	2	0	0	2
3. Change not in child's best interest	0	0	1	1
4. Lack of resources	0	0	0	0
Not Valid	49	49	1	99
Ongoing	5	4	0	9
TOTAL	**74**	**81**	**3**	**158**

* Total of numbers 1-4

LOOKING FORWARD: *2011*

We anticipate several areas of focus for the work of the Ombudsman Program in the coming year. In arriving at our areas of focus for 2011, we relied upon two sources of information: our data about the issues upon which we worked in 2010; and the Office of Child and Family Services – Division of Child Welfare's "Program Improvement Plan" (PIP) that resulted from the federal Administration on Children and Families' "Child and Family Services Review" (CFSR).

We found significant congruence as we compared the issues that appeared most frequently in our casework with the PIP resulting from the CFSR. The Ombudsman Program will work with the Department to support its planned improvement in the following areas:

- Improving interviewing skills of caseworkers in the areas of safety and assessment
- Improving the frequency and quality of family team meetings (FTM), including assurance that kin resources will be promptly identified and included as appropriate in the FTM
- Improving outcomes through effective supervision such as visitation and permanency
- Improving the sharing of responsibility with the community including leadership from minority communities and community providers

While much remains to be done, we are pleased to note key steps in the development of the child welfare system that have been the long-term focus of the Maine Children's Alliance. Those key steps are:

- Greater reliance on evidence-based practice (which has been a joint effort with the Division of Children's Behavioral Health Services); and
- A single system of care for children's behavioral health needs.

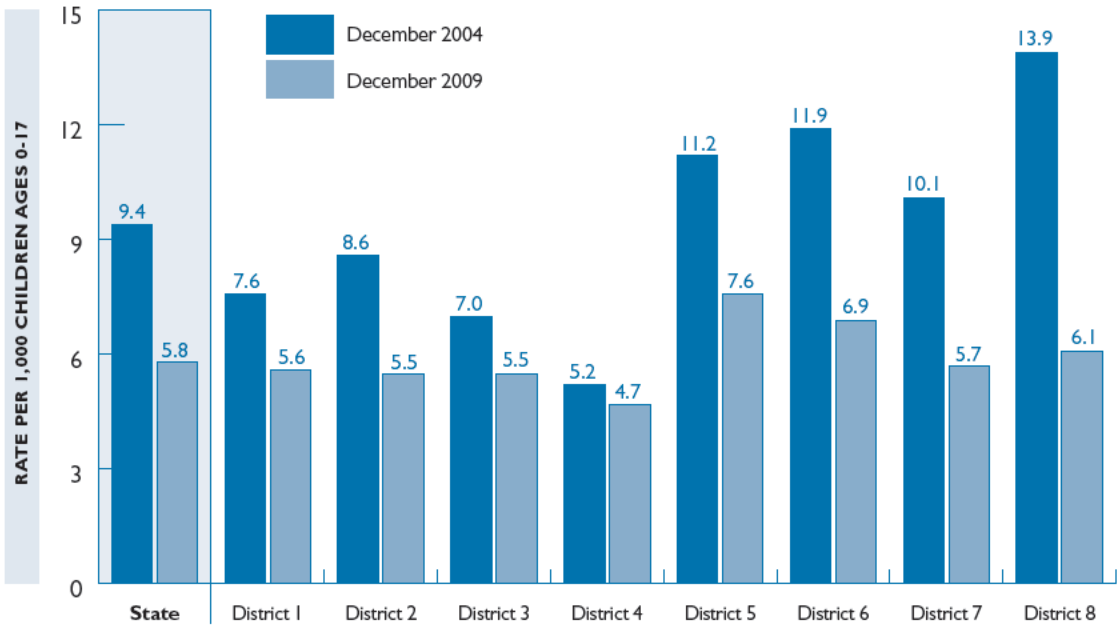
POSITIVE TRENDS *in Child Welfare Services*

Since 2003, the Maine Child Welfare Services Ombudsman Program has worked closely with the Department of Health and Human Services (DHHS), reviewing department decisions when callers raise concerns and providing recommendations on ways the department can streamline and improve practices. For example, the response time for investigating reports of child maltreatment has dramatically improved for the last several years. In 2004, 50 percent of investigations were begun within two weeks of the report. Currently, 85 percent of all investigations initiate face-to-face contact within 72 hours. Shifts in practices and policy like this have shown win-win results: better situations for children and families, and more cost-savings and efficiency within the system. Other significant examples of these positive child welfare service delivery trends are highlighted here.

CHILDREN IN STATE CARE OR CUSTODY DECREASED

It is in the best interest of a child to keep him/her in the home and with the family whenever possible and safe to do so. Caseworkers now emphasize this goal as they work closely with families, ensuring they receive the supports and services necessary to keep the child safe and the family intact. Reducing the rate of children who are placed in state care or custody has been a significant achievement. In December 2004, there were 2,590 Maine children in DHHS state care or custody. In December 2009, the number in care or custody dropped to 1,650. During this time period, Maine saw a 38.3 percent decrease in the rate of children in DHHS care or custody, dropping from a rate of 9.4 per 1,000 children ages 0-17 in 2004 to 5.8 in 2009.

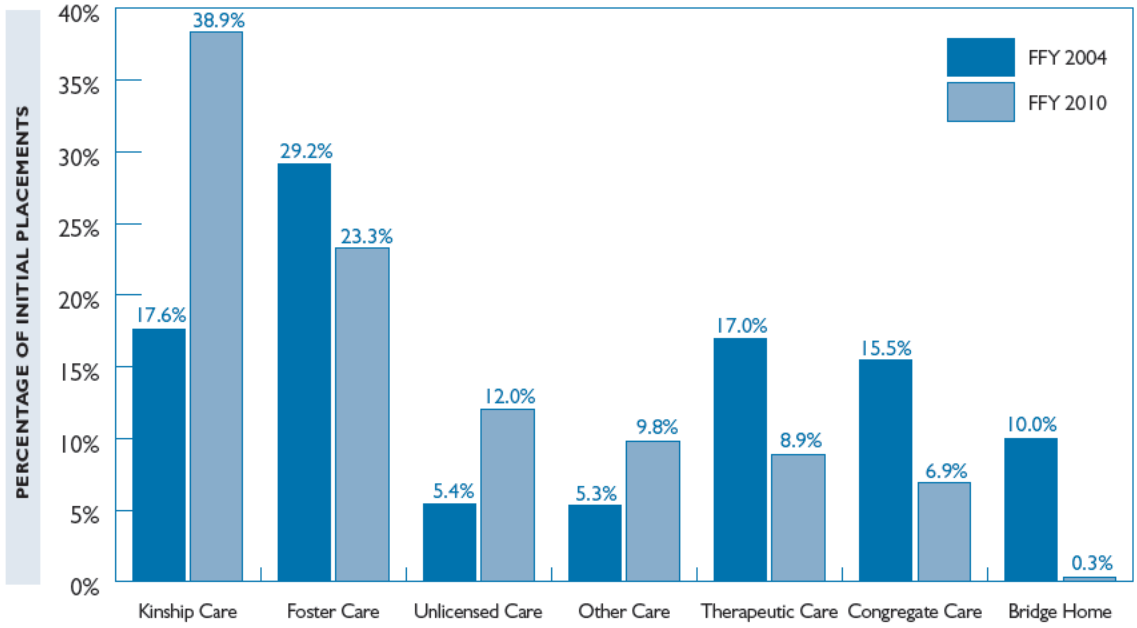
Children Ages 0-17 in DHHS Care or Custody by District: Dec. 2004 vs. Dec. 2009



Source: Maine Department of Health and Human Services, Office of Child and Family Services, Division of Child Welfare Services

SIGNIFICANT SHIFT IN INITIAL PLACEMENT OF CHILDREN IN STATE CUSTODY

Initial Placement of Children Ages 0-17 Removed from Home During Federal Fiscal Year (Entry Cohort: FFY 2004 vs. FFY 2010)



Source: Maine Department of Health and Human Services, Office of Child and Family Services, Division of Child Welfare Services

DEFINITIONS OF TYPES OF INITIAL PLACEMENT OF CHILDREN REMOVED FROM HOME

KINSHIP CARE: Family foster care provided to children in the care or custody of DHHS who are related by blood, marriage, or adoption to the caretakers. Kinship care is a preferred placement.

FOSTER CARE: Parental care and supervision which is provided within a family setting in a private dwelling on a regular, 24-hour per day basis by qualified foster parent(s). The foster parents hold a license as a family foster home for children required by state law.

UNLICENSED CARE: A placement that occurs when a relative is identified and immediate placement is recommended; when a child places himself in an unlicensed home and that placement is being considered; or a previous relationship exists between a child and an unlicensed family with indications that it would be in the child's best interest to be placed in that home.

OTHER CARE: Care not covered in the above descriptions, including semi-independent living, professional parent model, and intermediate care facility.

THERAPEUTIC CARE: Family foster care utilizes the foster home setting and the foster parents as primary agents in improving the behavioral and emotional functioning of foster children.

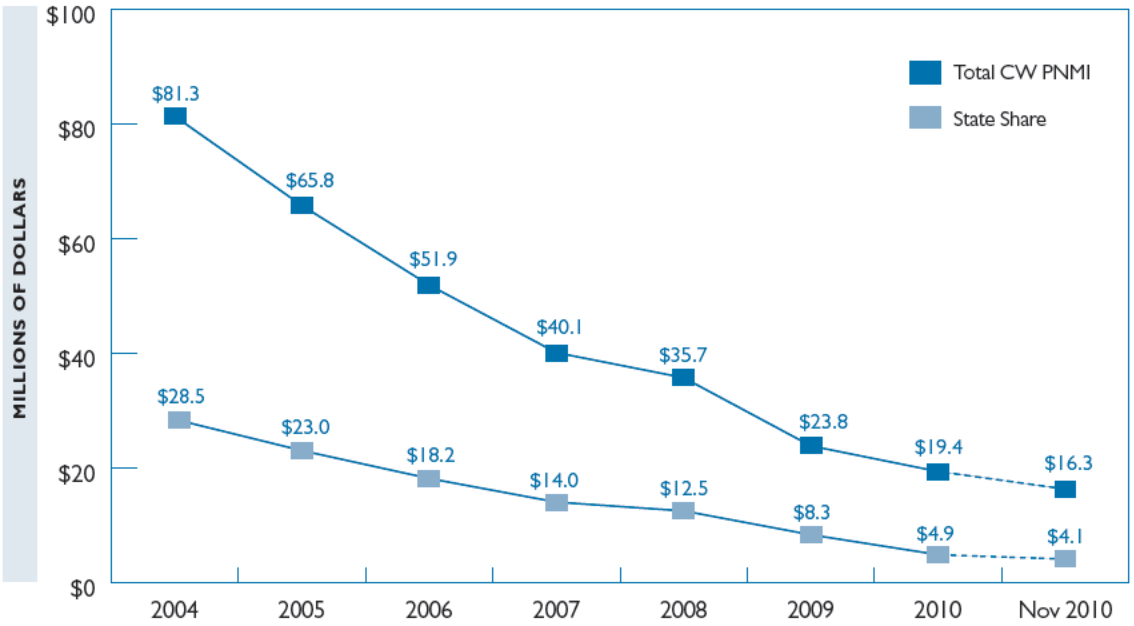
CONGREGATE CARE: Care that occurs in a homeless shelter, emergency facility, or children's residential facility.

BRIDGE HOME: This is a transitional placement geared to stabilize behavior in preparation for a less restrictive, community-based placement.

Kinship Care placements enable children to live with people they know and trust, creating a sense of stability and continuity. Over the last six years, Kinship Care has become a preferred placement practice of DHHS. The steady increase in Kinship Care placement is a notably positive trend. In 2004, of the 831 initial placements of children into state care or custody, 146 (17.6%) were Kinship Care. In 2009, of the 777 initial placements of children into state care or custody, 302 (38.9%) were Kinship Care. Foster Care is now used second to Kinship Care for initial placements. At the same time, the reliance on Therapeutic Care, Congregate Care and Bridge Homes decreased significantly. In 2004, there were over 212 initial placements into Congregate Care and Bridge homes (25.5%); in 2009, that figure dropped to 56, or 7.2% of initial placements.

Not only is Kinship Care placement less disruptive to the child, it is also less costly to the system. The chart below shows the dramatic decline in Residential Care costs for children in state custody from 2004 to 2010, with the state share of residential care costs declining by 86 percent.

Private Non-Medical Institutions (PNMI)* Costs for Residential Care for Child Welfare, 2004-2010



** PNMI is the funding classification in Medicaid Rule for Residential Treatment Centers.*

Source: Maine Department of Health and Human Services, Office of Child and Family Services

PERMANENCY FOR CHILDREN

When DHHS determines that, for the safety and well-being of a child, reunification with the family is not possible, pursuing a permanent placement through adoption is the preferred course of action. According to information provided by DHHS, in the last three years an average of 18 percent of the foster care population has been adopted each year. There are currently 3,500 children receiving adoption assistance from the state. Finally, the average length of time from entry into care to adoption in Maine has decreased from 45 months in 2003 to 27 months in 2009. This is good news for children in the child welfare system, as finding a permanent, supportive environment increases the likelihood that they will have a smoother transition to adulthood.

ACKNOWLEDGMENTS

As the eighth year of operation is completed, the Maine Child Welfare Services Ombudsman Program would like to acknowledge the many people who 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 staff 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 ongoing efforts to make family support the focus of child welfare practice, to keep children safe, and to assure integration of the children's behavioral health system.

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Susan Getman, Senior Director, Strategic Consulting Services of Casey Family Programs, for her support and consultation on child welfare policy and connection to Casey Family Programs' national resources on child welfare policy and practice.

John Dorrer, Director, Division of Labor Market information Services, Maine Department of Labor, for his advocacy for better data to support more effective public policy for youth in transition.

Elinor Goldberg, Executive Vice President of the Maine Children's Alliance, for her advocacy at the federal level for better public policy to reduce the number of children and families living in poverty.

BROUGHT TO YOU BY:

303 State Street
Augusta, Maine 04330
(207) 623-1868
FAX (207) 626-3302
Mainekids@mekids.org