Maine

CHILD WELFARE SERVICES OMBUDSMAN

13TH ANNUAL REPORT • 2015

CHILDREN'S OMBUDSMAN

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The 2015 Maine Child Welfare Ombudsman Annual Report was written and prepared by:

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I am pleased and honored to present the thirteenth annual report of the Maine Child Welfare Ombudsman, and the third of our newer agency, Maine Child Welfare Ombudsman, Inc. We are an independent non-profit solely dedicated to fulfilling the duties and responsibilities laid out in 22 M.R.S.A. §4087-A. The program provides Ombudsman services to individuals involved with the Maine Department of Health and Human Services, Office of Child and Family Services (OCFS).

OCFS and the Ombudsman have had a highly productive and collaborative year. If anything, the level of cooperation and collaboration between our two offices has increased this year and the partnership has resulted in improvement in child welfare practices and better outcomes for individual children.

Maine is a leader in Child Welfare in the nation and the Ombudsman has found that this year, as has been true historically, that the majority of cases reviewed have been handled both in accordance with Child Welfare Policy and in a way that supports the safety and best interests of the children involved.

All of the cases handled by OCFS are maintained in the Maine Automated Child Welfare Information System (MACWIS), to which access is highly restricted. The OCFS and the Ombudsman entered into a Memorandum of Understanding this year granting the Ombudsman's office unprecedented access to the system, enabling certain reviews of cases to be more efficient and thorough.

I would like to thank both Governor LePage and the Maine Legislature for continuing to support the Maine Child Welfare Ombudsman as one significant piece of Maine's Child Welfare System that helps ensure the safety and wellbeing of Maine's most vulnerable children.

Sincerely,

Christine E Alberi

Christine Alberi
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 will consider the following factors when determining whether or not to open a case for review:

1. The degree of harm alleged to the child.
2. If the redress requested is specifically prohibited by court order.
3. The demeanor and credibility of the caller.
4. Whether or not the caller has previously contacted the program administrator, senior management, or the governor's office.
5. Whether the policy or procedure not followed has shown itself previously as a pattern of non-compliance in one district or throughout DHHS.
6. Whether the case is already under administrative appeal.
7. Other options for resolution are available to the complainant.
8. The novelty of the issue at hand.

An investigation may not be opened when, in the judgment of the Ombudsman:

1. The primary problem is a custody dispute between parents.

2. The caller is seeking redress for grievances that will not benefit the subject child.

3. There is no specific child involved.

4. The complaint lacks merit.

The office of the Child Welfare Ombudsman exists to help improve child welfare practices both through review of individual cases and by providing information on rights and responsibilities of families, service providers and other participants in the child welfare system.

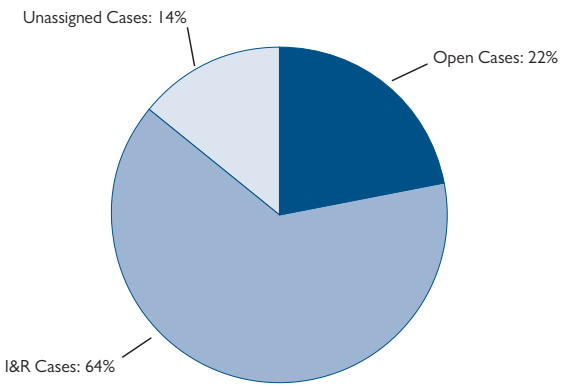
More information about the Ombudsman Program may be found at
http://www.cwombudsman.com

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, 2014, through September 30, 2015.

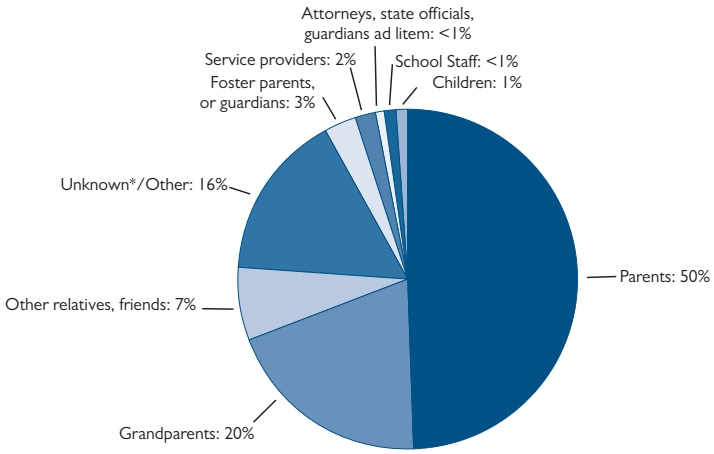
In Fiscal Year 2015, 529 inquiries were made to the Ombudsman Program, an increase of 10 inquiries from the previous fiscal year. As a result of these inquiries, 116 cases were opened for review (22%), 337 cases were given information or referred for services elsewhere (64%), and 76 cases were unassigned (14%). 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. Our new scheduling protocols allow each caller an opportunity to set up a telephone intake appointment.

HOW DOES THE OMBUDSMAN PROGRAM CATEGORIZE CASES?



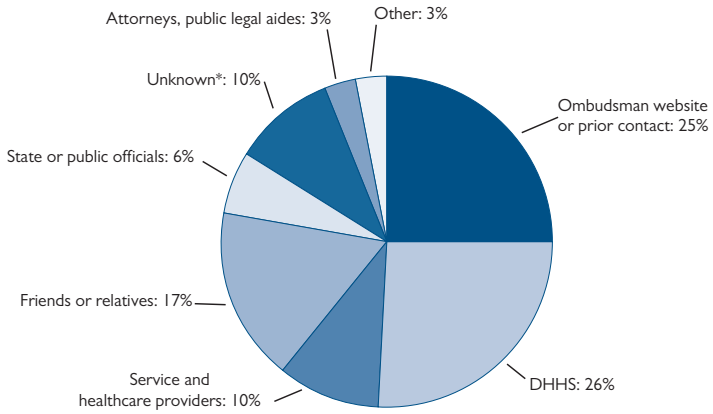
WHO CONTACTED THE OMBUDSMAN PROGRAM?

In Fiscal Year 2015, the highest number of contacts were from parents, followed by grandparents, then other relatives/friends.



HOW DID INDIVIDUALS LEARN ABOUT THE OMBUDSMAN PROGRAM?

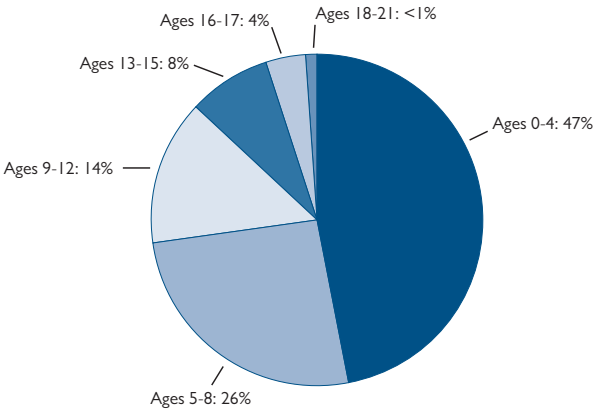
In 2015, 25 percent of contacts learned about the program through the Ombudsman website or prior contact with the office. Twenty-six percent of contacts learned about the Ombudsman Program through the Department of Health and Human Services.

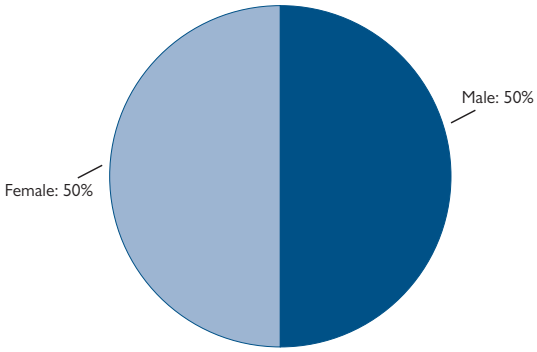


* *Unknown* represents those individuals who initiated contact with the Ombudsman, but who then did not complete the intake process for receiving services, or who were unsure where they obtained the telephone number.

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 221 children represented in the 116 cases opened for review: 50 percent were male and 50 percent were female. During the reporting period, 73 percent of these children were age 8 and under.





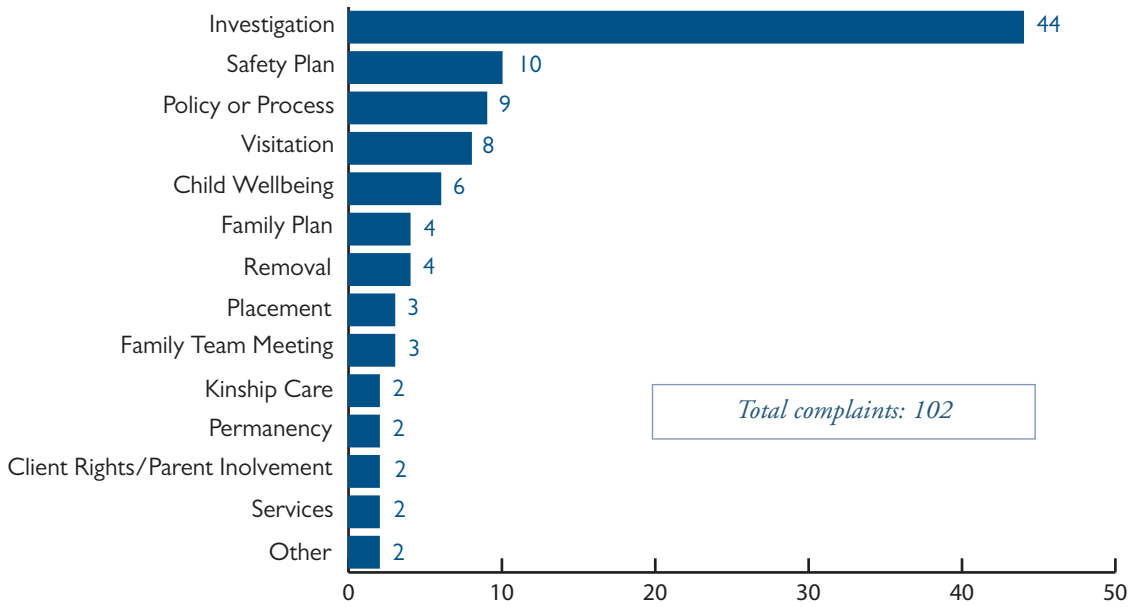
HOW MANY CASES WERE OPENED IN EACH OF THE DEPARTMENT'S DISTRICTS?

			DISTRICT		CHILDREN	
DISTRICT #	OFFICE	CASES	NUMBER	% OF TOTAL	NUMBER	% OF TOTAL
0	Intake	3	3	3%	6	3%
1	Biddeford	18	18	16%	31	14%
2	Portland	15	15	13%	26	12%
3	Lewiston	13	13	11%	24	11%
4	Rockland	5	5	4%	12	5%
5	Augusta Skowhegan	20 12	32	28%	66	30%
6	Bangor	12	12	10%	24	11%
7	Ellsworth Machias	10 3	13	11%	20	9%
8	Caribou Houlton	3 2	5	4%	12	5%
TOTAL			**116**	**100%**	**221**	**100%**

WHAT ARE THE MOST FREQUENTLY IDENTIFIED COMPLAINTS?

During the reporting period, 116 cases were opened with a total of 236 complaints. Each case typically involved more than one complaint. There were 138 complaints regarding Child Protective Services Units or Intakes, 98 complaints regarding Children's Services Units.

Area of Complaint: **CHILD PROTECTIVE SERVICES**



Area of Complaint: **CHILDREN'S SERVICES UNITS (FOSTER CARE)**

HOW MANY CASES WERE CLOSED & HOW WERE THEY RESOLVED?

During the reporting period, the Ombudsman Program closed 125 cases that had been opened for review. These cases included 246 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	TOTAL
Valid/Resolved	6	5	11
Valid/Not Resolved*	24	18	42
1. Action cannot be undone	18	18	36
2. Dept. disagrees with Ombudsman	1	0	1
3. Lack of Resources	1	0	1
Not Valid	91	102	193
TOTAL	**121**	**125**	**246**

* Total of numbers 1, 2, 3

POLICY AND PRACTICE
Recommendations

In the past year the Office of Child and Family Services (OCFS) has been invigorated by a series of new initiatives and improvements. OCFS has openly acknowledged faults and responded by developing strategic, sustainable plans for correcting them. The Ombudsman believes that OCFS is committed to making Maine's child welfare system the best in the country and that commitment has been shown both by increased collaboration with the Ombudsman's office, new educational initiatives, and new quality assurance practices within OCFS.

OCFS has been very responsive to the criticisms below, and is working to improve practices overall as well as responding to specific cases. It should be emphasized that in a large majority of cases that the Ombudsman reviews, the below issues are not found, and OCFS's excellent polices are followed.

1. KINSHIP CARE AND INVOLVEMENT

Grandparents and other kin are irreplaceable resources for children of all ages who are in foster care, or at risk of entering foster care. Maine's foster care system excels nationally in kinship involvement, and about a third of children in foster care are placed in kinship homes. In spite of this, issues with kinship care and involvement continue to appear in cases that the Ombudsman reviews.

a. **Early and Meaningful Kinship Involvement.** OCFS policy provides that relatives are identified early in child protective assessments and notified when children come into foster care. Early involvement of relatives is crucial to supporting children in child protective cases. In many cases child protective social workers have identified relatives early on, called or met with relatives to involve them, and they were invited to early Family Team Meetings. This expands opportunities for relatives to support a beloved child, and increases placement options for children.

   When grandparents and other relatives are not involved early in the case, and particularly when relatives live a distance away from a reunification case, the consequences for the child and the kin can be devastating. When relatives live a distance away, more effort is often required to ensure relative involvement. Early involvement of relatives in the rehabilitation and reunification process not only can help to support the parents, but allows the grandparents or other relatives the opportunity to consider adoption, even if initial placement has not been in the relative home. It is critical to avoid a custody conflict between foster parents and relatives that has occurred from lack of involvement and clear assessment of the relative. Any custody conflict creates more harmful impact on the child and can be prevented in many cases with clear communication by OCFS with all parties from the outset of the case about expectations, laws, policy and visitation.

Department's Response: The Department is committed to placing children with relatives whenever possible and appropriate. As part of the Fostering Connections Act, district child welfare staff were

informed about the expectation to notify all grandparents and known adult relatives that a relative has entered custody within 30 days of a child entering the custody of DHHS. Staff is required to complete a relative resources narrative log entry and ensure that letters are sent to the identified individuals. This has been one of several priority areas for which both individual district plans and a statewide accountability plan were created to improve performance. Our baseline performance for August 2012-August 2013 was 0% letters sent to all grandparents and 8% sent to all known adult relatives within 35 days. The last data for the quarter of 4/1/15-6/30/15 was 55% and 42% respectively. This is something that OCFS must improve upon and has seen a continued upward trend in this area of practice. OCFS has invested resources by purchasing access to the Lexis Nexis search engine tool to assist staff in locating parents and relatives. Through inclusion in the Family Team Meeting process, OCFS has the opportunity to help re-establish relationships between parents and their relatives, as well as involve relatives and other supports as partners in ensuring the safety of children both now and into the future. Staff also attempt to identify and address any barriers to placement with relatives initially and continue to look at these barriers when youth are not placed with relatives throughout the case, for example in the Permanency Review Team process. They are also required to update relative resource entries in MACWIS every 6 months documenting any new relatives identified at the time that they are completing the child plan. In cases where paternity is not established until after the 35 days assessment period, it is still an expectation that those paternal relatives are identified, notified and explored. OCFS recognizes that when relatives are not engaged early in the process the child loses a significant connection to family that could result in better experiences for the child during their time in care.

b. **Supporting Grandparent's Relationships with All Family Members.** One important step to effective and meaningful involvement of relatives, and particularly grandparents, in child protective cases, is recognizing the loyalty bind in which grandparents are caught: the desire to help and protect their own children (the parents in the case), and the desire to help and protect their grandchildren. Grandparents should not be forced to choose between adult children and grandchildren and should only be assessed for their ability to keep the children safe. Parents may have the capacity to love their adult children, yet recognize the mistakes their children have made and be able to take the steps necessary to protect their grandchildren. Furthermore, reunification occurs in approximately one third of cases where the child is in protective custody, and the parents will likely rely on grandparents as long-term natural supports once the child protective case is closed.

Department's Response: The Department has a Kinship Assessment Policy that outlines the areas to explore when making a placement decision. The assessment is completed prior to placement and guides staff in determining whether the physical safety of children can be met in the relatives' home as well as ensuring that the caregiver demonstrates protective capacities to keep the children safe from harm by their parents if necessary. The FTM process and supervisory oversight is used in making decisions about how to most effectively include relatives as supports to their family members. This includes issues such as placement and visits. It may be helpful for staff to have training on the complexities of kinship care. This training should include the opportunity to look at one's own biases, the challenges of working with the dynamic of competing loyalties as well as panel of kinship providers that could present about their experiences. Hearing information from the perspective of others is one of the most effective means of helping staff to increase their knowledge and understanding of these issues.

c. **Transition Planning.** This year the Ombudsman has noted a trend of emergency removal of children (without warning or transition plan) from kinship placements where there was no immediate risk of serious harm, compounding trauma of children who had already experienced removal from their parents. Removal from any placement is never easy for a child, but for children who are removed from their grandparents' or other kinship placement, the trauma is compounded. Before such removals occur, best practice and OCFS policy dictates that all supports should be exhausted and a transition plan implemented.

Department's Response: The Department recognizes that any removal that a child experiences can be traumatic and seeks to minimize the impact of this whenever possible. It is the expectation that prior to any removal from a kinship home against the caregivers wishes a FTM be held or if a FTM is unable to be held a team decision-making meeting will occur involving the caseworker, supervisor and PA or APA. A determination will be made if there are immediate child safety issues that require a prompt response. If not, the team will develop a plan to support the continuation of the placement whenever possible or if removal is necessary a transition plan that includes continued contact between the relative and the child that is in the best interest of the child. OCFS has a contract with Adoptive and Foster Families of Maine (AFFM) that provides foster and kinship parent support and recommend more effective utilization of these services. Sharing information about AFFM should begin at the front end of our work with assessment staff providing information about AFFM and making referrals for support. It is also recommended that a process be established for AFFM to reach out to kinship providers at the time of initial placement to offer support. At this time, the relatives may be struggling to navigate the changing roles and relationships within their own family as well as trying to navigate the child welfare system.

d. **Increased Support and Education for Kin.** Grandparents are often adrift in Child Protective Cases. Not just OCFS, but all stakeholders must work together to provide kin in child protective cases the support that they need, which in turn supports the children. Grandparents and other kin are not provided with legal representation and may or may not know of other resources available. Most kin in child protective cases do not have the means to obtain an attorney. OCFS social workers can take the lead on educating grandparents and other kin on their rights, and make sure that they understand consequences of their decisions early in the case.

   Kinship relationships and involvement are some of the most complex issues that OCFS social workers have to address. Sorting out family relationships and safety, the right level of involvement so as not to overtax a child already expected to attend visits with his parents, and asking what level of involvement for the child is best are complex questions require a planned response. Most children, despite how complex their family dynamics may be, would do well if reassured that their grandparents, aunts, uncles and cousins still love them and care about them, and that they have not been abandoned by their family.

Department's Response: The Department recognizes the need to better support kinship foster parents both in the rates of reimbursement paid to them as well as the supports they are able to access through the system. There is currently a RFP being developed for foster and kinship parent support that would create a liaison position in each district to increase customer service, enhance communication and provide an additional level of support for foster homes and kinship families. This person would be a link to

caseworkers for families and assist in getting responses to questions and concerns. The proposal will also include an LSW and a clinical support position to go into the resource homes to provide an additional level support. It is hoped that this will roll out in spring 2016. Other sources of support for foster/kinship families include the community care worker assigned to the home, the caseworker for children placed in the home and AFFM. AFFM has provided OCFS with business cards that can be given to families with their contact information. Kinship caregivers are now required to attend the Kinship Training as part of the licensing process, whereas in the past it was often waived. This training allows the foster parents to learn about the system as well as issues unique to being a kinship foster parent. The Resource Program staff created a separate curriculum for kinship providers recognizing these differences. At the FTM, a discussion regarding roles, responsibilities and how others can support the placement should occur.

2. BASIC ASSESSMENT PRACTICES

OCFS policy provides that assessment, or investigation, of the child's circumstances occur not just at the beginning of a case, but throughout a service case or the reunification process, including through trial placement. One of the most important components of assessment is frequent, but at least monthly, face to face contact between children and OCFS social workers. In most cases the regular contacts occur in a consistent and methodical manner that also supports a trusting relationship between the social worker and child. Unfortunately, in multiple cases the Ombudsman has identified instances where these monthly contacts were not completed consistently. Other assessment practices were applied inconsistently as well, such as lack of assessment of critical case members such as family members, live-in partners, and ongoing communication with treatment providers for parents.

Department's Response: Assessing the safety of children in their homes through meeting with them and completing monthly face-to-face contacts is a cornerstone of the work of OCFS to achieve the goals of building relationships with the children we serve as well as understanding their needs and assessing their safety. Our current performance in these areas of practice is as follows: in assessment staff saw all identified child victims within 72 hours 76% of the time and in permanency staff saw 94% of children in care for the month with 90% of these visits occurring in the child's home (August 2015 data). A more problematic area of practice is seeing all children in service cases monthly (65% for August 2015) although this is an area of continued focus. Supervisors need to continue to track staff performance to ensure critical case members are seen in assessment as part of the initial interview process, that assessment staff is completing face-to-face contacts on youth if necessary prior to transfer and that meaningful face-to-face contacts are occurring in permanency and adoption. Staff is expected to meet with children alone and in the home more than 50% of the time. One recommendation is for DHHS to establish a definition of critical case members that is consistent throughout OCFS policies. This would provide clarity for staff about which case members need to be seen. The information from providers is critical to determine the trajectory of our reunification work with parents, yet can be difficult to obtain on a regular basis. Some of the challenges in gathering information include the provider's inability to attend FTM's due to scheduling and billing issues, as well as difficulty in getting progress notes from them. It would be helpful if staff could use the receipt of quarterly progress notes as a trigger for reauthorizing services and that providers are held accountable to this expectation in any contracts they hold with OCFS.

3. MENTAL HEALTH TREATMENT FOR OLDER YOUTH IN CARE AND LACK OF PLACEMENT RESOURCES

There is a relatively small number of older youth in foster care, but the older the child in care the more likely that child is to have mental health or behavioral issues. In 2013 17% of all foster children were in therapeutic care, but for children above the age of 6 the number was 27.4%. Also, in 2013, the number of children in congregate care was 5.4% for all children, but for children above the age of 6, 11.5%. In 2012, 30% of older youth in care had been in care before and had higher needs and more complex care was required. (Source: Adoption and Foster Care Analysis and Reporting System (AFCARS) http://cwoutcomes.acf.hhs.gov/data/overview) compiled by Casey Family Services.)

Department's Response: Over the last 9 months, OCFS has re-established the Behavioral Health Services program and further improved the collaboration that occurs between programs within OCFS. Child Welfare staff and Behavioral Health staff continue to partner to ensure that behavioral health needs are met for youth involved with OCFS. Behavioral Health staff is providing a full day of training to OCFS staff in each district that details specific evidence based mental health treatments for children. Maine was awarded a CBT+ grant which is being implemented in Biddeford and Rockland that will enhance trauma informed services and supports in these areas to most effectively serve children in need of services through OCFS. There are also 3 programs statewide, the Pediatric Rapid Evaluation Program (PREP), the Key Clinic and the Spurwink Clinic, which are partnering with OCFS to ensure that children's medical and behavioral health needs are identified early and immediate referrals to services are made if recommended. There are also increased efforts to partner with schools and community providers to ensure that trauma is recognized and addressed by those trained in a model, such as TF-CBT.

In the past decade, the number of children in congregate care has dropped dramatically. In July of 2004, 747 children were in residential placements in Maine. In 2009 there were only 200 children in residential care, and that number is even lower today. There is little disagreement that it is not in most children's best interests to be in long term residential care. However, decisions must be made on a case by case basis, and for some children, long term residential care may be an important part of a treatment plan.

Most importantly, under no circumstances should any child in DHHS custody be dropped off at a homeless shelter because there are no beds available either in therapeutic foster homes or residential facilities. This should not happen to any child in foster care, but it is an especially unsafe practice for children with serious mental health or behavioral issues.

In one case the Ombudsman reviewed that was closed at the beginning of the fiscal year, a seventeen-year-old child with severe mental health and behavioral needs, as well as intellectual delays, was left at a homeless shelter due to a crisis unit's determination that the teen was ready to be discharged. The discrepancies in provider opinions over the years that were not picked up by Children's Behavioral Health Services, lack of beds in residential treatment centers, and the lack of therapeutic foster homes, as well as the parents' inability or unwillingness to care for their child all impacted this situation. This child is now in appropriate residential care where it is likely the child will stay for an extended period of time. The child could have been receiving treatment much earlier and more consistently, had the above issues been addressed earlier.

Determining what is in the best interest of older youth in care who have high needs is a complex problem, and one that is not the sole responsibility of the Office of Child and Family Services. However, Child Protective Services can be an effective advocate for children in the state's custody. Social workers and supervisors should receive consistent training in the rights of recipients of Mainecare as well as legal requirements under IDEA and Fostering Connections for transition plans. Furthermore, existing residential facilities should he held to high standards and Child Protective Services should not hesitate to argue with mental health providers (as they did in the above referenced case) when mental health providers are clearly making the unsafe and inappropriate decisions for the child. Child Protective Services should also not hesitate to report institutional abuse in residential facilities and mental hospitals in order to change practices.

Department's Response: Kidspeace was recently awarded the recruitment contract and one of the expectations of this contract is general, targeted and child-specific recruitment. One of the targeted populations for recruitment is youth with the most challenging behaviors in residential facilities in need of foster homes or languishing in emergency departments at hospitals. Earlier this year, Commissioner Mayhew did a public appeal for individuals to provide foster care to children. There were many inquiries as a result of this and an increase in licensed foster homes in some districts. It is anticipated that the recruitment contract will yield similar results. There is an expectation that transition planning begin for youth at the time that they enter residential treatment. This can be challenging for youth in foster care who may not have an identified resource to return home to. OCFS continues to explore the ability to provide some level of compensation to resource families that invest in a youth prior to the youth being placed in their home. CBHS staff is providing mental health training for all child welfare staff that is focused on the youth of needs and the services and supports available to meet these needs.

OCFS agrees that homeless shelters are not appropriate placements for youth in care and there are several strategies currently underway to address this concern. The recruitment contract will create additional foster home placements, including treatment foster homes that can meet the needs of youth with complex needs. OCFS recognizes that often relatives have a stronger commitment to these youth, yet need a high level of support to maintain the children in their homes. There are services and supports being created to address this area of need. It is also critical to improve the identification of youth at risk earlier in their lives through collaboration with families, schools, treatment providers and OCFS. This should be achieved prior to the need for residential treatment level of care. One strategy to improve this collaboration was training provided by Disability Rights Maine to staff, foster families and community providers in each of the 8 Districts on the rights of youth and how to be effective advocates within the schools. There are also efforts to coordinate training by the OCFS Behavioral Health staff on the Rights of Recipients of Mental Health Services in each district to be completed by early 2016. DHHS has established a new reporting process for institutional abuse in residential treatment centers through the EIS system that will allow for more accurate data collection to inform areas for improvement/concern. In at least two district offices, there are V-9 caseworkers who are specially trained to identify the needs of older youth in care and the services and supports available to them, including transition services. Their caseloads include the young adults on the Voluntary Extended Care Agreements with OCFS. These youth also have the support of the Youth Transition Workers. OCFS has also strengthened the collaboration with the Office of Aging and Disability Services to ensure a seamless transition for youth involved with OCFS to the adult service system.

4. HOSPITALIZATION AND YOUNG CHILDREN

OCFS should consider developing new policy or practice recommendations for very young children in foster care who need to be hospitalized to help minimize the trauma of being left alone in a hospital setting. While young children might be hospitalized for physical reasons, severe mental health issues are affecting children at younger and younger ages. A young child may need to remain in an Emergency Room for days awaiting a bed in a residential facility. Both the Emergency Room and a Residential Facility are strange and frightening places for a young child. When a young child is in a hospital, a parent, grandparent, or other close support person should be allowed to stay with the child, regardless of what the other issues are in the case. Even if a parent or relative cannot ultimately care for the child in the long term, DHHS should consider allowing that parent or relative, including fictive kin, to stay with the child in the hospital. This is not meant to criticize the sincerity of concern and caring of social workers who spend time away from their own families to stay overnight with children in hospitals or take away from hospital staff that provide excellent care. But for a young child a parent, resource parent or relative would ease the inevitable fear and provide much needed reassurance.

Department's Response: It is currently the expectation of DHHS that youth are not left unattended at hospitals and staff has tried to be creative in identifying individuals to be with them. We recognize and believe that the family is one of the most important assets to enlist in providing this support whenever safe and appropriate. DHHS is exploring the use of a sole source contracted provider to sit at the hospital with these youth which could free up staff time and provide an expertise in managing behaviors these youth may be exhibiting. There are also system issues to address as these youth are often waiting for beds to open up at psychiatric hospitals or residential treatment centers and therefore access to these services needs to increase to meet the needs of this population. OCFS has established a monthly challenging youth placement meeting to discuss solutions to youth languishing in emergency departments and residential facilities.

CONCLUSION

As the above response from the Office of Child and Family Services shows, there is continuous work towards improvement of Child Welfare and focused engagement and flexibility in determining solutions to areas of difficulty. The Ombudsman and OCFS will continue to collaborate towards solutions and look forward to another productive year.

ACKNOWLEDGMENTS

As the thirteenth 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 individuals 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 James Martin, 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.

The Program Administrators of the District Offices, as well as the supervisors and social workers, for their openness and willingness to collaborate with the Ombudsman to improve child welfare.

The Board of Directors of the Maine Child Welfare Services Ombudsman, Ally Keppel, Allie McCormack, Maureen Boston and Virginia Marriner for their support and dedication to our agency.

Lastly, the Ombudsman would like to draw attention to the difficult, demanding, and often heartbreaking work that social workers do every day to help keep children safe and reunite families. Child protective and children's services social workers work receive little thanks for their work that is among of the most important work in our society. Social workers should be acknowledged and thanked for their efforts to protect children when no one else can.

CHILD WELFARE OMBUDSMAN

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