

Foster Care Review Inc.



Annual Report FY 2011-12

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Message from the Executive Director

The following pages share extensive data, information and analysis derived from the 543 reviews conducted by the Citizen Review Panel in Miami of 331 children in out of home care (foster care or with a relative) during FY 11-12. This report provides an overview of the safety, permanency and well-being of a sample of children in the foster care system in Miami. In addition, it describes and demonstrates the value of engaging volunteers to assess whether the 'system' is serving its children and families.

The data and stories contained here underscore the incredible commitment of the 83 volunteers who worked as citizen reviewers in FY 11-12 and the dedication of the FCR staff. The information in this report also demonstrates the courage and perseverance of the children, families and professionals who appear before the CRP every day. Despite many individual successes, the data also illuminates the inherent challenges and extremely difficult nature of this work – for all involved. Too many children are in care for too long, waiting for permanent homes and waiting for therapeutic and supportive services. Youth who don't achieve permanency are exiting care without skills or connections, unprepared to live independent, productive lives. Despite good intentions, case managers are often inexperienced and unequipped to manage the work required, resulting in high turnover and minimal effectiveness.

In addition to identifying individual case issues, Foster Care Review is required to identify systemic barriers to permanency, which are shared through this report. Although FCR must point out the failings in the system of care, FCR is dedicated to collaboratively pursuing solutions to the most pressing problems. Over the past year, FCR has participated in system and community workgroups, engaged stakeholders and worked to harness the power of our volunteers to more widely effectuate system improvements. As we call upon child welfare stakeholders to improve their practices and policies, we are also evaluating how FCR can better address the needs of the children, youth, families and professionals in Miami's child welfare system.

During the more than 15 years I have worked in Miami's child welfare system, I have seen numerous challenges surmounted and many new ones arise. Our volunteers often comment that serving on the CRP is an equally frustrating and rewarding experience. However, despite the obstacles, FCR and its citizen review panels have worked tirelessly to promote the permanency and well-being of each child we review. We are grateful to Miami's Juvenile Court and the child welfare community for their support, and we are honored to have the opportunity to fill an important need in our community.

As we look back over FY 11-12, FCR is already moving forward, pursuing our vision of a community where all children grow up in safe, permanent homes and have the potential for healthy, productive futures.

Mission

Foster Care Review promotes prompt, positive and permanent outcomes for dependent children through case review and advocacy.

Candice L. Maze, JD

Executive Summary: Barriers and Recommendations

Florida's legislation regarding abused and neglected children is grounded in the federal Adoption & Safe Families Act (ASFA). Enacted in 1997, ASFA galvanized the focus of the child welfare system around three core principles: safety, permanency and well-being. ASFA directs judges to conduct case reviews at least every six months to determine whether the child welfare agency is making 'reasonable efforts' to further the permanency plan for the child and whether the permanency plan is still appropriate. Florida law permits judges to refer children to Citizen Review Panels (CRP) to conduct these reviews. The panels, comprised of trained volunteers, recommend findings and orders about the safety, permanency and well-being of abused and neglected children. The recommended findings and orders are submitted to the dependency judge for review and, upon signature, these recommendations become court orders.

Foster Care Review's case review process is guided by the philosophical underpinnings of ASFA:

- The safety of children is the paramount concern;
- Foster care is a temporary setting and not a place for children to grow up;
- Permanency planning efforts should begin as soon as a child enters the child welfare system;
- The child welfare system must focus on results and accountability; and
- Innovative approaches are needed to achieve the goals of safety, permanency, and well-being.

The CRP is required to submit an Annual Report to the court that details barriers to permanency for children in foster care. The data detailed in this report underscore a number of recurring, challenging systemic issues. Most are issues that negatively affect outcomes for children. Some are already being addressed through targeted strategies by the lead child welfare agency, its full case management agencies, DCF and/or the Dependency Court. All must be solved through the collective efforts of all child welfare system stakeholders.

BARRIER: Case management and supervision remains inconsistent and high turnover continues affecting service provision and the establishment of meaningful working relationships with children, youth and families.

RECOMMENDED SYSTEM RESPONSE: Case managers should be purposefully recruited based on their ability to handle the rigors of child welfare case management and should receive more in-depth training, coaching and support. Supervisors also need further training and development. The 'team' approach to case management should be explored.

FCR RESPONSE: Although it is the responsibility of the CRP to hold parties accountable and to assess compliance, the CRP will more strategically use the review process to provide support, education and information to case managers. FCR volunteers and staff will receive ongoing training about specific topics and will be encouraged to share this with case managers. FCR will also reach out to the full case management agencies and Our Kids to provide training about the CRP and case review process to new and existing case managers.

BARRIER: Foster parents are not consistently knowledgeable about or engaged in the child's dependency court case.

RECOMMENDED SYSTEM RESPONSE: Training should be provided to foster parents on an ongoing basis regarding the legal process, the dependency court and the foster parent's role in their foster child's court case. Policies for foster parents should underscore the importance of their involvement and attendance/input at all critical hearings – including the judicial review before the judge and CRP. At the conclusion of any hearing, case managers, GALs and DCF lawyers should make a practice of providing a detailed explanation to the foster parent and answering any questions.

FCR RESPONSE: FCR will continue to provide training, outreach and information about the CRP review process to the foster parent community. FCR will also develop specific strategies to better engage the foster parents and facilitate their participation at the CRP review hearings.

BARRIER: Youth aging out of care do not receive consistent, sufficient or effective independent living skills training.

RECOMMENDED SYSTEM RESPONSE: Independent living skills training should be integrated into youths' lives through modeling and coaching by their foster parents, educators and mentors. Policies and evidence-based practices and/or programs must be provided to and accessed by youth in care. Additionally, better post-exit wrap around support should actively be made available for youth exiting care who do not partake in the post-18 IL (RTI) program.

FCR RESPONSE: The CRP will continue to inquire about how youth in care are learning and integrating independent living skills. The CRP will also continue to evaluate whether foster parents are integrating these skills into the daily lives of their foster youth, consistent with the expectations set forth in the Quality Parenting Initiative.

BARRIER: Children who are legally free for adoption are often waiting a long period of time for an adoptive family to be identified and/or the adoption to be finalized.

RECOMMENDED SYSTEM RESPONSE: Concurrent planning must be implemented earlier and more purposefully. All stakeholders should aggressively and consistently pursue available family resources and potential adoptive families in the event reunification is not achieved.

FCR RESPONSE: For all children with a permanency goal of reunification, the CRP will specifically inquire as to concurrent planning efforts and ongoing efforts to identify relatives. For all children with a permanency goal of adoption, the CRP will continue to conduct an in-depth inquiry as to efforts to identify an adoptive family.

BARRIER: The full case management agencies are not consistently complying with all orders recommended by the CRP and issued by the Court (80% compliance).

RECOMMENDED SYSTEM RESPONSE: Ultimately, the orders issued by the CRP are court orders. Complying with orders related to documentation, follow up, service provision and planning will lead to more timely permanency, effective service provision and better outcomes for children and families. DCF attorneys, the GAL Program and the full case management agencies should work together to ensure compliance with these orders for the benefit of the child.

FCR RESPONSE: The CRP will continue to assess compliance with previously issued orders. The CRP will also begin to recommend less time for compliance with critical orders and will request judicial hearings to follow up on critical or time sensitive issues.

Although these and other issues persist, progress is being made throughout the system of care. System leaders and community providers are collaborating to enhance case manager training, increase foster parent competency and support, and better address the reproductive health needs of youth in foster care. Foster Care Review will continue to work with its partners to implement solutions and improve outcomes for children, youth and families.

Harry is a 4 year-old boy who was removed from his parents due to neglect. At the time of his review hearing, Harry was not able to talk to or play with other children his age. The developmental screening used for very young children identified serious delays in his communication and social interaction skills. During the Citizen Review Panel hearing, the panel reviewed medical documentation stating that little Harry had not passed his hearing exam in one ear. The new case manager was unaware of the hearing test results, explaining that she was new to the case. The panel recommended that the judge enter an order requiring a follow up hearing exam. As suspected, Harry's lack of communication skills was clearly associated with his hearing impairment. Now, thanks to the panel's attention to detail and extensive review of the medical records, Harry is receiving interventions that allow him to interact effectively and appropriately with others, increasing the likelihood that he will be successful in school and beyond.



I love having the opportunity to contribute to the lives of children who need so much!

- FCR Volunteer

We try to prevent disasters and enhance the lives of all the children we see. We care about what happens to the most vulnerable of our society and the ones who can't really speak for themselves too.

- FCR Volunteer

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About Foster Care Review

For 23 years, Foster Care Review, Inc. (FCR), a non-profit organization, has worked to promote the safety, permanency and well-being of abused and neglected children and youth under the jurisdiction of Miami's Juvenile Dependency Court. To achieve this mission, FCR recruits, trains and supports volunteers who perform statutorily required case reviews of children in foster care.

FCR was established in 1988 by a Miami-Dade County United Way committee that recommended the use of volunteers to ease the burden on Miami's inundated Juvenile Dependency Court. In 1989, the Florida Legislature, building on models utilized in other states, authorized citizen review panels to engage in case reviews (aka judicial reviews) of abused and neglected children under the jurisdiction of the dependency court. Today, more than 20 years later, Foster Care Review, Inc. (FCR), has successfully recruited and trained 600 volunteers who have conducted review hearings for more than 40,000 children in Miami-Dade County.

In FY 11-12, FCR employed 11 full-time staff members and had an active volunteer corps of 83 individuals from a wide range of professional and personal backgrounds. FCR's volunteers are integral members of the organization and commit at least one day a month to reviewing the cases of children and youth in foster care. Volunteers engage in 25 hours of pre-service training and must complete 10 hours of ongoing training annually. In FY 11-12, FCR's volunteers donated 3,681 hours reviewing the cases of children in foster care.

Foster Care Review, Inc. is a key partner in Miami's child welfare system. FCR has developed effective and meaningful working relationships with the full case management agencies and Our Kids, Inc. (the lead agency), the Department of Children and Families, the Guardian ad Litem Program, Miami-Dade County Public Schools and, most importantly, the Juvenile Dependency Court judiciary and the Administrative Office of the Courts, Juvenile Division. FCR participates in and sometimes leads system-wide workgroup discussions and also collaborates on special projects. FCR also explores opportunities to collaborate on projects with system partners to ensure that systemic barriers to positive outcomes for children and families are effectively addressed by those able to implement new practices and policies.

The Citizen Review Panel Program

Authorized by Florida Statutes 39.701 and 39.702, each of Foster Care Review's 14 Citizen Review Panels (CRP) are comprised of five to seven volunteers. Each of the CRPs convenes one time per month at the Children's Courthouse and Juvenile Justice Center and conducts hour-long hearings for each child assigned to the CRP by the Juvenile Dependency Court. The panels are divided by the age group they review – 0-5; 6-12; 13-15 and 16-17 and are further organized to accommodate the needs of case managers. The review hearings are attended by case managers, attorneys, children and youth, foster parents/caregivers, the Guardian ad Litem, parents and others involved in the child's life.

In preparation for each citizen review panel hearing, FCR's Review Specialists spend approximately three hours reviewing all documents filed with the court and providing an up-to-date overview of the child's life and experience in foster care. Prior to the start of each hearing, the panel members review relevant documentation and discuss potential issues with the Review Specialist. During the hearing, panel members interview parties, children, foster parents and case managers to gain an accurate assessment of the child's needs. The inquiries by the volunteers seek to determine whether foster care agencies are providing children and their families with critical therapeutic and support services and whether case managers are consistently visiting children, engaging their parents and pursuing permanency.

At the conclusion of the review hearing, the CRP members deliberate on the information presented and issue findings and recommendations related to the child's safety, physical and mental health and attainment of a permanent home (either with a parent or through adoption or permanent guardianship). Once approved by the judge, the recommendations become binding judicial orders and all parties must comply. If a serious issue is discovered during a review hearing or a child's safety or well-being is at risk, the panel will request a post-judicial review hearing before the Court for immediate judicial action.



Foster Care Review and the Citizen Review Panels would not be possible without our committed volunteers. At the conclusion of FY 11-12, FCR had 83 active volunteers who donated 3,681 volunteer hours. More than half have served up to 4 years; 17 have served five to nine years; 12 have served 10 to 14 years; four have served 15 to 19 years and four have served more than 20 years. The majority (82%) of FCR's volunteers are women and more than half of our volunteers are employed and a quarter are retired. FCR volunteers bring diverse personal and professional experiences to the review process. They are educators, police officers, doctors, medical professionals, lawyers, social service professionals, private small business owners, administrative support professionals, homemakers, military professionals, real estate, finance and insurance professionals and students. The majority of FCR's volunteers identify themselves as Caucasian, with 10 identifying as African American and 15 as Hispanic/Latino. Sixty-seven percent of FCR's volunteers in FY 11-12 were 55 years or older; 19% were between 45 and 55 years old and 14% were between 25 and 45 years old.

The Children & Youth Reviewed by the CRP

In FY 11-12, FCR's citizen review panels conducted 543 case reviews of 331 children. This represents approximately 15% of all of the children and youth in the dependency court system who were removed at some point from their parent or caregiver. The majority of these children, 161, were 13-17 years old at the time they were reviewed. Ninety-eight of the children reviewed were birth through five years old and 72 children were between six and 12 years old. The CRP reviewed 150 girls and 181 boys.

Age Range				
Gender	0-5	6-12	13-17	Count
female	49	34	67	150
male	49	38	94	181
Total	98	72	161	331

Because the CRP conducts review hearings every five to six months for most children referred, over the course of a 12 month period, a child may

	Reviewed 1 time	Reviewed 2 times	Reviewed 3 times	TOTAL
Number of Children	157	136	38	331
Number of Reviews	157	272	114	543

be reviewed 1, 2 or 3 times, depending on the date of referral. The chart below describes this process. Notably, 41% of the children referred to the CRP were reviewed two times in the 12-month period, with approximately 11% reviewed three times.

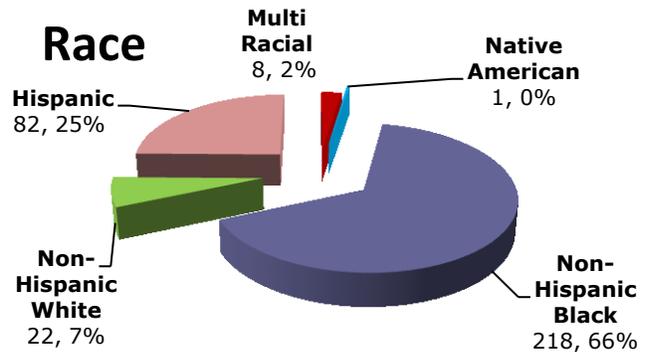
Any child may be referred to the CRP by a Dependency Court Judge. Between 2008 and 2011, judges primarily referred older children for review by the CRP— those 13-17 years old. This may be due in part to enhanced legislative mandates requiring the child welfare system to provide youth in foster care with independent living skills training, transition planning and educational planning. However, in FY 11-12, the number of younger children reviewed by the CRP nearly doubled.

AGE	FY 2010-2011	FY 2011-2012
0-5	43	98
6-12	49	72
13 - 17+	173	161
TOTAL	265	331

Total New Referrals by Judicial Division					
Doo1	Doo2	Doo3	Doo8	Doo9	Total
9	74	21	29	41	174

Children Reviewed (by agency and judicial division) - single count							
Agency	001	002	003	008	009	Total	%
CFCE	4	23	19	12	21	79	24%
CHAR	3	31	29	23	35	121	37%
CHS	2	6	11	19	21	59	17%
FRC	4	16	6	7	13	46	13%
HHCH	1	13	1	5	6	26	9%
Total	14	89	66	66	96	331	
	4%	27%	20%	20%	29%	100%	

It is challenging to report on race and ethnicity demographics of children and youth in foster care. The court, foster care agencies and service providers all track this data in different ways and use different terms. FCR obtained these data based on foster care agency reports and documents, such as birth certificates, submitted to the CRP prior to the review hearing or collected by the FCR Review Specialist from the court file review in preparation for the panel hearing. The majority (66%) of children in the dependency court system who were reviewed by the CRP are classified as 'non-Hispanic, black' – primarily African American – with Hispanics representing the next largest group (25%) of children reviewed by the CRP.



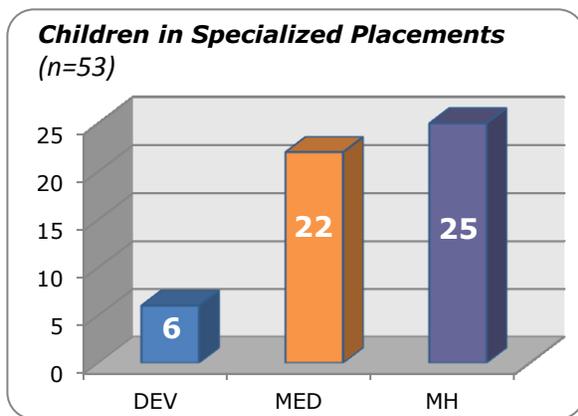
In order to ensure that children in care do not have outstanding immigration issues requiring court action and/or legal advocacy, the CRP addresses the question of immigration status at each review, unless the issue is resolved. Of the 331 children reviewed in FY 11-12, 272 children were reported to be U.S. citizens. The remaining children were either legal residents (13); undocumented (5) or unknown at the time of the review (41). For those with unknown status, the citizen review panels typically will request that proof of status be provided at the next review hearing. When immigration issues are identified, the panels make recommend orders to require the foster care agencies to rectify the problems by linking the child with proper immigration advocacy.

The Safety, Permanency and Well-being of Children Reviewed by the CRP

The concepts of safety, permanency and well-being are interdependent. For example, a child cannot be considered 'appropriately placed' unless the environment and type of placement supports the permanency plan, the home is physically safe and the caregivers are emotionally supportive. For ease of discussion here, the main areas assessed by the CRP are organized by safety, permanency and well-being.

Safety

A child in the dependency court system may be living (or 'placed') with relatives, parents, or non-licensed non-relatives (i.e. a godparent or family friend). Children may also be placed in a licensed foster home, group home, therapeutic foster home or medical foster home. Some children are placed in an institutionalized setting such as a residential psychiatric program or, for those with serious or severe disabilities, a specialized group home supported by the Agency for Persons with Disabilities (APD).



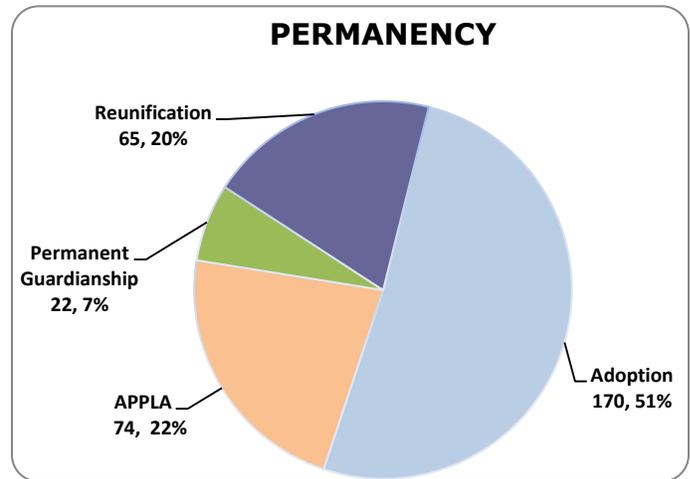
Placement types	Total
Foster Home	145
Relative	65
Group Home	48
Institution/Residential	28
Non-Relative	21
Parent	16
Total	323*
*8 Children were on runaway	

Too often, children who have been removed from their parents due to abuse, abandonment or neglect are re-abused by those charged with caring for them. Case managers are required to visit children under their care every 30 days in order to confirm the child's whereabouts, and to assess the child's safety and well-being. Case managers are also required to make unannounced home visits every 90 days. In addition to case managers' home visits, if a Guardian ad Litem is assigned to the case, he or she is expected to visit the child on a monthly basis, with the option to make unannounced visits. The CRP asks the case manager whether and when these visits have occurred and reviews the home visit logs. **COMMENDATION: Case managers have been extremely diligent in complying with this requirement. In 98% of the reviews held by the CRP in FY 11-12 case managers were determined to have visited the child every 30 days.**

Permanency

Permanency plan goals

ASFA requires that every child in the dependency court system have a permanency plan with a clear permanency goal. The CRP evaluates the appropriateness of each child's permanency goal and determines whether progress is being made towards that goal. Just over half (51%) of the children reviewed by the CRP had a case plan goal of adoption and 7% of had a goal of Permanent Guardianship. About an equal amount of children had a goal of Reunification (20%) and Another Planned Permanent Living Arrangement (APPLA) (22%).



The APPLA goal is only permitted when all other permanent options have been determined not to be in the child's best interests; there is documentation regarding how the child's current placement will endure; the court finds that the health, safety and well-being of the child will not be jeopardized; and there are compelling reasons that support APPLA as the most appropriate permanency goal. In Miami's system of care, this goal is typically reserved for older youth in foster care. **CONCERN: Although sometimes appropriate, there are still too many children with the goal of APPLA.**

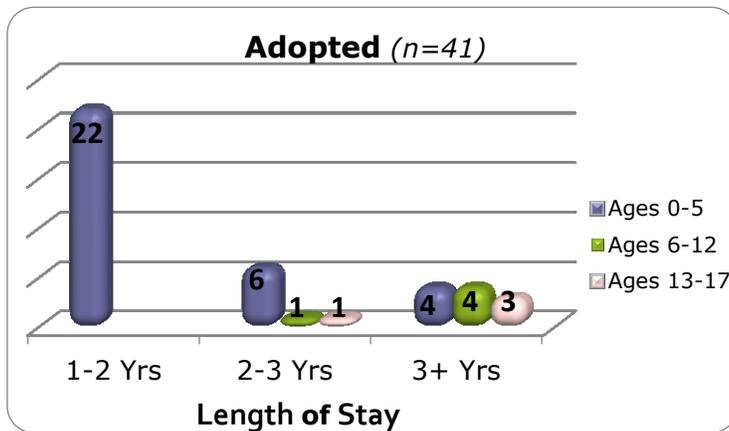
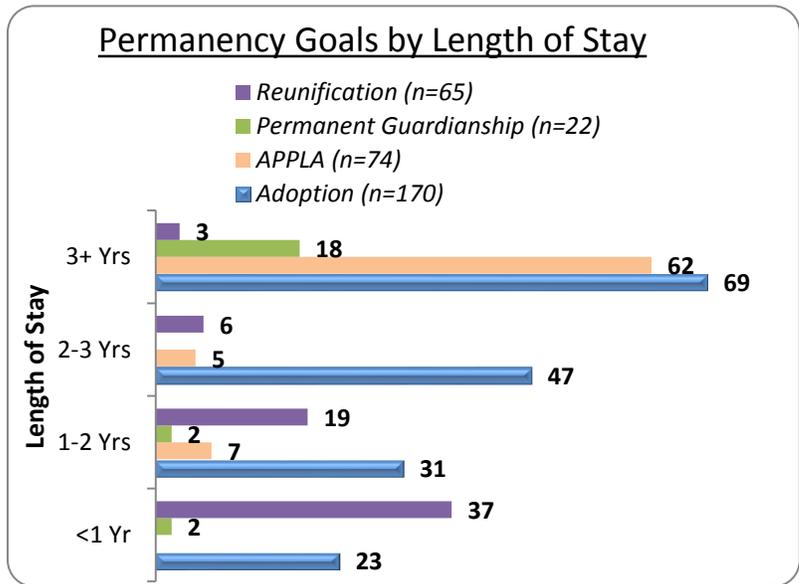
Age	Total
11.0	1
14.0	5
15.0	7
16.0	12
17.0	49
Total	74

RECOMMENDATION: Case management agencies must make a more concerted effort to identify permanent families early in the dependency process by consistently employing concurrent planning and other techniques such as Family Group Conferencing.

Length of Stay

ASFA underscored the need for a final permanency determination to be made by the court within a defined period of time. In Florida, the law requires that within 12 months after the date of the child's removal, the court must hold a Permanency Hearing to determine when the child will achieve the permanency goal or whether modifying the goal is in the best interest of the child. FCR tracks the length of time a child spends in the child welfare system prior to the achieving permanency. The graph below demonstrates the length of stay according to permanency goal for the 331 children reviewed by the CRP in FY 11-12. The data is tracked as of the time of their last review, so it is possible that some of these children have since achieved permanency.

Of those children with the goal of adoption, 116 children have been in care longer than two years, with 69 of these children in care for three or more years. Nineteen children with a goal of reunification have been in care one to two years, 6 children with this goal have been in care two to three years, and three children are still in care more than three years after removal waiting for reunification.



Permanency Outcomes

Ideally, pursuing the permanency plan for the child will ultimately end in the child obtaining permanency through reunification, adoption or permanent guardianship. In FY 11-12, 52 (16%) of the children who had at least one review by the CRP, also reached permanency in this same timeframe. Forty-one of these

children were adopted, 10 were reunified with one or both parents and 1 was placed in permanent guardianship with a non-relative.

Despite the fact that a permanency decision must be made 12 months after the child's removal, it is often the case that their stay in care is much longer. This may be especially true for children with a goal of adoption when an adoptive family is not identified early in the process. The graph above demonstrates the length of time in care for those children reviewed by the CRP who reached permanency through adoption.

Placement Stability

Lack of placement stability is one of the many systemic issues that impacts children’s permanency and their length of stay in the foster care system. It also affects their sense of security, safety and academic performance and is closely associated with child well-being outcomes. FCR tracks placement changes that have occurred within 6 months of each review hearing. During FY 11-12, 90 children had a placement change within the 6 months preceding their review hearing. The table below demonstrates number of placement changes reported across all 543 review hearings. In 132 review hearings, one placement change was noted; in 16 review hearings, 2 placement changes were noted; in 3 review hearings, 3 placement changes were noted and in 1 hearing, 5 placement changes were noted.

# of Placement Changes in 6 month period	Total # of Reviews
0	391
1	132
2	16
3	3
5	1
Total	543

It is important to recognize that in some instances, a placement change can promote permanency and child well-being, for example, moving from a non-adoptive foster home to an adoptive family or placement in a therapeutic foster home to better support a child’s emotional needs. FCR collects data identifying the reasons for placement changes and categorizes these data as positive or negative. Although a significant number of placement changes were positive, the majority of placement changes were based on negative reasons.

Positive Reasons for Placement Changes Include:

- Placement supports permanency
- Severe mental health/therapeutic needs supported by placement
- Less restrictive placement
- Return to parent(s) or a relative
- Receiving respite care
- Placed with a sibling

Negative Reasons for Placement Changes Include:

- Child’s behavior
- Child ran away/returned from runaway to a new foster home
- Foster Parent requested the child to be removed
- Delinquency/Detention
- Foster home lost license or chose to close
- Allegation of abuse
- Child requested/Child unsafe in home

In most instances for which the placement change was positive, it was a step towards permanency for the child or the new placement better addressed the child’s therapeutic needs. By far, the most prevalent reason for placement changes over all was the child’s behavior. This, coupled with the foster parent requesting removal and children running away, accounted for the majority of placement changes. **CONCERN: The data points to the importance of adequately training foster caregivers to better equip them to manage the many behavioral issues that result from child neglect and abuse, especially as children grow into teenagers. RECOMMENDATION: Foster caregivers need intensive training and support to prepare them to respond effectively when children in their care act out or attempt to sabotage their placement. The statewide Quality Parenting Initiative is an important step towards recruiting quality foster families and acknowledging the necessary competencies for quality foster parenting. Standardizing and expanding foster parent training should be considered.**

Well-Being

ASFA’s well-being outcome goals are:

- Families have enhanced capacity to provide for their children’s needs
- Children receive appropriate services to meet their educational needs
- Children receive adequate services to meet their physical and mental health needs.

The CRP requests extensive documentation related to physical health, mental health and educational well-being and needs for every child it reviews. The panels spend much time and focus delving into the records provided and assessing whether and to what extent children’s needs are being met.

Physical/Medical

Children involved with dependency court are required to have a physical and vision exam on an annual basis and a dental exam twice per year. The CRP assesses compliance with this requirement at every review hearing for each child. Because there are different requirements depending on the age of the child, the data is reported as follows:

VISION EXAM BY AGE					
	0-5	6-12	13-17	Total	%
Yes	70	61	142	273	83%
Case Mgr could not report	3	4	4	11	3%
No	25	7	15	47	14%
Total	98	72	161	331	100%

PHYSICAL EXAM BY AGE					
	0-5	6-12	13-17	Total	%
Yes	98	72	158	328	99%
No	0	0	3	3	1%
Total	98	72	161	331	100%

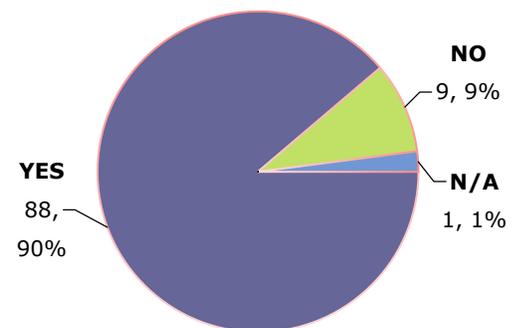
DENTAL EXAM BY AGE					
	0-5	6-12	13-17	Total	%
Yes	47	70	153	270	82%
Case Mgr could not report	2	0	1	3	1%
N/A	26	0	0	26	8%
No	23	2	7	32	9%
Total	98	72	161	331	100%

COMMENDATION: Case managers are doing a very good job ensuring that children receive an annual physical exam. **CONCERN:** While children are visiting the doctor regularly, case managers do not consistently ensure that the doctor’s recommendations are followed (i.e. seeing a specialist). **RECOMMENDATION:** It is important for case managers, caregivers and GALs to review physician reports, to discuss any concerns or areas for follow up with the doctor and to ensure that recommended follow up takes place.

Developmental

The science of early childhood development has determined that from birth to five years old, children develop the foundation for their future linguistic, cognitive, emotional, social, regulatory and moral capabilities. Unfortunately, it is well established that more than 50% of maltreated children birth to 5 years old experience delays in their cognitive, physical, social/emotional functioning. As part of a system-wide effort to better identify and intervene with these young at-risk children, a protocol has been established that requires all children birth through five years old to be screened for developmental delays on a regular basis. As the chart below indicates, 90% of the children in the age range received this screening and 8% did not. [Note: screening was not appropriate for one of the children because she was almost 6 years old].

Developmental Screening
children ages 0-5 (n=98)



Emotional/Psychological

Of the 233 children between six and 17 years old, 214 were assessed by a professional to determine whether the child required mental health services. Of the 214 who were assessed, mental health services were provided for 168 children and youth in that age range. The most commonly recommended therapeutic service was individual therapy, which was recommended for 142 children. Behavior management, family therapy and group therapy were also significantly recommended. It is also interesting to note that four of the children ages six through 17 were recommended to substance abuse treatment.

Children & Youth Provided with Mental Health Services	
Age Range	Total
6-12	49
13-17+	119
Total	168

For the 65 children and youth ages six through 17 who did not receive services, 20 had no identified need and 11 had referrals pending. In only two instances, the necessary referrals were not made. Finally, many children and youth in care are prescribed psychotropic medication to help address their mental health needs. Thirty-seven percent of the 233 children aged six through 17 reviewed by the CRP are prescribed psychotropic medications. Broken down further by age group, 32% of the six to 12 year old age group are prescribed psychotropic medication and while 39% of the 13 through 17 year old age group are taking such medication.

Reasons for No Therapeutic Services (n=65)	Total
No identified need	20
No referral made	2
Referral made, service pending	11
Refuses to participate	10
Runaway	8
Successfully discharged	14
Total	65

Education

Success in school can be a protective factor against the abuse, neglect, separation and inconsistency that many children and youth experience prior to and in foster care. National research shows that children in foster care have significant educational needs and that far too many must cope with multiple school changes and insufficient services to support their success. Of the 268 school aged children and youth reviewed by the CRP in FY 11-12, 113 qualified for an Individual Educational Plan (IEP), indicating a special cognitive, behavioral/emotional and/or physical need requiring accommodation and support by the school system. These special needs are described.

Special Educational Needs	Total
Autism Spectrum Disorder	6
Deaf or Hard of Hearing (Code:H)	1
Developmentally delayed	10
Emotional-Behavioral Disability	62
Gifted	2
Hospital / homebound	1
Intellectual disabilities	7
Language impaired	10
Occupational therapy	1
Other	5
Other health impaired (Code:V)	5
Specific learning disabled	26
Speech impaired	6
Total	142

Most, if not all, children and youth in foster care need quality educational tutoring and/or mentoring support. However, only 38% of youth ages 6-17+ reviewed by the CRP had a tutor at the time of the review. Also, only 12% of youth ages 6-12 and 20% of youth ages 13+ had a mentor. Those who have a tutor or mentor are receiving these services through the school or through private providers or organizations.

CONCERN: Not enough children and youth have educational support and life mentoring.
RECOMMENDATION: Youth 13-17 who are in foster care should be systematically assessed for and linked with a mentor and tutoring services to ameliorate risks and promote success in school and in life.

Early Care & Education

State law mandates that any child age three years to school entry who is under the supervision of the dependency court must be enrolled in a licensed early education or child care program. The intent of Florida Statute 39.604, is to provide children currently in the care of the state with “an age-appropriate education program to help ameliorate the negative consequences of abuse, neglect, or abandonment.” In Miami, the court established that children in this age range will only be enrolled in accredited child care or early childhood education centers. The table below demonstrates the number of children birth through five years old who are enrolled in a program. For the 80 children in that age range enrolled in child care, 99% were found to be accredited with the other 1% due to the fact that the case manager did not know whether the child care center was accredited or not.

Age range	Yes	N/A	No	Total
0-3	47	1	11	59
3-5	33	6	0	39
Total	80	7	11	98

COMMENDATION: The law only requires that children 3 to school age are in a *licensed* child care setting. However, in Miami, through the leadership of Judge Cindy Lederman and effective partnerships between child welfare and child care agencies, young children in dependency court are consistently enrolled in accredited early learning environments.

Independent Living Services

Pursuant to Florida Statute 409.1451, youth placed in licensed foster care who are 13 through 17 years old are eligible for services to prepare them for the transition to adulthood. Youths’ independent living skills are assessed for a variety of “independent living services.” Such services may include independent living skills training (i.e. banking and budgeting skills, interviewing skills, parenting skills), time management or organizational skills, educational support, employment training and counseling. Other services include information related to social security benefits and public assistance. Youth are to be assessed and/or a staffing will be held on a regular (typically every 6 months) basis.

Because nearly half (49%) of the children reviewed by the CRP in FY 11-12 were ages 13 to 17 and have been the majority age group reviewed by the CRP in years past, FCR staff and volunteers have developed expertise in this area and have refined the review process to effectively assess their needs. Of the 161 youth in this age group, 113 were eligible for independent living services.

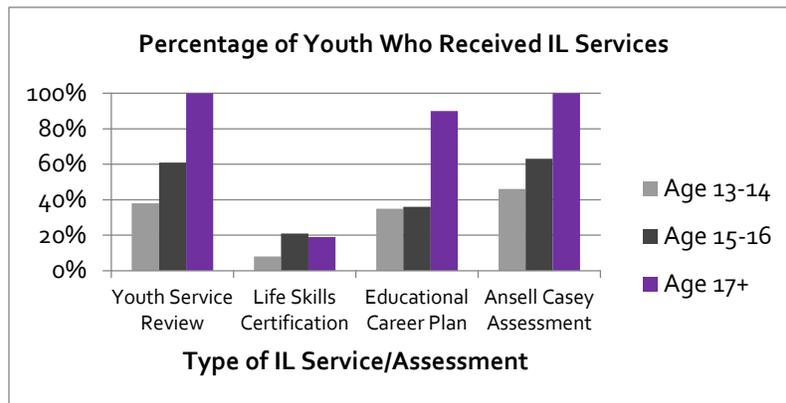
Ages of Youth Reviewed by CRP	Total
13-14	38
15-16	62
17 up to 18	61
Total	161

Age	Total
13-14	26
15-16	56
17 up to 18	31
Total	113

Per statute, 13 and 14 year olds are required to have an independent living staffing annually. Older youth – those 15 through 17 years old – are required to have this staffing every six months until they reach 18 years old. The following graph reports whether the youth reviewed received the required independent living staffing.



In addition to staffings, agencies are required to conduct a pre-independent living assessment for 13 and 14 year olds and an independent living assessment for the older youth (called an Ansell Casey Assessment). Furthermore, agencies are required to develop an Educational Career Plan and Youth Service Review jointly with youth 15 through 17. The graph below illustrates the percentage of youth found to have been assessed for or provided life skills services.



COMMENDATION: Youth 17+ appear to be systematically receiving the Youth Service Review, Educational Career Plan and Ansell Casey Assessment.

CONCERN: Youth 13-16 are not consistently receiving the required reviews and assessments at the same rate as the 17+ year olds. No age group is sufficiently receiving Life Skills Certification.

RECOMMENDATION: Life skills are critical for youth in general and essential for those exiting foster care at 18. There must be greater focus on customizing the planning and implementation of plans for the development of true life skills among our transitioning youth.

Joyce had been in the foster care system since age 12 when her parent's rights were terminated. Her case was referred to FCR's Citizen Review Panel when she was 17 years old. Unfortunately, no one had stepped forward to adopt Joyce. Similar to many young adults who "age out" of the foster care system at age 18, she was facing adulthood on her own. The panel interviewed Joyce in the presence of her case manager, her Guardian ad Litem and her educational mentor. They asked her questions about her future plans. During that hearing, Joyce's Guardian ad Litem expressed sadness over the fact that Joyce had not been adopted. When the mentor heard that she said, "I never knew you wanted to be adopted. I love you and would be honored to adopt you." Although she had been a consistent adult in Joyce's life, until that day, no one had explored Joyce's mentor as a possible adoptive parent. Joyce was adopted 2 weeks before turning 18.



It is a tough job but by pooling our ideas in the panel, we try to come up with solutions and avoid allowing any child to fall through the cracks.

- FCR Volunteer

This has been the best volunteering program I have ever been a part of!

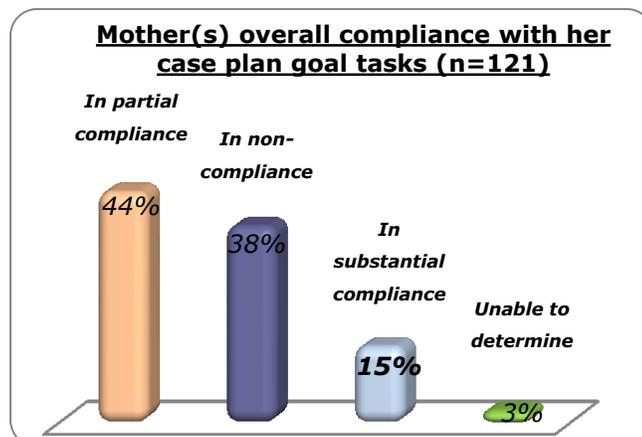
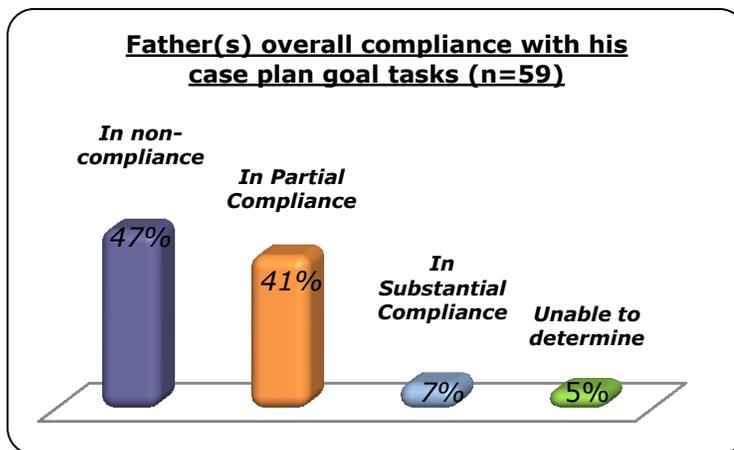
- FCR Volunteer

Findings Made by the Citizen Review Program

The Citizen Review Panels make findings regarding the efforts of the foster care agencies to achieve the safety, permanency and well-being of the children in their care and the compliance of parties with their case plans. The CRP also identifies unmet needs, gaps and red flags needing urgent attention.

Case Plan Compliance

Every child involved with the dependency court system has a case plan that states the permanency goal and delineates the specific tasks that each party (parent, case manager, child, Guardian ad Litem) must complete in order to accomplish the permanency goal. During the review hearing, the panel seeks information to determine whether each party is working on the tasks of the case plan and makes a finding of 'compliance', 'non-compliance' or 'partial compliance'. Quite often, cases are referred to the CRP once a parent's rights are terminated. Thus, in only 22% (121) of all reviews was the mother still working on a case plan and in 18% (59) of all reviews was the father working on case plan tasks. The graphs below demonstrate the level of compliance each had with his or her respective case plan and the parent was noncompliant more than a third of the time.



The CRP also determines whether the agency is complying with its requirements under the case plan, namely to provide services to the child and family. Additionally, compliance with prior orders of the CRP is determined by the CRP at each review hearing when applicable. The table below demonstrates determinations of compliance, non-compliance and partial compliance by case management agency across all 543 reviews held in FY 11-12. Most of the non-compliance findings were due to failure to place the child in a permanent placement, inadequate case management and failure to comply with previously entered orders of the CRP.

Overall Compliance by Reviews	Compliance	Non-compliance	Partial	Total
CFCE	112	8	8	128
CHAR	177	5	15	197
CHS	98	1	4	103
FRC	63	4	1	68
HHCH	38	2	7	47
Total	488	20	35	543

Appropriateness of Placement

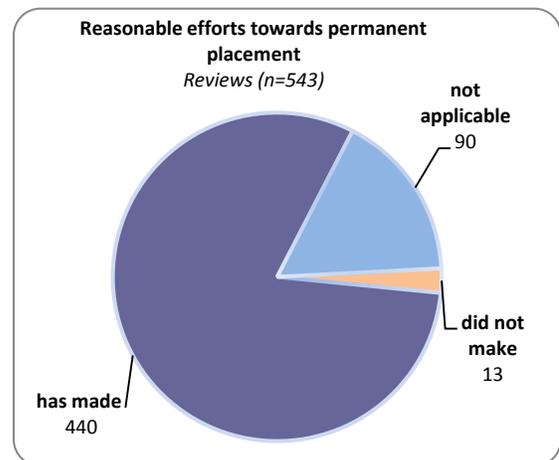
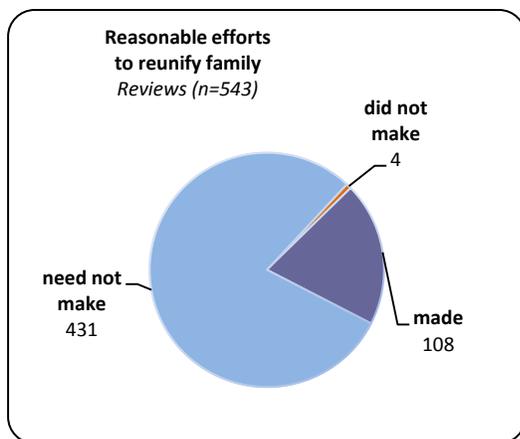
The table below demonstrates the 28 instances (of the 543 reviews conducted) in which the CRP determined a child was not safe and appropriately placed. It is notable that this finding was made on two occasions for three of the children reviewed. The table is organized by case management agency.

Agency	Appropriate and Safe	Not Appropriate and/or Not Safe	Unable to determine	Total
CFCE	113	12	3	128
CHAR	190	6	1	197
CHS	100	3	0	103
FRC	65	3	0	68
HHCH	43	4	0	47
Total	511	28	4	543

The primary concerns underlying the CRP finding of 'not appropriately placed' was that the placement was not a step towards permanency. This classification is used when children are in a shelter or young children are living in congregant care (aka 'group home'). The second most common reason for this finding is that the child's safety cannot be determined (i.e. the child is on runaway status or there is not sufficient information). Finally, in four instances, it was determined that the child's placement did not meet her physical needs.

Reasonable Efforts by the Case Management Agency

ASFA and state law require the child protection agency (and its delegates) to make reasonable efforts to preserve and reunify families prior to removal, to prevent or eliminate the need for removal and to make it possible for a child to safely return home or to achieve the stated permanency goal. One of the key findings made by the CRP is whether or not the case management agency complied with the reasonable efforts requirement. The following charts demonstrate that, for the majority of the cases reviewed, the agency was found to have made reasonable efforts to promote permanency. When reasonable efforts to promote permanency were not made, it was primarily due to inadequate adoption recruitment efforts for those children freed for adoption and because transitional services were not in place for youth transitioning from care.



Jean, Dominique, and Rosemarie were young siblings in foster care. Distant relatives had offered to care for them and were willing to adopt all three children. However, it was clear that the adoption process had stalled. During the Citizen Review Panel hearing, the case manager said that the adoption process was moving slowly because the adoptive family was not complying with the adoption requirements and was being non-responsive to requests for information. The entire family was Haitian and only spoke Creole. Concerned that the adoptive family needed to understand the proceedings, the Citizen Review Panel requested that a Creole interpreter be provided. During the review hearing, it became abundantly clear that, because the case manager did not speak Creole, the adoptive family did not understand the adoption process. The panel recommended that the Judge require the agency to assign a Creole-speaking case manager to assist the adoptive family. With the new case manager, the adoption process moved along smoothly and the three siblings now have a "forever family."



We make a difference. We are often the conscience of the system.

- FCR Volunteer

Our panel has been able to follow the progress of at least one child from the entry into foster care to adoption and has been able to facilitate certain processes and encourage the 'powers that be' to move in a timely manner.

- FCR Volunteer

Orders Recommended by the Citizen Review Panels and Approved by the Judge

Once the citizen review panel has made its findings based on the interviews during the review hearing, the information gathered and the documents reviewed, they develop a set of Recommended Orders. Once the judge signs the recommendations, these become binding orders of the court.

The table below describes the coding of CRP orders.

Category of Orders	Ordered when any of the following:
Permanency plan/Adoption	<ul style="list-style-type: none"> ▪ Prospective adoptive family identified; barriers to the steps necessary to complete adoption are identified ▪ Documents pending or Adoption Review Committee results pending OR ▪ No family Identified and FCR requests an adoption status report indicating what efforts have been made
Independent Living Services	<ul style="list-style-type: none"> ▪ Lack of participation in life skills ▪ Ansell Casey OR Youth Services Review OR Teen plan were not completed or submitted ▪ IL Staffing was not completed or verification was not submitted ▪ No clear plan of child's transition at 18 (placement) ▪ Child does not have a FL identification or document was not submitted OR ▪ Need for Education Plan to be completed with child
Case Management Documentation	<ul style="list-style-type: none"> ▪ Case manager reported on the topic, but documentation was not provided. OR ▪ Need written verification of follow up services or treatment recommended by reports that were submitted
Educational Services	<ul style="list-style-type: none"> ▪ Child needs an educational service (address academic issues, tutoring needs, testing/IEP needs; appropriateness of placement; for teens it's usually about being behind grade level and aging out while still in high school)
Developmental Services	<ul style="list-style-type: none"> ▪ Child hasn't had a screening OR ▪ Services are pending based on a screening
School Placement Stabilization	<ul style="list-style-type: none"> ▪ Child is at risk of changing schools (due to behavior or because school doesn't meet needs) OR ▪ Child has changed schools and as a result may have additional needs related to stabilizing the school placement
Health Services (mental, physical, vision and/or dental)	<ul style="list-style-type: none"> ▪ Child has not received an annual physical and/or vision exam ▪ Child has not received a semi-annual dental exam ▪ Child has not received follow up services as recommended by a treating physician OR ▪ The agency has not submitted adequate documentation regarding the mental health services being received by a child
Placement Appropriateness	<ul style="list-style-type: none"> ▪ There is a concern that the child is at risk of harm and/or does not feel safe in the home OR ▪ The current home does not meet the needs of the child.

In FY 11-12, the CRP issued 1914 new orders. The primary orders issued in FY 11-12 across all age groups include (Note: multiple orders may be made for each child):

- Documentation of medical, psychological, educational, or case management services or of vital statistics info (491)
- Independent Living Services (285)
- Permanency Plan/Adoption (222)
- Educational Services (184)
- Mental Health Services (102)
- Dental Health Services (99)
- School Placement Stabilization (81)
- Vision services (44)
- Placement appropriateness (39)

To better identify and address systemic issues, it is important to also analyze these data by age group. Only youth 13 + are entitled to independent living services – and thus, all 285 orders related to this issue are in this age group. The following three tables highlight the top 10 recommended orders issued by the CRP by age group.

Birth to Five Years Old	
Issued Orders Category	Total
Permanency plan - adoption	98
Case mgt.doc-med/phys. reports	48
Developmental services	16
Case mgt.doc-MH reports-children	14
Emotional/MH services - child	13
Case mgt. doc. as to parents	11
Educational needs of child	9
Case mgt.doc. - other	7
Permanency plan - reunification	7
Dental health services-child	5

Six to Twelve Years Old	
Issued Orders Category	Total
Permanency plan - adoption	60
Case mgt.doc-med/phys. reports	52
Educational needs of child	45
Case mgt.doc-MH reports-children	38
Emotional/MH services - child	37
Case mgt. doc. as to parents	22
School placement stabilization	15
Dental health services-child	14
Case mgt.doc - referrals	10
Visitation arrangements - mother	9

Thirteen to Seventeen Years Old	
Issued Orders Category	Total
Independent living services	285
Educational needs of child	130
Case mgt.doc-med/phys. reports	115
Dental health services-child	80
School placement stabilization	65
Permanency plan - adoption	64
Case mgt.doc-MH reports-children	59
Emotional/MH services - child	52
Delinquency	36
Vision health services-child	35

When a case returns to the CRP for a subsequent review hearing, the panel determines whether the parties complied with previous orders recommended by the CRP. Thus, figures for FY 11-12 on the issue of compliance relates to compliance with orders issued between February 2011 and January 2012 (so overlapping two fiscal years). In FY 11-12, the CRP re-assessed compliance with 1277 previously

issued orders. Of the 1277 orders previously issued, 1015 (80%) were confirmed as complied with by the case management agency.

COMPLIANCE WITH PRIOR ORDERS OF THE CRP	
Total re-assessed prior orders	1277
Total complied orders	1015
% re-assessed complied orders	80%

The following set of tables is once again delineated by age and lists the frequency of compliance with previously issued orders.

Birth to Five Years Old			
Recommended Orders	Order Completed	Order Not Completed	Total
Permanency plan - adoption	37	5	42
Case mgt.doc-MH reports-children	17	5	22
Case mgt.doc-med/phys reports	15	1	16
Emotional/MH services - child	6	0	6
Permanency plan - reunification	6	0	6
Placement appropriateness	4	0	4
Case mgr level of involvement/knowledge	3	0	3
Case mgt. - monitoring child & case	3	1	4
Dental health services-child	3	0	3
Developmental services	3	0	3

Six to Twelve Years Old			
Recommended Orders	Order Completed	Order Not Completed	Total
Permanency plan - adoption	37	0	37
Case mgt.doc-MH reports-children	23	4	27
Emotional/MH services - child	21	2	23
Case mgt.doc-med/phys reports	18	6	24
Educational needs of child	16	9	25
Dental health services-child	11	2	13
Case mgt. - monitoring child & case	9	1	10
Emotional or MH services - mother	6	0	6
Visitation arrangements - siblings	6	0	6
Case mgr level of involvement/knowledge	5	0	5

Thirteen to Seventeen Years Old			
Recommended Orders	Order Completed	Order Not Completed	Total
Independent living services	127	59	186
Educational needs of child	79	22	101
School placement stabilization	48	8	56
Case mgt.doc-MH reports-children	47	7	54
Dental health services-child	47	17	64
Permanency plan - adoption	46	5	51
Case mgt.doc-med/phys reports	44	21	65
Emotional/MH services - child	32	5	37
Delinquency	31	3	34
Placement appropriateness	19	0	19

Procedural Issues

Participation in Review Hearings

The Guardian ad Litem/GAL Attorney and DCF attorney regularly appear at the citizen review hearings. However, FCR strongly encourages the participation of children, youth, caregivers, foster parents, mentors, service providers and family members and has been exploring opportunities to facilitate their increased involvement. In the past, FCR has employed a peer engagement model, utilizing former foster youth to connect with youth to encourage their participation in person, by phone or in writing. Currently, funding is being sought to re-initiate this effort. Further, FCR is exploring opportunities to reach more foster parents through presentations at foster parent trainings and association meetings. FCR has also made a concerted effort to educate case managers about the CRP and the case review process by presenting at pre-service training for new case managers.

The table below describes the number of times children, attorneys, parents, GALs, foster parents and 'other representatives' (providers, relatives, mentors, etc.) appeared before the CRP across all 543 reviews.

Participant	# Who Attended Review
Child	192
Atty. For Parent – Father	28
Atty. For Parent – Mother	55
Foster Parent	63
Guardian ad Litem	460
Other Representative	131
Parent - Father	23
Parent - Mother	64
Relative	15

Pre-Filing of Judicial Review Social Study Reports

Per statute, the case management agency is required to file a Judicial Review Social Study Report (JRSSR) with the court 72 hours before the review hearing. This document and its attachments contain information necessary to conduct a thorough review. When the CRP receives this information in advance, the Review Specialist is able to develop an up-to-date report that the panelists use to prepare for each hearing. The table below demonstrates compliance with this requirement by each case management agency. Over the past several years, there has been increased compliance with the pre-filing requirement; however, since the JRSSR contains information essential to the review, the goal should continue to be 100% compliance with pre-filing. In the year ahead, FCR plans to work with Our Kids and the case management agencies to ensure more frequent pre-filing of JRSSRs.

Agency compliance with JRSSR pre-filing (by total number of reviews)						
	2011			2012		
	# of Reviews	# JRSSR Pre-filed	%	# of Reviews	# JRSSR Pre-filed	%
CFCE	114	81	71%	128	106	83%
CHARLEE	180	129	72%	197	128	65%
CHS	122	81	66%	103	67	65%
FRC	55	42	76%	68	60	88%
HHCH	27	22	81%	47	47	53%
Total/%.	498	355	71%	543	408	75%

Case Continuances

There are situations in which panels are unable to proceed with a scheduled review hearing and it must be scheduled again or continued (also referred to as 'reset'). Although FCR does everything possible to proceed with the review hearing, sometimes it is neither productive nor appropriate to proceed. Typically, cases are continued because the case managers did not appear for the hearing or they were not prepared with the required documentation. In four instances, there were fewer than the 3 panel members needed for a quorum and thus the panel was unable to proceed. The number of resets increased in FY 2011-2012 compared to last year.

Reset Reason	Total
JRSSR - not prepared or filed	15
Case Manager did not appear	14
Case Mgr./DCF Attorney requested	13
Parent refused proceed w/o atty.	11
Failure to notify material party	5
No Quorum	4
No CLS Attorney	1
No parties appeared	1
Other (child did not attend)	1
Parent could not attend	1
Scheduling error by clerk	1
Total	67

Accomplishments

VOLUNTEER ACTIVITIES

FCR had 3 pre-service training workshops during the fiscal year (total of 57 hours) and assigned 15 new volunteers to the panels. There are currently 85 active volunteers. Concentrated effort has been dedicated toward providing ongoing continuing education opportunities for volunteers through our Fostering Connections series. Subject matter experts have presented about education, mentoring, independent living, and mental health services and the sessions are offered at least once every other month.

SPECIAL PROJECTS

FCR also continued the Advocacy Initiative, a project involving volunteers who contact case management agencies to ensure that the orders from FCR's Citizen Review Panels are completed within 60 days, rather than waiting until the next time the review is scheduled. The volunteers ensure that youth ages 16-17 receive necessary services, such as having copies of birth certificates, plans to support their educational goals, and that they are afforded an opportunity to learn life skills. Because of this initiative, several youth received services in an expedited timeframe proving that the more time FCR spends advocating for the youth served, the more effective the outcome.

EVENTS

In 2011-2012, Foster Care Review hosted our 6th Annual signature Joe's Stone Crab Luncheon event and bestowed the Douglas M. Halsey Award for Community Service on the wonderful Berta Blecke at a reception and silent auction hosted by Sabadell Bank. We also developed and hosted three new events. On December 13, 2011, Northern Trust Bank on Brickell graciously hosted a reception in honor of the Judges and General Magistrates of the Dependency Court. In February 2012, an exciting new restaurant, Toscana Divino opened in Mary Brickell Village and donated proceeds from its grand opening event to Foster Care Review. Also, Foster Care Review's Volunteer Appreciation Event was hosted by the amazing Wynwood Kitchen and Bar.

COMMUNITY ENGAGEMENT AND IMPACT

Foster Care Review continues to reach out to child welfare partners and the community at large to leverage resources and share its expertise. Foster Care Review participates at meetings of the Community Based Care Alliance, Our Kids Innovation Site, Performance Management Workgroup and Dependency Workgroup and other ad hoc meetings. During this fiscal year, Foster Care Review completed the Independent Living/Administrative Review Project and released the final report publication to the child welfare community, highlighting the challenges being faced by the young

adults aging out of the foster care system. We are proud that this report was re-published in the May/June 2012 issue of *Fostering Families Today* magazine.

PROGRAM AND ORGANIZATIONAL PROGRESS

Foster Care Review has restructured and added detail to Citizen Review Panel reports that are designed for sharing during regular meetings with the judiciary of the dependency court and the leaders of the community based care agencies. FCR also began the steps to play a part in the process of orienting new case managers so that they understand and are better prepared for their CRP hearings. The recognition of "Case Manager of the Month" was revived in March 2012. All of these steps were part of an effort to continually work as closely with our partners as possible to accomplish the most for the children and youth served by FCR.

Foster Care Review received funding from state, local and foundation grants, the United Way of Miami-Dade, special events and individual donors. This year, two new foundations granted funds to Foster Care Review – The Bank of America Charitable Foundation and the Paul Palank Memorial Foundation. Foster Care Review's Board of Directors grew to better reflect the diversity of the community. The new board committee structure allowed for the review and update of organizational policies as well as the development of new policies and procedures to address advances in technology and new situations arising from the continual evolution of the Citizen Review Program. The 2011 fiscal audit was completed without any findings, reaffirming the sound financial and business practices of the organization. Further, Foster Care Review consistently works to identify opportunities to operate more efficiently and strives to decrease operational costs while maintaining the quality and integrity of our programs.

David tested positive for cocaine at birth and was in and out of foster care at least five times before he turned 10 years old. At the age of 11, his parents' rights were terminated, legally freeing David for adoption. His case was referred to FCR's Citizen Review Panel at this point to ensure that the foster care agency was diligently pursuing an adoptive family and to confirm his safety and well-being. David was demonstrating oppositional behavior and difficulty in school and at home. Often, when children in foster care 'act out' in this way, foster families experience difficulties and request that the child be moved to another foster home. The panel was concerned that David's behavior was linked to the lack of stability and consistency and recommended that diligent efforts be made to preserve his current foster placement. Although they were not able to adopt him, the foster family and David were provided intensive services. His foster family treats him as their own, and they have stuck with him through thick and thin. Now 18, David has been accepted into a private college and continues to benefit from the love and support of his foster family.



Many days I leave feeling overwhelmed, but then along comes a success story; A child we saw before has improved his grades because we insisted on a tutor. A young lady is happier because we suggested that she join a sports team and now she's made new friends. A teen tells us he is going to college or a vocational program, THOSE are the real triumphs.

- FCR Volunteer

I love the work! I really believe that I am changing the lives of many of these children in a positive way. Thanks for this selfish opportunity! - FCR volunteer