

Maine
CHILD WELFARE SERVICES
OMBUDSMAN

10TH ANNUAL REPORT 2012





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The 2012 Maine Child Welfare Services Ombudsman Annual Report was written and prepared by:

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It is with some sadness, but with great pride that we present this last annual report from the Maine Children's Alliance's Child Welfare Services Ombudsman. The Child Welfare Services Ombudsman program is transferring to a new agency.

The Maine Children's Alliance was there at its inception thirteen years ago when we worked with the Health and Human Services Committee of the Maine Legislature to draft the enabling language for the Child Welfare Services Ombudsman.

While the impetus for the Ombudsman Program came from the tragic death of a little girl, we are proud to have been part of reforms that resulted. Over our ten years as the Child Welfare Services Ombudsman we have been part of major ground breaking change in Maine's child welfare system; changes that have made Maine a national leader in the protection of children and support for their families.

Our support for reform has many measureable outcomes. We've had the honor to work with policy makers and child welfare professionals as Maine forged a national model of child welfare practice that is evidenced by:

- Dramatic reduction in the number of children coming into state custody. Maine's current number of children and youth in care is more than 50% lower than it was 10 years ago.
- Moving from last place in the country in placement of children with families, to a leader in kin care.
- Reducing Maine's reliance on expensive out of home treatment by more than \$50 million dollars.
- Amendments to state education law removing barriers to graduation for state wards.
- Improving the medical management of psychotropic medications used with state wards.

Reliance on methods proven by research to achieve the intended result, reducing the expense, duration and effectiveness of treatment.

Perhaps most important has been the evolution of family centered practice. Key reforms mentioned above were supported by changing the way we think about families and their role in protecting their children. Through change characterized by the "Family Team Meeting" more children have stayed safely at home or have been able to stay with relatives. Change has been evidenced by the dramatic decline in caseload.

Additionally, though less tangible, has been the integration of children's mental health services with child welfare. Historically, child welfare had its own mental health system. When a child welfare case closed the child/family lost their eligibility in that system and had to transfer to the children's mental health system; which, until a few years ago was operated by another Department.

I'll close by thanking Governor Baldacci, Governor LePage and the Legislature for giving us this opportunity to serve Maine's most vulnerable children and Families.



Yours truly,

A handwritten signature in blue ink that reads "G. Dean Crocker".

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.

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.mekids.org/ombudsman>

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

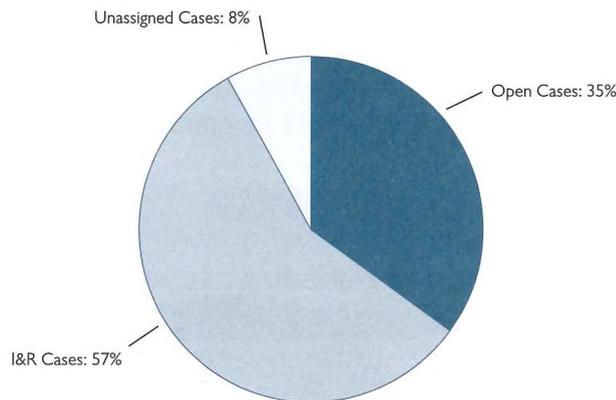
DATA

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, 2011, through September 30, 2012.

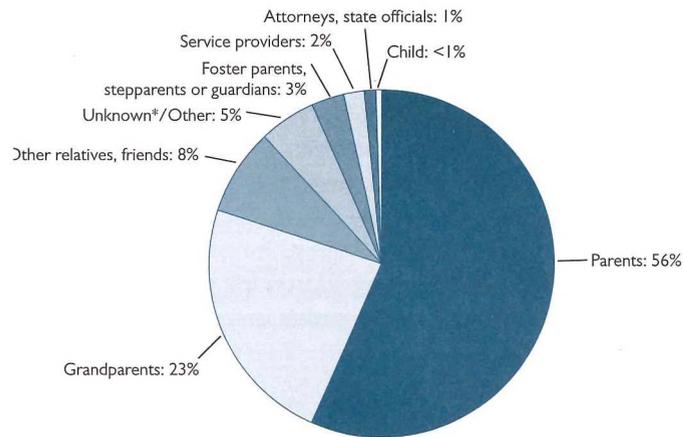
In Fiscal Year 2012, 407 inquiries were made to the Ombudsman Program, an increase of 125 inquiries from the previous fiscal year. As a result of these inquiries, 142 cases were opened for review (35%), 233 cases were given information or referred for services elsewhere (57%), and 32 cases were unassigned (8%). 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. Reasons for not completing the intake process include the caller's phone being disconnected, no forwarding address left with the office, or the individual does not respond to attempts by the Ombudsman staff to gather more information.

HOW DOES THE OMBUDSMAN PROGRAM CATEGORIZE CASES?



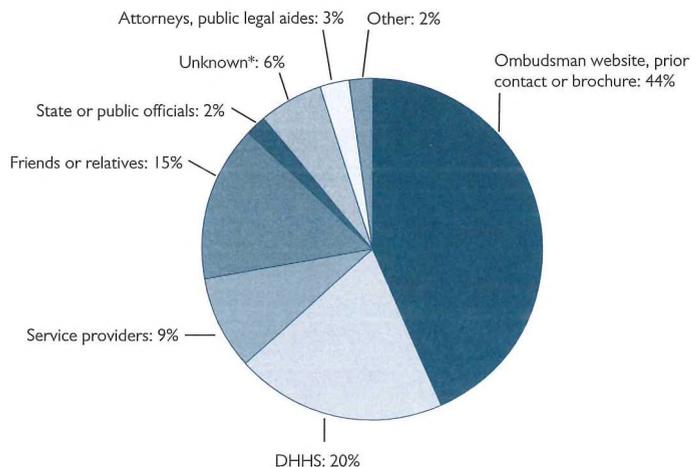
WHO CONTACTED THE OMBUDSMAN PROGRAM?

In Fiscal Year 2012, the highest number of contacts were from parents, followed by grandparents, then other relatives/friends.



HOW DID INDIVIDUALS LEARN ABOUT THE OMBUDSMAN PROGRAM?

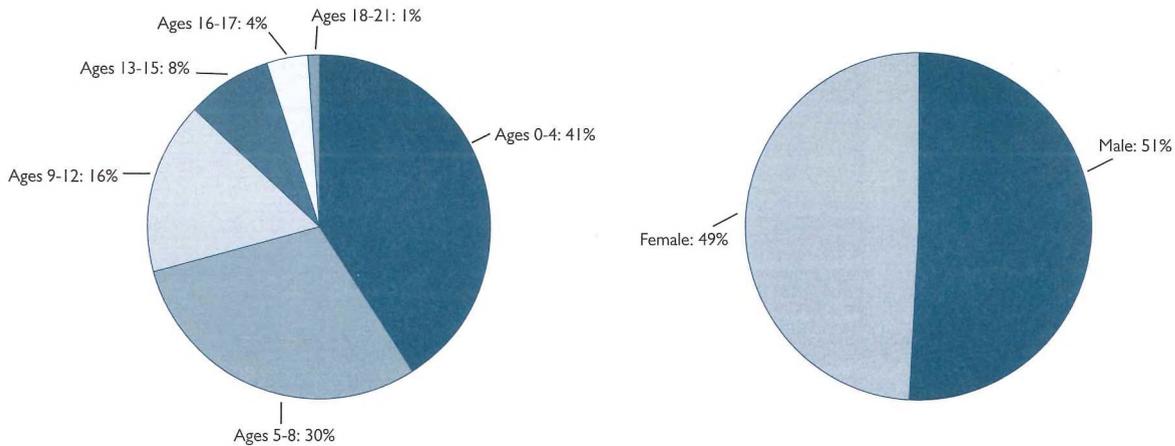
In 2012, of the 407 contacts of the Ombudsman Program, 44 percent learned about the program through the Ombudsman website, brochure or prior contact with the office. Twenty percent of contacts learned about the Ombudsman Program through the Department of Health and Human Services (DHHS), down from 33 percent the previous year.



* *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 & GENDER OF CHILDREN INVOLVED IN OPEN CASES?

The Ombudsman Program collects demographic information on the children involved in cases opened for review. There were 285 children represented in the 142 cases opened for review: 51 percent were male and 49 percent were female. During the reporting period, 71 percent of these children were age 8 and under.

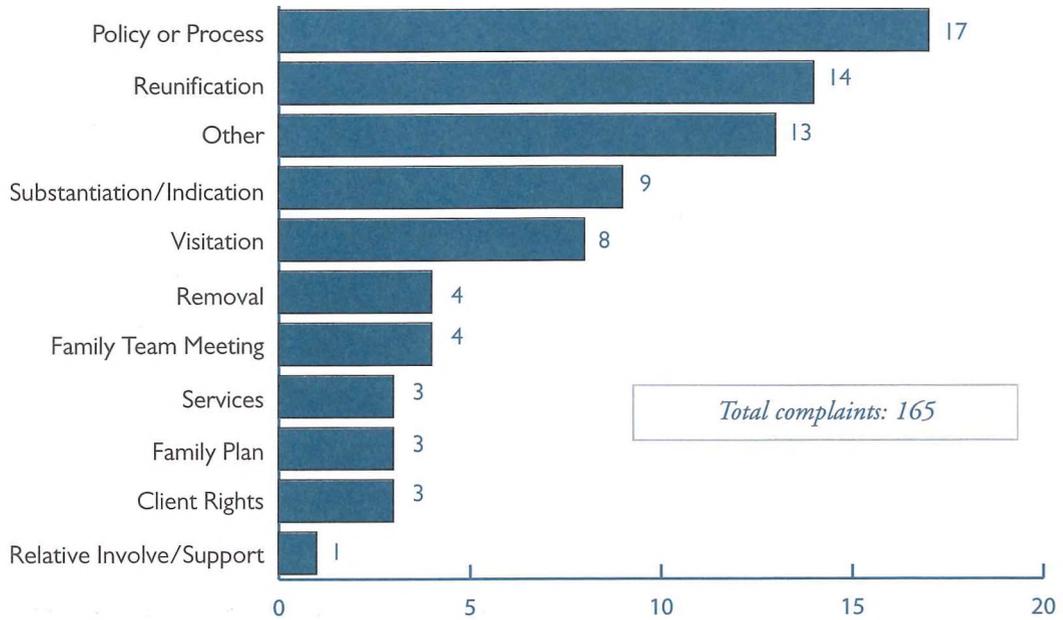


HOW MANY CASES WERE OPENED IN EACH OF THE DEPARTMENT'S DISTRICTS?

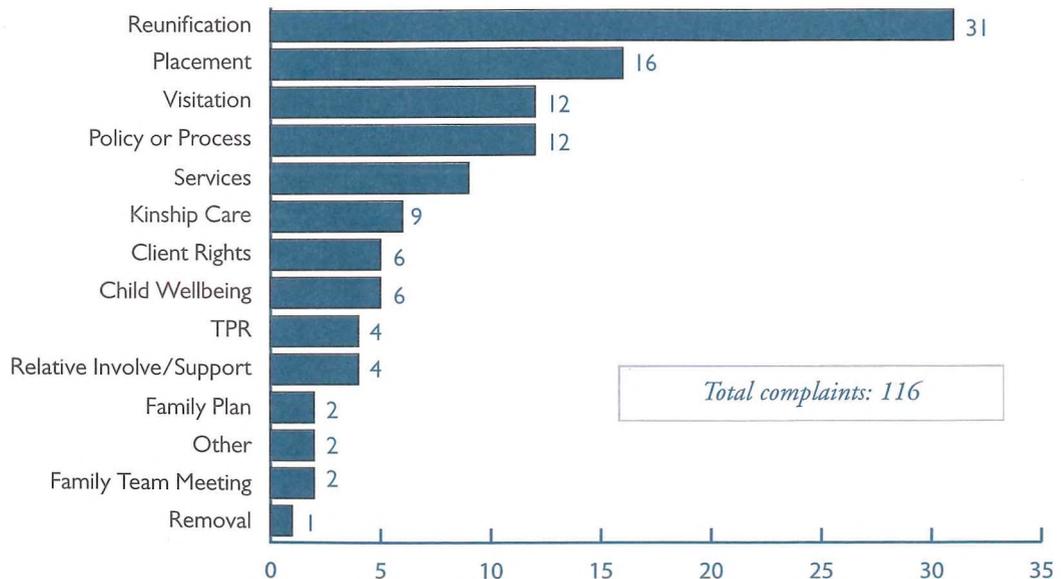
DISTRICT #	OFFICE	CASES	DISTRICT		CHILDREN	
			NUMBER	% OF TOTAL	NUMBER	% OF TOTAL
1	Biddeford	16	26	18%	56	20%
	Sanford	10				
2	Portland	16	16	11%	23	8%
3	Lewiston	23	23	16%	54	19%
4	Rockland	8	8	6%	24	8%
5	Augusta	16	25	18%	51	18%
	Skowhegan	9				
6	Bangor	25	25	17%	39	14%
	Dover-Foxcroft	0				
7	Ellsworth	8	11	8%	23	8%
	Machias	3				
8	Caribou	3	8	6%	15	5%
	Houlton	1				
	Fort Kent	4				
TOTAL			142	100%	285	100%

WHAT ARE THE MOST FREQUENTLY IDENTIFIED COMPLAINTS?

During the reporting period, 143 cases were opened with a total of 298 complaints. Each case typically involved more than one complaint. There were 165 complaints regarding Child Protective Services Units, 116 complaints regarding Children’s Services Units, 15 complaints regarding Other/Policy and 2 complaints concerned Adoption Services.



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



HOW MANY CASES WERE CLOSED & HOW WERE THEY RESOLVED?

During the reporting period, the Ombudsman Program closed 156 cases that had been opened for review. Of these cases, 18 were opened during the previous reporting period and 138 were opened during the current reporting period. There are 4 cases that remain open from the 2012 reporting period. The 156 cases closed during this reporting period included 295 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	OTHER/ POLICY ISSUE	TOTAL
Valid/Resolved	28	14	0	3	45
Valid/Not Resolved*	20	20	0	2	42
1. Action cannot be undone	17	14	0	2	33
2. Dept. disagrees with Ombudsman	3	5	0	0	8
3. Change not in child's best interest	0	1	0	0	1
4. Lack of resources	0	0	0	0	0
Not Valid	123	74	2	9	208
TOTAL	171	108	2	14	295

* Total of numbers 1-4

PERFORMANCE SUMMARY

and Policy Recommendations

Ombudsman referrals have generally been increasing. Last (FY 2011) we had 318 referrals. In FY 2012 we had 407; a 24% increase. We are indebted to our staff for responding to significantly increased demand with no additional resources. An analysis of source of referral sources suggest that referral by DHHS remains an important source of referral but less so than FY 2011.

Three other sources of referral grew significantly:

- “Friend” – 44%
- “Website” – 33%
- “Prior Contact” – 40%

We are pleased by these statistics because it indicates that outreach has been very successful. We were also more effective in reaching all of our callers. In FY 2011 we were not able to reach 50 callers or 15% of those who called. In FY 2012 we were unable to reach only 7% for a more than 50% improvement.

Unfortunately the most frequent age of children referred remains with those less than 8 years of age. That is consistent with other troubling data about our youngest children. Of children living in poverty the most likely to live below the poverty line are those ages 0 to 5.

In the following we summarize what we believe to be important policy issues. We have previously suggested the need to improve safety planning. This year we worked with the “Citizen’s Review Panel” on their research and report on safety planning. It was clearly a high priority for DHHS management as well.

We continued to advocate for youth in transition and educational advocacy for children placed voluntarily by DHHS. The Judiciary Committee worked with us and our collaborators to bring about an agreement between DHHS and the Department of Education to reduce educational barriers for children in voluntary kinship placements.

MCA has advocated for several years for improved screening of children between the age of 0 and 5. Children in this age group who are in state custody have an increased likelihood of developmental delay or disability. The Federal Child Abuse and Neglect Prevention and Treatment Act (CAPTA) calls for mandatory referral of all 0 to 5 year olds in state custody. We advocated for follow-up screening recognizing that children screened at 6 to 12 months of age may not show signs of delay until months or years later.

The Governor and policy makers have responded to the epidemic in prescription drug abuse. The Governor’s Task Force made many helpful recommendations. We have suggested to the Director of the Office of Child and Family Services and the Director of Substance Abuse Services that caseworkers need enhanced skills and new knowledge to respond to this epidemic.

Last but far from least MCA collaborated with the State Policy Advocacy and Reform Center of First Focus a national child advocacy organization, to present a national webinar on opportunities to enhance our use of Medicaid (MaineCare) and Fostering Connections to Success and Adoption (Title IV-E) to fund children’s services in Maine. This webinar was available to stakeholders in Maine as was the associated white paper.

ACKNOWLEDGMENTS

As the tenth 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.

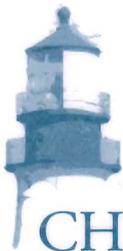
Senior management staff in the Office of Child and Family Services, led by Therese Cabill-Low, for their ongoing efforts to make family support the focus of child welfare practice, to keep children safe, and to assure integration of the children's behavioral health system.

Bonnie Dodson for her many years of leadership of the Citizen's Review Panel

Winston Turner, PhD for his support for CRP's research efforts

The Board of Directors of the MCA for their 10 years of support for this project

The Members and Staff of the Child Abuse Action Network for their work on developing better data about drug affected babies.



CHILD WELFARE OMBUDSMAN

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