



# **ANNUAL REPORT**

## **MIAMI-DADE COUNTY CITIZEN REVIEW PANEL PROGRAM**

**2014-2015**

# EXECUTIVE SUMMARY

Each year, thousands of children and youth are overseen by the 11<sup>th</sup> Judicial Circuit's Juvenile Dependency Court in Miami-Dade County. They have been abused and neglected by their parents or caregivers and those who have not been returned to their parents' care, live with relatives or in licensed foster or group homes. Many have suffered unimaginable trauma inflicted by those who are supposed to take care of them, and even more have endured years of neglect while their parents struggle with addiction, mental illness and domestic violence. Every day, the approximately 3,000 youngsters under the jurisdiction of the Dependency Court must push through the resulting physical and psychological pain of their life experiences and try to live a 'normal' life. They are managed by overburdened social workers, cared for by insufficiently supported relatives or foster families and served by a system with limited resources and strategies to effectively facilitate the long, complex process of healing the trauma-induced wounds of both children and their families.

Over the years, investments to increase case manager and foster parent training and to move towards the use of evidence-based, trauma-informed services have resulted in some notable improvements. Evidence-based parenting programs and interventions such as Child-Parent Psychotherapy; the statewide Quality Parenting Initiative; and enhanced, targeted case manager training have tangibly improved the daily lives and permanency outcomes for children and families. However, many foundational elements of the system of care are still cause for concern. Case manager turnover continues, impacting continuity of care and diminishing support and critical follow up for children and their families. Too many youth still exit care without a permanent family, independent living skills, or a plan for transitioning to life on their own. With limited supportive services, many foster and adoptive families are overwhelmed by the demands of caring for traumatized children and are not effectively engaged by case managers and others as essential partners in the system of care.

The many challenges facing children and families in care cannot be solved by the system alone. As with any major societal challenge – the entire community must get involved to provide concrete solutions for our neediest kids. This is where Florida Foster Care Review (FFCR) is most valuable. Serving as a bridge between child welfare and the community, FFCR provides a crucial safety net for individual children in foster care and also provides a broader view of the systemic barriers they face. Our Citizen Review Panel (CRP) Program's structured, facilitated process utilizes trained, supervised volunteers who evaluate whether children in foster care are well-cared for, safe and on the path to a permanent family. The CRP also promotes system improvement through local and statewide advocacy driven by the extensive data collected during CRP hearings along with FFCR's nearly 30 years of institutional expertise.

In the pages that follow, we share data from the 804 review hearings conducted by the CRP between July 1, 2014 and June 30, 2015. Some of the data illuminates progress that has been made, and some highlights the many obstacles to stability and success. In sharing this information, we seek not to point fingers, but rather to identify areas requiring continued focus and effort, with the ultimate goal of creating better life outcomes for children, youth and young adults, and their families and caregivers. It is our sincere hope that the data presented here motivates the community and child welfare stakeholders alike to actively initiate and pursue informed, innovative solutions and partnerships that help the children and families we all serve to rebuild their lives and to create futures filled with hope and promise.

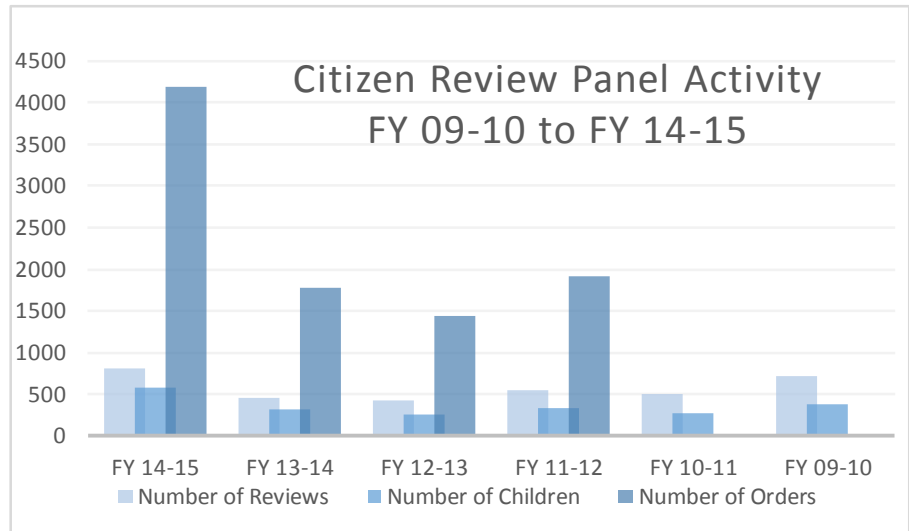
Candice L. Maze, JD

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## INTRODUCTION

The one word that sums up fiscal year 2014-2015 for Florida Foster Care Review is *growth*. This past year, our flagship program, the Citizen Review Panel Program, nearly doubled the number of children served and the number of reviews conducted compared to last year—the highest number of each in five years. Our volunteer panels issued more



orders—by far—than we have issued in many years, multiplying the overall impact of our work. To guide, capture and assess the CRP’s work, we initiated our customized CRP *ChildWatch* database this year, the culmination of more than two years of concentrated effort and investment.

After 25 years, Florida Foster Care Review has taken the next step in our organizational evolution by expanding our programs, who we serve and our funding base. On July 1, 2014, FFCR launched the Permanency Roundtable Program, an approach based on a national model designed to relentlessly pursue lifelong families for youth otherwise destined to ‘age out’ of the foster care system. Our Citizen Review Panel now conducts review hearings for young adults participating in Extended Foster Care, and we have greatly increased the number of reviews we conduct for children and youth who are either living with or planning to be reunified with one or more of their parents.

FFCR’s growth is the direct result of thousands of hours of dedication and hard work by our expanded staff of 14, our nearly 70 volunteers and our Board of Directors. To a person, we have been laser-focused on improving the lives of as many children, youth and young adults in foster care as possible while also maintaining our high standards of professionalism and quality. This could not have been accomplished without a dedicated board of directors and essential partnerships with funders, community organizations and agencies, especially our dependency court judiciary and child welfare system stakeholders.

As we have grown, so have we stayed true to our mission to promote the safety, well-being and long term success of the hundreds of children, youth and young adults in foster care we are honored to serve each year. Although they have been victimized, they are also survivors, and their hopes and dreams motivate us to push forward—often uphill—to clear their path for a brighter future.

## ABOUT FLORIDA FOSTER CARE REVIEW

Florida Foster Care Review (FFCR) promotes the safety, well-being and long-term success of abused and neglected children through comprehensive volunteer-driven reviews and solution-focused advocacy. FFCR originated in the Foster Care Action Project, a Miami-Dade United Way committee formed in 1988 to research ways to ease the burden on Miami's inundated Juvenile Dependency (child welfare) Court. The committee recommended using trained volunteers to conduct the judicial reviews required every six months to ensure the provision of necessary services for children in foster care. Less than a year later, in 1989, the Florida Legislature authorized Citizen Review Panels (CRPs) to perform case reviews and FFCR was incorporated as an independent nonprofit tasked with ensuring successful implementation. The concept of citizen review—using volunteers as independent monitors of the foster care system—addressed both the need to help the courts with increasing caseloads and to involve communities in the care of foster children.

Through the CRP review panels' recommendations, which become binding court orders, FFCR holds foster care agencies accountable, assists judges in making informed decisions about children and families, and recommends judicial actions and social service interventions to enhance the safety and well-being of children and youth in foster care. FFCR also acts as a resource and change advocate, hosting public education efforts such as forums and taskforces for child welfare stakeholders and implementing CRP enhancements that directly address pressing concerns.

Implementing the CRP Program has done more than improve individual children's circumstances; it has also shed light on systemic barriers to successful life outcomes for foster children. Over the years, FFCR has put this information to use by implementing advocacy initiatives to minimize obstacles, community roundtables on critical topics, program enhancements that address specific needs and expanded services to former foster youth. Observing that, despite the CRP's best efforts, many youth reviewed were still aging out of the system at 18 years old with no permanent family, FFCR knew that a new and innovative approach was necessary to actually accomplish permanency. Thus, we decided to tackle more directly the intractable issue of youth aging out with no family connection. After learning about the Permanency Roundtable model at a state conference, it was clear that this program was a good fit for the organization's skills and expertise, and had the potential to truly transform the lives children and youth. FFCR's Permanency Roundtable Program was officially launched on July 1, 2014.

## THE CITIZEN REVIEW PANEL PROGRAM

Florida Foster Care Review's core program is the Citizen Review Panel (CRP) Program. Florida law requires a judicial review of children in foster care at least once every six months to assess whether or not they are safe and receiving necessary services, and to ensure that their case is progressing toward permanency. In Miami-Dade, the Juvenile Court partners with FFCR by referring cases to the CRP to ensure that children receive a thorough review. Per statute, each CRP is comprised of a minimum of three volunteers, who

# YEAR IN REVIEW

## FFCR's Citizen Review Panel Program

July 1, 2014 - June 30, 2015

### What does the Citizen Review Panel [CRP] do?

The CRP Program reviews the needs of children, youth and young adults who have been removed from their families due to abuse, abandonment or neglect. FFCR works to ensure that every child is safe and cared for while in foster care and exits the system to a permanent family.

### Citizen Review Panel hearing data

4183



#### Recommended orders issued

The CRP's recommendations become binding court orders once signed by the judge.

804



#### Reviews conducted

The CRP serves as a critical safety net, identifying gaps and barriers in care and promoting positive outcomes.

573



#### Children reviewed

FFCR often conducts multiple reviews for each child over the course of the year.

conduct the review hearings and recommend orders and findings that are reviewed and approved by the court. FFCR's professional staff recruits, trains and supervises our dedicated volunteers.

In FY 2014-2015, the CRP conducted 804 reviews for 573 children, youth and young adults, resulting in the issuance of 4,183 enforceable court orders.<sup>1</sup> Because children are referred to the CRP on an ongoing basis and the CRP reviews children every 5-6 months, a portion of children receive multiple CRP reviews during a 12-month period. In FY 14-15, 369 children were reviewed one time, 177 were reviewed twice and 27 were reviewed three times.

In preparation for a CRP review hearing, FFCR Review Specialists examine court documents, develop a detailed synopsis of the child's experience in foster care,

and note any red flags. Program staff also reach out to volunteers and case parties in an effort to ensure that all are ready to go forward with the review hearing and that the required case management reports have been filed with the court. Prior to each review hearing, the CRP volunteers study the case synopsis prepared by staff and discuss potential issues, questions, and concerns with the Review Specialist. During the hearing, panel members interview case parties and participants—children, foster parents, Guardians ad Litem and case managers—in order to accurately assess the child's needs. The CRP members inquire about critical therapeutic, educational, medical and other service needs for the child and family. The Review Specialist manages logistics, enters data, ensures all questions are answered and provides expertise and guidance to the volunteer panelists.

<sup>1</sup> For efficiency and readability, this report often refers to the 573 children, youth and young adults reviewed by the CRP in FY 14-15 collectively as 'children' when discussing data related to the entire group. When the data being presented only refers to a specific age range or otherwise designated group of those reviewed (i.e. all children with a goal of reunification), this will be specifically noted.

At the conclusion of each hearing, the parties are excused, and the CRP members discuss the evidence presented. They then issue findings and recommended court orders that promote the child’s safety, physical and mental health, and attainment of a permanent home. After the hearing, the Review Specialists generate a comprehensive report containing the panel’s findings, recommendations and critical facts. This report is submitted to the judge and, upon judicial signature, the recommendations become binding court orders with which foster care agencies must comply. Examples of services that a child might receive as a result of a case manager’s compliance with an order include tutoring, medical care, counseling, a chance to experience normal childhood activities and/or connections to transitional housing. Thus, through these court orders, the CRP makes a significant, concrete impact on the individual lives of children and youth in foster care.



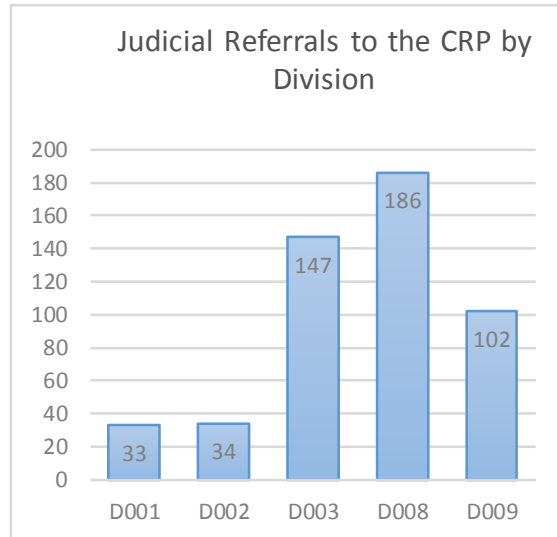
As part of the CRP process, FFCR’s Review Specialists also operate a comprehensive, customized and dynamic database – *ChildWatch* - to track individual and aggregate data about the children reviewed. The database feeds into the panel preparation tool as well as the Findings and Recommendations Report submitted to the judge on each case reviewed by the CRP. FFCR also uses this data to highlight systemic problems and to advocate for a system that is more responsive to the needs of children and youth. Fiscal year 2014-2015 marked the first full year of implementation of *ChildWatch*.

### CRP VOLUNTEERS

Throughout our 27 year history, hundreds of community members have served on FFCR’s Citizen Review Panels. In FY 14-15, 66 volunteers served on one or more of our 12-14 Citizen Review Panels. Each volunteer is required to undergo a 24 hour pre-service training, to participate on a minimum of 8 panels each year and to complete at least 10 hours of ongoing training related to their role as panel members. Close to half of our volunteers have been with the program for five or more years.

## CASE REFERRALS AND REVIEWS

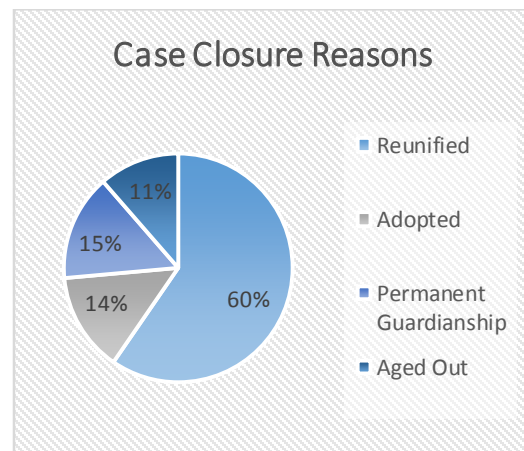
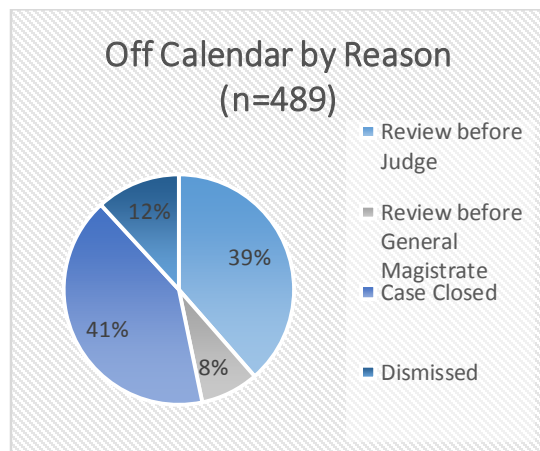
FFCR works very closely with the judiciary, Administrative Office of the Courts and Clerk’s Office to ensure full utilization of the CRP program by system stakeholders as well as an efficient referral process. In FY 14-



15, dependency court judges referred 502 children to the CRP for review hearings, a significant increase over previous years.

New referrals are typically scheduled for review 5 months from the date of referral unless a specific timeframe is requested by the referring judge. In FY 14-15, 1735 reviews were *scheduled* to be heard by the CRP. These scheduled reviews are comprised of a portion of new referrals made in the prior fiscal year, a portion of new referrals made during the current fiscal year as well as reviews scheduled by the CRP at the conclusion of the previous CRP review hearing. Due to the dynamic nature of the dependency process, not all children scheduled for review are actually reviewed by the CRP. In the 5 months between the date the referred

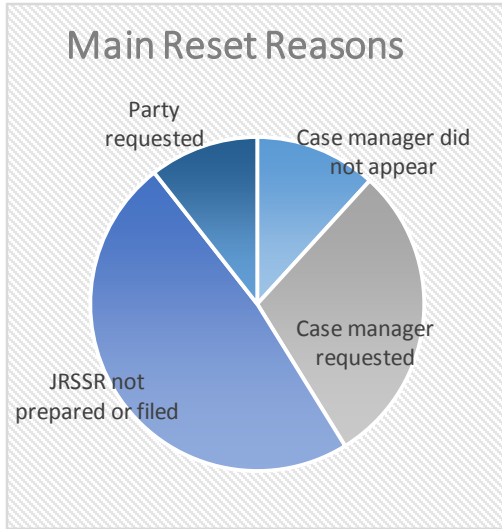
or scheduled, a child’s case may be closed due to dismissal, achieving permanency or aging out. Some of these children may have been reviewed previously by the CRP and some are new. In some instances, the child’s case may be placed back on the judge’s or general magistrate’s calendar. The CRP prepares to review each of the scheduled cases.



### Case Resets

Similar to hearing before a judge, the CRP may have to continue or reset a case set for a review before the CRP. In FY 14-15, a total of 442 review hearings had to be reset. Most of these were heard 2 weeks after the original review date. FFCR makes Herculean efforts to avoid resets and to ensure that hearings are conducted within statutory timeframes and thus impact agency funding. In addition to receiving notice of the hearing before the CRP through the clerk’s office and/or in open court, FFCR provides our

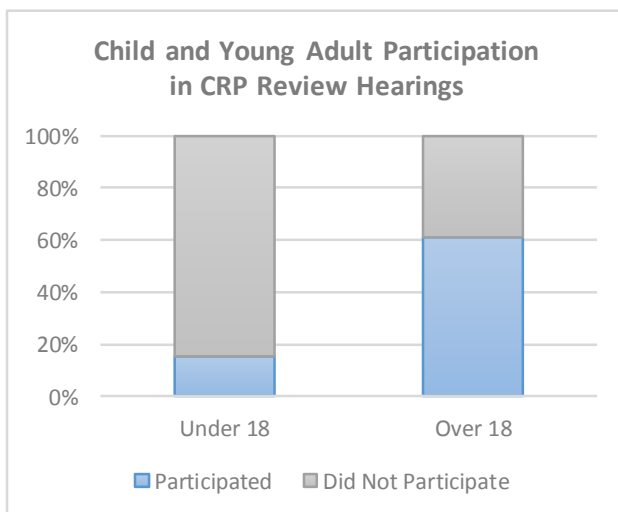




updated hearing calendars on a consistent basis to all dependency court stakeholders. To most effectively use everyone’s time and resources, FFCR staff reach out to parties about a week in advance of each review hearing to confirm that the parties are ready to proceed. If there are logistical challenges or specific issues that will prevent the matter from proceeding, the case will be reset in advance with approval of all parties (as long as within the permitted timeframes). The primary reason, by far, for case resets during FY 14-15 is the failure of the agency to prepare and/or file a JRSSR. Noting this, FFCR has worked with the case management agencies and DCF to reduce the number of resets due to the absence of a JRSSR and we anticipate significantly lower reset numbers for FY 15-16.

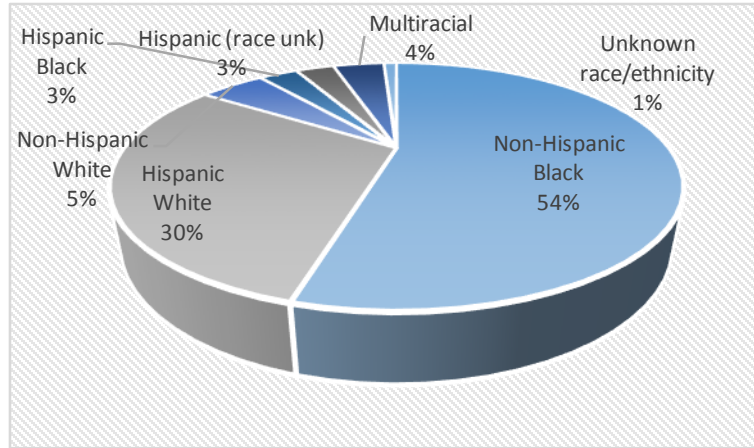
*Review Hearing Participants*

Participation by case parties and participants is critical for an effective review hearing – whether before the judge or before the CRP. FFCR makes every effort to ensure full access to the CRP’s review hearings by allowing parties to appear by speakerphone and through extensive pre-review outreach as detailed above. In order for a CRP review to go forward, a case manager or someone standing in for the case manager (supervisor or case management agency representative) must be present. If a parent’s rights are still intact, the parent should be present as well. Unfortunately, the most important participant, the child, youth or young adult, is often not in attendance. Thus, more often than not, the panel must rely on the case manager’s report of what is or is not happening for the child. While there is no reason to believe that the case manager would not report truthfully, some information – especially related to the child or youth’s wants, interests or needs – simply cannot accurately be conveyed by the case manager. Further, there are many instances in which the case manager simply does not know the information.



Only 20% of the children, youth and young adults reviewed by the CRP participated in person or by phone in their review hearing. Of the 727 reviews conducted for children and youth under age 18, the child was present in person for 104 of those reviews and by speakerphone for 7 of those reviews. Of the 77 reviews conducted for young adults in the Extended Foster Care program, no young adult was present for 30 reviews, 27 reviews had young adults participating by speakerphone and the young adult was present for 20 reviews. A very small percentage of foster parents appeared before the CRP; however, 35% of the relative caregivers did attend in person or by phone.

## CHILDREN SERVED



Of the 573 children, youth and young adults served, 66% were 12 years old or younger, 24% were 13-17 years old and 10% were 18-21 years old. Half are girls and half are boys. As the chart below demonstrates, just over half of the children reviewed are in the racial category “Non-Hispanic Black.”

### Reasons for Entry into the Dependency Court System

Typically, there are multiple reasons that a child comes to the attention of the Department of Children & Families and is ultimately brought into dependency court. The CRP collects the primary reason for the child’s entry along with secondary reasons for every child reviewed. Interestingly, of the children reviewed by the CRP during FY 14-15, the younger the child at the time of review, the more likely he or she was removed due to ‘risk of harm.’ The older the child, the more likely he or she was removed due to ‘abandonment.’

PRIMARY REASON FOR REMOVAL BY AGE					
	0-5	6-12	13-17	18-21	Total
Abandonment	7	7	25	20	59
Physical Abuse	23	32	26	6	87
Sexual Abuse	4	8	10	5	27
Neglect	15	24	14	6	59
Risk of Harm	150	107	65	19	341
<b>TOTAL</b>	<b>199</b>	<b>178</b>	<b>140</b>	<b>56</b>	<b>573</b>

### Young Adults Reviewed

In May 2014, FFCR expanded its CRP process to include review hearings for 18- to 21-year-olds who opted for extended foster care under the new Florida law that went into effect on January 1, 2014. In FY 14-15, of the 573 children reviewed by the CRP, 56 were young adults ages 18-21 (22 if disabled) participating in the Extended Foster Care (EFC) program. Similar to their younger counterparts in foster care, the EFC law requires a judicial review every six months from the date that the young adult entered the program.

### Delinquency System Involvement

A significant number of the youth involved with the dependency side of the juvenile court are also involved with the delinquency side as well. These ‘crossover’ youth require an additional level of communication and cooperation between the Department of Juvenile Justice (DJJ) and the child welfare system. For youth 13 through 17 years old, the CRP determines whether there is a history of delinquency and whether there are current pending charges. If there are, the panel assesses the level of coordination between services and systems and recommends orders as needed. Last fiscal year, 35% of the youth 13

through 17 years old reviewed by the CRP had a history with the delinquency system and 16% had a pending charge at the time of their most recent review.

### Immigration Status

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 573 children reviewed in FY 14-15, 552 children were reported to be U.S. citizens. The remaining children were either legal residents (16); undocumented (1) or unknown at the time of the review (4). When immigration issues are identified, the panels recommends judicial orders requiring the foster care agencies to link the child with proper immigration advocacy to ensure that immigration challenges are not a barrier to permanency or stability.

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## KAYLA & TIANA

In January 2015, the Citizen Review Panel (CRP) heard the case of Kayla and Tiana, \* ages 2 and 4, who were then staying with their grandmother. At the time, the children's parents, who suffered from severe substance abuse and mental health issues, could not be located. Upon examining the details of the case, the CRP identified critical issues. First, the children were not being taken for updated medical check-ups, nor were they receiving pending neurological assessments or play therapy. Second, for more than six months, neither of the parents had visited the children or complied with the court-ordered case plan tasks required to regain custody. Despite this, no one had filed to terminate parental rights so that the children could seek a better, more permanent living arrangement. As a result, the CRP found the case management agency to be in noncompliance and set the case for a special hearing before the judge to address the many issues. A few days later, the judge accepted all the CRP's recommendations. The judge ordered Children's Legal Services to file a termination of parental rights by early March. FFCR is optimistic that the next time the case comes before the CRP, the children will be up-to-date with their medical visits and therapy, and in the process of being adopted into a lifelong, loving family.



*\*Names and likenesses have been changed to protect privacy.*

## FINDINGS AND RECOMMENDATIONS

Every child involved with the dependency court system is required to have a case plan and a permanency goal. These goals are:

- Maintain & Strengthen Placement: used when a child is back in the care of a parent or was not removed, but the court took jurisdiction
- Reunification: once a child is returned to her parent(s), there is a six-month post-reunification period where the case is kept open in court and the case manager must visit the home
- Adoption: the preferred goal if reunification cannot be achieved within or close to 12 months after removal
- Permanent Guardianship: can be with a relative or non-relative
- Another Planned Permanent Living Arrangement (APPLA): this is only to be used for older youth based on a number of statutorily described circumstances
- Transition from Licensed Care to Independent Living: the case plan goal for young adults in the Extended Foster Care (EFC) program

CASE PLAN PERMANENCY GOAL BY AGE					
	0-5	6-12	13-17	18-21	Total
Adoption	42	28	23	0	93
APPLA	0	0	49	0	49
Maintain & Strengthen	24	38	15	0	77
Permanent Guardianship	1	7	12	0	20
Reunification	119	102	39	0	260
Transition from Licensed Care to Independent Living	0	0	0	56	56
No Case Plan in Effect	13	3	2	0	18
<b>TOTALS</b>	<b>199</b>	<b>178</b>	<b>140</b>	<b>56</b>	<b>573</b>

Case plans must delineate the services required for the parent to remedy the circumstances that brought the child into the dependency court system as well as those required to support the child. They have a specific expiration date and must be reviewed at judicial review hearings and permanency hearings. The CRP reviews the compliance of the

agency and the parents (if applicable) with the case plan and makes specific findings about compliance. The CRP also evaluates whether “reasonable efforts” are being made to support success with the permanency plan and/or to reunify the child with the parent(s) if that is the goal. When a case plan has expired or there is no case plan, the CRP brings this to the attention of the court through our Findings and Recommendations Report.

For 18 children, the CRP noted that there was no case plan in effect. In 11 instances, the Department was pursuing *expedited termination of parental rights* (expedited TPR). It is interesting to note, that upon investigation, there appears to be a variety of interpretations of Chapter 39 regarding the need to file a case plan when the state is pursuing an expedited TPR. While parents in an expedited TPR case are not entitled to rehabilitative services, the agency still has responsibilities to the child and must make reasonable efforts to provide services to the child in order to achieve the permanency goal.

In addition to the 11 expedited TPR cases, the case plans for six children had expired; although, their previous case plans listed *reunification* as the permanency goal. In one case, there simply was no case plan and no explanation. The CRP advises the court through its Findings and Recommendations Report when there is no case plan as well as the explanation given during the review.

### Parental Compliance

During FY 14-15, 260 children reviewed by the CRP had case plans with the goal of *reunification* with one or both parents. Another 77 children were already living with one or both parents and had case plans with the goal of *maintain and strengthen placement*. Combined, this represents a 124% increase over the number of children with these goals who were reviewed by the CRP last fiscal year. In cases with these permanency goals, the CRP determines parental compliance with the case plan requirements and with the visitation plan. Note that although the case plan goal may be maintain and strengthen, only one parent may have physical custody and thus the non-custodial parent is expected to continue to visit the child unless it has been deemed unsafe for the child to be in contact with the parent. Additionally, the non-custodial parent may have the goal of reunification and be seeking custody from the custodial parent, and thus must continue to engage in the case plan and visitation arrangements.

Not only does the CRP make compliance findings, it also specifies *why* a finding of non-compliance or partial compliance has been made. Sometimes the reasons for non-compliance are beyond the control of the parent and require the agency to more meaningfully assist the parent. When a parent is found in non-compliance or partial compliance, the CRP typically sets a Post-Judicial Review Hearing in order to highlight this finding and give the court an opportunity to quickly address related issues.

In FY 14-15, the CRP conducted 80 reviews involving mothers' who had a case plan goal of *maintain and strengthen placement*. In nearly half of those reviews (45%), the mother was found to be in partial compliance with the case plan and in another 10% she was found in non-compliance. In 44 reviews involving a father with a *maintain and strengthen placement* case plan goal, the CRP found the father in partial compliance 55% of the time and in non-compliance in 32% of the reviews. For a child living with a parent while under the supervision of the dependency court, a parent's non-compliance with his or her case plan could potentially place the child at risk of harm, depending on the circumstances. When a child's safety is at risk due to parental non-compliance, the panel takes action with the agency and the court to ensure that the child's safety is adequately addressed.

In the 314 reviews involving mothers with a case plan goal of *reunification*, the mother was found in partial compliance in 46% of the reviews and in non-compliance in 18% of the reviews. In the 157 reviews involving fathers with a goal of reunification, the father was found in partial compliance in 39% of the reviews and in non-compliance in 44% of the reviews. If the parent is not able to substantially comply with the case plan within 12 months, the court is required to evaluate the appropriateness of continuing with the goal of reunification or changing the goal to another one of the permanency options.

### Agency Compliance

Along with tasks issued for the parents, there are requirements in the case plan for the full case management agencies. The CRP determines the agency's compliance with these tasks at each review hearing. In 77% of the reviews, the agency was found to be in substantial compliance, and in 16% of the reviews, the agency was determined to be in partial compliance with the case plan requirements. The CRP found the agency in non-compliance in 7% of the review hearings.

### Reasonable Efforts

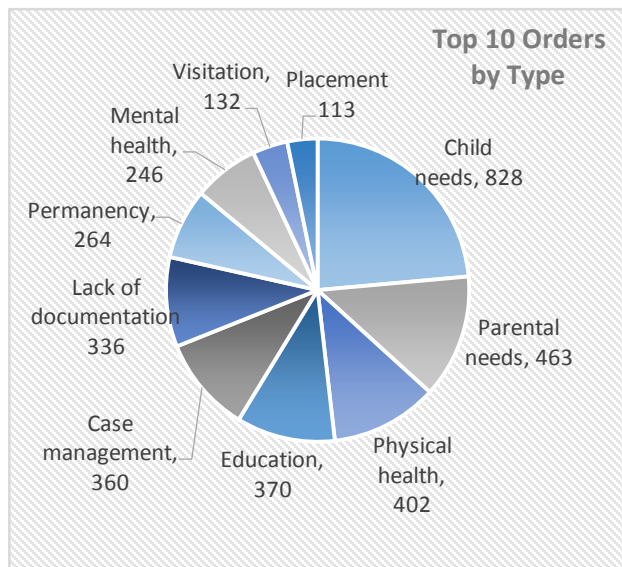
When the permanency goal is *reunification* or *maintain and strengthen*, the agency is required to make *reasonable efforts to either reunify or preserve the family*. At every review hearing, the CRP determines whether such efforts were made based on the information gathered before and during the review

hearing. In FY 14-15, this finding was applicable to 466 of the review hearings. In all but five (5) of these reviews, the panel determined that reasonable efforts were being made by the agency to preserve or reunify the family.

Similarly, when the goal is not reunification, the agency is required to make *reasonable efforts to promote the permanency plan*. This finding applied to 727 of the review hearings. The panel determined that reasonable efforts were being made by the agency to achieve permanency in 709 of these reviews, with findings of ‘no reasonable efforts made to achieve permanency’ in 18 reviews. This finding is not required for 18-21 year olds.

REVIEWS BY DIVISION AND AGENCY							
*Note: D010 is a General Magistrate and D048 is a Unified Family Court Division							
	CFCE	CHARLEE	CHS	FRC	Gulf Coast	OurKids	TOTAL
D001	9	2	7	18	4	10	50
D002	24	14	17	23	12	24	114
D003	84	22	33	22	20	18	199
D008	78	29	81	37	26	11	262
D009	52	20	50	23	12	13	170
D010	0	0	1	1	0	0	2
D048	0	0	3	3	0	1	7
<b>TOTAL</b>	<b>247</b>	<b>87</b>	<b>192</b>	<b>127</b>	<b>74</b>	<b>77</b>	<b>804</b>

The CRP also determines whether the agency has made reasonable efforts to place siblings together when safe and appropriate. Across the 405 review hearings to which this finding applied, the panel determined that the agency had made a reasonable effort to place the siblings together in all but two reviews. Further, the CRP determines whether the agency made reasonable efforts to facilitate sibling visitation, which was applicable in 216 reviews. In 19 instances, the panel found that the agency had not made reasonable efforts to facilitate sibling visitation.



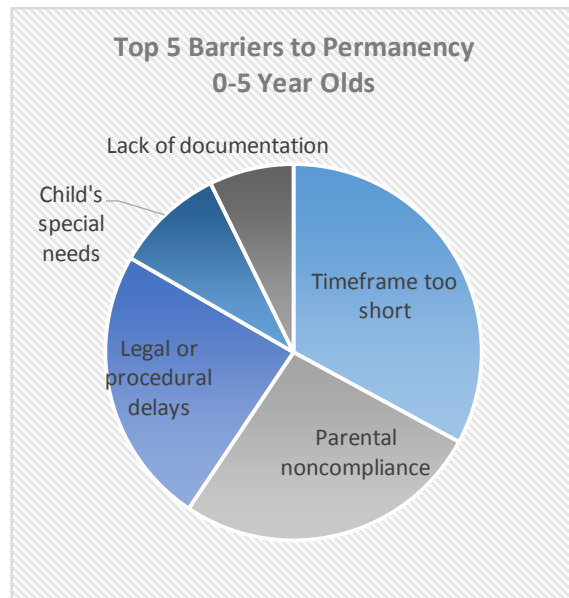
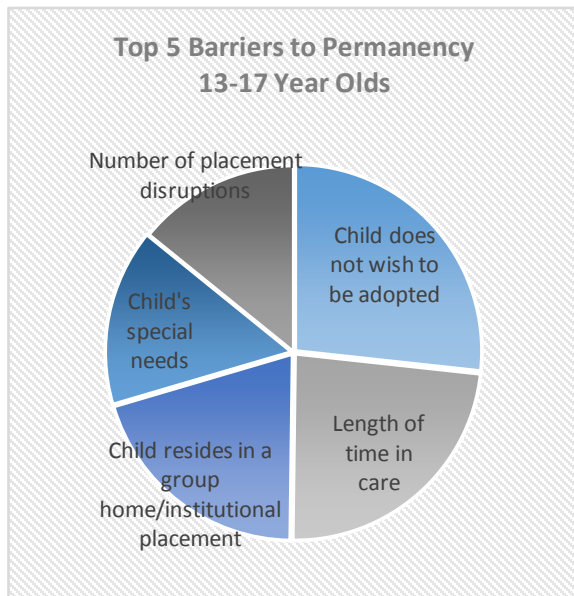
### Recommended Orders

In addition to determining efforts made by the agency to fulfill their statutory responsibilities as legal custodians of dependent children under the jurisdiction of the court, the CRP issues individualized, targeted orders based on the evidence presented during the review hearing. These recommended orders, which are delineated in detail in the CRP Findings and Recommendations Report for each child reviewed, become binding, enforceable court orders upon the judge’s approval and signature. Once again, in FY 14-15, every one of the 4,183 orders issued by the CRP were approved by the judge and not one order was challenged in court.

The CRP’s ability to positively impact outcomes for children hinges to a large extent on the compliance with orders issued through the CRP, especially by the case management agencies. During FY 14-15, the CRP assessed the FCMA’s compliance with 1884 orders previously issued by the CRP five to six months prior. Collectively, 67% of the orders had been complied with at the time of the subsequent review hearing. The compliance rate has decreased over the past several years and is down from a 75% compliance rate last fiscal year.

## BARRIERS TO PERMANENCY

As required by statute, FFCR’s CRP program tracks barriers to permanency for every child reviewed at each review hearing. The barriers fall into five broad categories: System Dysfunction; Legal/Procedural; Child’s Placement/Living Arrangements; Child’s Needs/Wants; Parental Issues. The panel may identify multiple barriers per child. As explained below, often the barriers are connected to the age and even the case plan goal of the child being reviewed. Barriers to permanency are not tracked for young adults in the EFC program.



### Perceptions about Age as a Barrier to Permanency

Another barrier to permanency that the CRP does not specifically collect as a barrier category, but has qualitative data to support, is the common perception that the older the child is, the less likely they are to be adopted. While it may be true that many people want to adopt a baby or young child, there are plenty of people who, if actively recruited, cultivated and supported, would be very open to adopting an older youth. In fact, some adoptive parents even prefer teens

to babies or toddlers. The real barrier may not be the lack of adoptive families for older youth, but rather a mindset and belief system that these youth are “unadoptable” and/or that when a 14 year old says she does not want to be adopted, efforts should no longer be made to identify a permanent family, even though the permanency goal is adoption. FFCR’s Permanency Roundtable Program (discussed later) works to achieve families for these youth and to dispel myths.

## BARRIERS TO PERMANENCY

### System Dysfunction

- Length of time in the foster care system. Although this is a barrier identified across all age groups, it overwhelmingly affects permanency for youth 13 through 17 years old and is one of the top five barriers to permanency
- Lack of adoptive families.
- Lack of documentation. Documents needed to complete adoption packages or other legal arrangements were considered a significant barrier to permanency, especially for children birth through 12 years old.
- Inadequate Case Management Services. Compared to many other barriers identified, issues with case management was not determined to be a significant cause for the failure to achieve permanency.

### Legal/Procedural

- Legal or procedural delays. These were identified as a barrier to permanency in 125 instances, mostly for children birth through 12 years old.
- Parents need more time to complete services. Typically, this was noted when parents were making progress with services, but they would not be ready for reunification by the 12-month mark.

### Child's Placement/Living Arrangements

- The child resides in a group home or institutional placement rather than a potentially permanent family.
- The child and his siblings are placed together and pursuing a permanent family would disrupt this situation.
- The child is attached to a foster parent who does not wish to adopt the child or may not be able to do so for a variety of reasons.
- The number of placement disruptions, which can occur for a variety of reasons, can significantly impact permanency for children, especially youth.

### Child's Needs/Wants

- A child may have special needs that affect permanency. She may need a specialized placement or costly treatment that may be too overwhelming for a potential adoptive family. Additionally, children and youth with significant mental health issues can cause disruptions or
- Child does not wish to be adopted; however, it is important to note that many youth who say they don't want to be adopted do in fact want a permanent family, but are afraid of what adoption may mean – for a host of reasons. Child's behavior such as, running away, delinquent activity, or challenges following rules and expectations can not only make it difficult to for them to find permanent families but also creates discord within the family and often results in placement disruptions (see above). A child's behavior may also make it difficult or unsafe to reunify him with his parents or may place siblings or other children at risk of harm.

### Parental Issues

- When the goal is reunification, parental noncompliance with their case plan tasks and requirements prevents them from being reunified with their children, slowing down permanency, and sometimes requiring a change of permanency goal.
- Substance abuse by parents is also a barrier to permanency for those parents who are unable to shake free from their addiction and/or underlying trauma. This issue was more common in cases involving children birth through 12 years old.



## SAFETY, PERMANENCY AND WELL-BEING

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. The CRP meticulously evaluates each child’s safety, well-being and progress towards a permanent family and provides detailed information to the judge through the CRP’s Findings and Recommendations Report.

### SAFETY

#### Placement

The home or alternative setting in which a child lives while under the jurisdiction of the dependency court is referred to as the child’s ‘placement.’ Ultimately, the goal is to ensure that the child lives in the most ‘family-like setting’ that can safely address her specific physical, emotional and practical needs and that the placement is a step towards permanency. A child in the dependency court system may be 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). The CRP collects very detailed data about the child’s placement type, which is reported here by child, at the time of the last review.

Due to the number of children reviewed by the CRP in FY 14-15 who had a goal of reunification, at the time of their most recent review, the majority of the 199 children *birth through five years old*, resided with one parent (59 – mother and 11 – father) or both parents (10); a non-relative (12) or relative (62); or a regular foster home (28). Most of the 178 children *age six through 12* lived with one parent (70 – mother and 18 – father); a relative (35); or in a regular foster home (16). Four of the children in this age category were placed in a group home setting and 7 were in a group shelter.

Placement data for the 140 youth *ages 13 through 17* reviewed by the CRP in FY 14-15 looks very different from their younger counterparts.

Twelve (12) of these children were in an APD home (due to developmental and/or cognitive disabilities). Fourteen (14) were in a ‘regular’ group home and 27 lived in a licensed foster home. No youth in this age

#### PLACEMENT TYPES BY CATEGORY

##### Foster Home

- Licensed Foster Home (could be a licensed relative)
- APD Foster Home
- Medical Foster Home
- Specialized Therapeutic Foster Home
- Transitional Housing
- Enhanced Residential Group Care
- Therapeutic Group Home

##### Group Home

- Congregant Care (Group Home)
- APD Foster or Group Home
- Specialized Therapeutic Group Home
- Shelter

##### Kinship/Non-Relative

- Relative
- Non-Relative

##### Institutional/Therapeutic

- Hospital Nursing Facility
- SIPP

##### Independent Living

- Supportive Living (Ex: Casa V)
- College Campus
- Roommate (sharing rent)
- Own Apartment

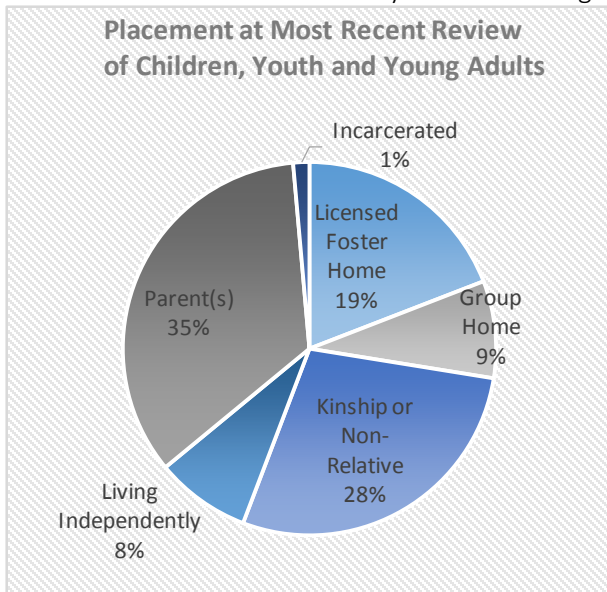
##### With Parents

- With Mother
- With Father
- Both Parents

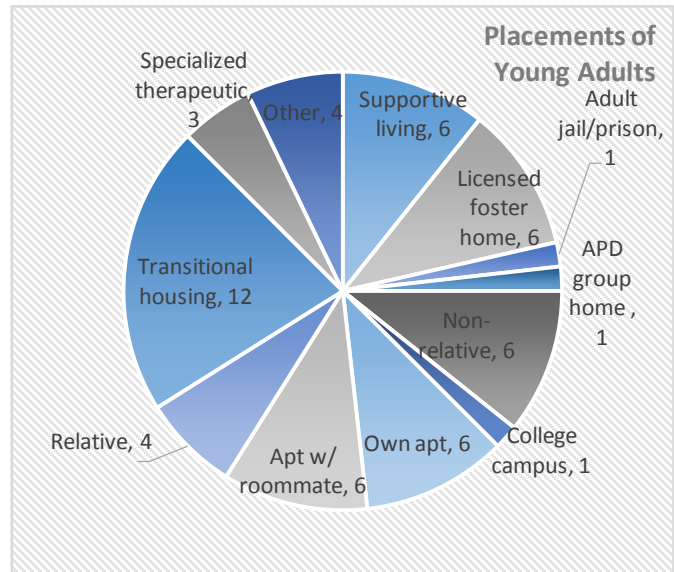
##### Incarcerated

- Adult Jail/Prison
- Dept. of Juvenile Justice

range lived with both parents at the time of their most recent review, although 6 lived with their father and 25 with their mother. Six youth were living with a non-relative and 19 were with a relative.



Predictably, placement data for young adults in the Extended Foster Care program was significantly different than the other age groups. Although not a qualifier for EFC, a young adult's living arrangement must be approved by OurKids in order for the young adult to receive the subsidy.



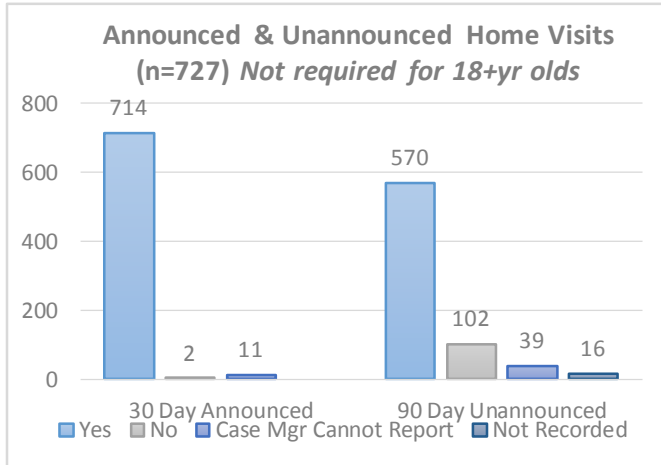
The CRP makes specific required findings about the *safety* and *appropriateness* of the child's placement. The importance of the CRP's determinations about the child's placement cannot be overstated; placement decisions and disruptions impact child safety, permanency and well-being. For example, how safe is a child who is living with her mother when her mother is not complying with her case plan requirement to attend Narcotics Anonymous in order to remain drug free? How safe is a toddler placed in the home of a relative when the case manager has not made any unannounced visits (as required every 90 days) or has not determined whether the child is attending her early education program? Often, the CRP identifies these red flags, inquires further during the review and recommends orders to ensure that the safety of the child is assessed on an ongoing basis, not just at the time the child is removed from or returned to his or her parent.

### Case Manager Home Visits

Observing children in their placement as well as assessing the interaction between the caregiver and the child is essential to determining the safety of the child's placement. Case managers are required to visit their child-clients 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 expected to make unannounced home visits at least every 90 days. In addition to case managers' home visits, if a Guardian ad Litem (GAL) 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. At every review, the CRP inquires about whether, when and where the case manager, GAL and others visited each child during the past 6 months. The panel reviews all home visit logs, GAL reports and also asks specific information about the living environment and the child's relationship with the caregiver.

Regular home visits are *not* required for young adults in EFC, although the Independent Living Specialist is supposed to assess and approve the young adult's living arrangement. Thus, home visits were assessed in

727 reviews. As in years past, in the vast majority of the reviews – 98% - it was determined that the case manager had made the required 30 day announced home visit. Documentation was provided of these visits in 94% of the reviews; however, in 42 reviews, no documentation was provided and the panel had to base its finding on other evidence gathered.



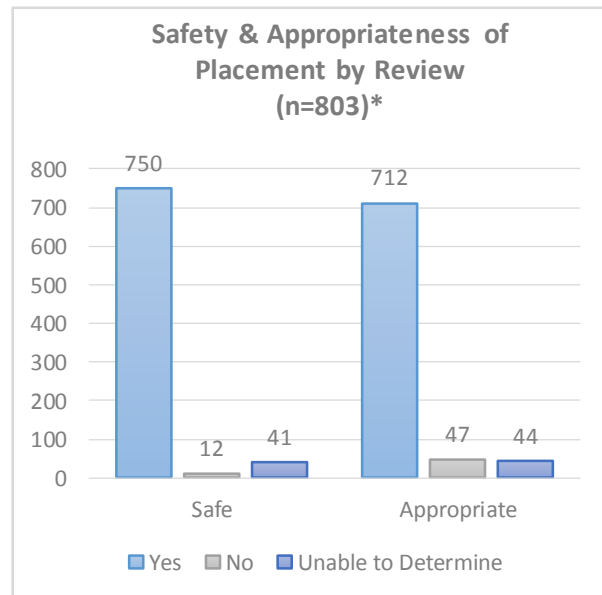
Unlike the high rate of compliance with the required 30-day home visits, the CRP continues to be concerned about the insufficient use of unannounced home visits every 90 days to ensure child safety. In 102 reviews, the panel determined that the unannounced visit had not occurred. In 39 additional reviews, the case manager could not report whether an unannounced home visit had occurred, likely due to the fact that the case manager was new to the case and/or the agency. Absent evidence, the panel is not able to make a finding on this issue. It is important to note

that in 570 reviews, it was determined that the 90 day unannounced visit had been made; however, it is critical that this policy be more aggressively followed.

In FY 14-15, the CRP determined placement safety and appropriateness at every review hearing based on the evidence presented. If a placement was not deemed safe and/or appropriate or there was insufficient information provided to support a determination, the panel recommended orders to rectify the situation. In some cases, more immediate action, including bringing the matter to the attention of the judge and/or OurKids.

#### Runaway

It is not uncommon for children and youth in foster care to run away from their placement. Some run back to their parent(s) or relatives who are not allowed to have custody of them, some ‘couch surf’ at a friend’s house and some are victims of human trafficking. Although not entirely preventable, the safety and well-being of runaway foster youth is a grave concern. During FY 14-15, in 16 review hearings, the child was reported to be on ‘runaway status’ in the preceding 6 months. Runaway status is only determined for children and youth under age 18. The youth reported as having run away in the past 6 months ranged from ages 10 through 17 and at least 3 children were under age 13.



## PERMANENCY

Through its recommended orders and intensive review process, the CRP works diligently to promote *timely permanency* for children in the system. We base our practices and recommendations on the well-established principle that permanency planning must begin on the first day that the child enters the dependency court system, and should be constantly pursued, with a sense of urgency. Ideally, and if safe and appropriate, the child's first placement upon removal should be his last, unless and until he returns to the care of a parent. Thus, the child's initial placement must be carefully selected and sufficiently supported by the system.

	Reunification	Maintain & Strengthen	Adoption	Permanent Guardianship	APPLA	Transition to Independent Living	No Case Plan	TOTAL
Parent(s)	113	75	0	0	0	0	8	196
Licensed Foster Home	34	1	33	3	22	11	5	109
Group Home	8	0	20	3	14	1	2	48
Living Independently	2	1	4	0	6	34	0	47
Kinship/Non-Relative	101	0	35	14	0	8	3	161
Institutional Therapeutic	0	0	2	0	2	0	0	4
Incarcerated	1	0	0	0	5	2	0	8
<b>TOTAL</b>	<b>260</b>	<b>77</b>	<b>93</b>	<b>20</b>	<b>49</b>	<b>56</b>	<b>18</b>	<b>573</b>

### Length of Stay in Care

The longer a child stays in care, the less likely it is they will achieve permanency and the more likely it is that those in the system wait for them to 'age out' rather than actively pursuing permanent families. Of course, the child's permanency plan also plays a large role in the length of time a child stays in the system. Quite clearly the data here demonstrates that youth ages 13 through 17 are much more likely to remain in care for three or more years than their younger counterparts. The table below demonstrates that 16% of all of the children under age 18 reviewed by the CRP had been in care three years or longer at the time of the review. Of the 13-17 year olds reviewed, 36% had been in care for three or more years, with 31 youth in care five or more years.

LENGTH OF STAY IN CARE BY AGE (Under Age 18)					
Age at time of review	<1 year	1-2 years	3-4 years	5+ years	TOTAL
0-5	143	49	5	2	199
6-12	130	41	5	2	178
13-17	54	36	19	31	140
<b>TOTAL</b>	<b>327</b>	<b>126</b>	<b>29</b>	<b>35</b>	<b>517</b>

This data dovetails with another harsh reality faced by older youth in foster care. The longer a youth remains in care, the more likely it is that their permanency goal will change from one that leads to legal permanency - reunification, adoption or permanent guardianship - to Another Planned Permanent Living Arrangement (APPLA), further reducing the youth's opportunity to grow up into adulthood and to have

the support of a legally recognized, lifelong family. The table below demonstrates the length of stay in years by permanency plan for all children who were under 18 at the time at least one review hearing during FY 14-15. Thus, n=524 for this data because it includes children who may have eventually aged out at 18 or went into the EFC Program as long as they had at least one review before the CRP while under age 18.

PERMANENCY PLAN	LENGTH OF STAY IN YEARS				TOTAL
	<1	1-2	3-4	5+	
Adoption	18	46	10	19	93
APPLA	5	20	12	18	55
Maintain & Strengthen	54	17	6	0	77
Permanent Guardianship	14	7	0	0	21
Reunification	218	40	2	0	260
No Case Plan in Effect	18	0	0	0	18
<b>TOTAL</b>	<b>327</b>	<b>130</b>	<b>30</b>	<b>37</b>	<b>524</b>

#### Placement with a Pre-Adoptive Family

Many children who have the goal of adoption are not placed with a pre-adoptive family nor has a family be identified. Of the 93 children with a goal of Adoption at the time of their most recent CRP review hearing, 55 – or 59% - were placed with the family who planned to adopt that child. The overwhelming majority of these children (33) were birth through five years old and 18 were ages six through 12 years old. Only three youth ages 13 through 15 were in a pre-adoptive home and only one youth age 16-17 was living with the family who planned to adopt her.

#### Placement Changes

Unfortunately, excellent caregivers are in high demand and some children and youth require a more clinical environment to heal from their emotional traumas. As they heal, they are ‘stepped down’ and removed from more skilled and experienced caregivers into less therapeutic settings – creating another loss or abandonment and often severing ties to the only healthy adults in their lives. Many caregivers are ill-equipped and unsupported in their attempt to manage the often challenging behaviors of traumatized children, especially adolescence. Sadly, many children are bounced from home to home, family to foster care. They fail to attach to anyone and give up hope of being part of a family.

Of the 573 children reviewed, 182 (32%) were reported to have experienced one or more placement disruptions within 6 months of their most recent review. It should be noted however, that placement disruptions can happen for positive reasons that actually promote permanency, such as reunifying with a parent or moving to a pre-adoptive family. Although the reason for the placement change is collected during the review and part of the Findings and Recommendations Report, at present, there is not a *ChildWatch* report aggregating the reason for the placement change. Thus, although placement changes tend to be the result of a disrupted placement, the data presented here should not necessarily be read as entirely negative.

#### Another Planned Permanent Living Arrangement (APPLA)

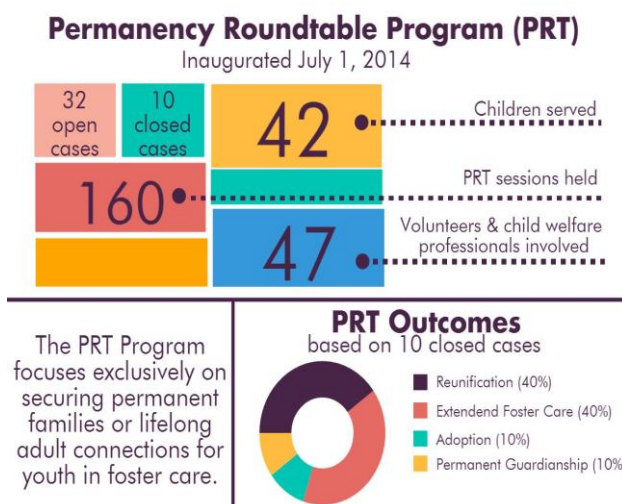
Of the 573 youth reviewed, 49 had the goal of APPLA – Another Planned Permanent Living Arrangement at their most recent review. All youth with this goal were 13 through 17 years old, with the vast majority

being 16 or 17 years old. In order for a youth’s permanency goal to be APPLA, Florida Statute 39.6241 sets forth clear requirements. First, the court must first find that reunification is not in the best interest of the child. The court *may* approve APPLA as the permanency goal if all four of the following requirements are met:

1. The other ‘more permanent’ options are found not in the best interest of the child;
2. The Department/agency provides documented reasons detailing how the placement will endure and how it will be more stable and secure than ‘ordinary foster care’;
3. The court finds that the child’s health, safety and well-being will not be ‘jeopardized’; AND
4. There are compelling reasons demonstrating that APPLA is the ‘most appropriate permanency goal.’

The statute provides examples of some potentially ‘compelling reasons’ to select APPLA as the child’s permanency goal. These include situations in which the parent’s ability to care for the child is due to a disability, but there is a significant bond and the foster parents have committed to raising the child to majority and will facilitate visitation. Other compelling reasons include situations in which the child is a member of an Indian tribe that has identified an APPLA, or a child is 16 years or older and the foster parents are willing to care for the child through the age of majority.

However, often, the CRP sees youth with a goal of APPLA where it is unclear whether the statutory requirements have been met and where these four requirements have been met. For example, of the 49 youth with the goal of APPLA, 14 are in a group home, 2 are in an institutionalized setting and 5 are incarcerated. It is difficult to understand “.....how the placement will endure and how it will be more stable and secure than ‘ordinary foster care.’” Because APPLA is supposed to be used in rare circumstances that meet the statutory requirements, the CRP often sees older youth with a goal of adoption whose cases are being treated as if they have the goal of APPLA. Adoptive placements are not being actively sought for these youth, and they, along with their peers with a permanency goal of APPLA, are destined to age out of care at age 18 if they do not choose to enter Extended Foster Care.



Driven by this reality as well as the desire to ensure that young children in care obtain permanency as early as possible, on July 1, 2014, FFCR, in cooperation with OurKids of Miami-Dade/Monroe, Inc. and Casey Family Programs, launched the Permanency Roundtable (PRT) Program. Since that time, FFCR has been coordinating and facilitating the PRT Program’s in-depth, highly structured professional case consultations focused exclusively on securing permanent families and/or lifelong adult connections for youth at risk of “aging out” of the foster care system as well as younger children on the path to APPLA without active intervention. In FY 2014-2015, the PRT Program served 42 youth

and facilitated permanency for 10% of the children served by the program. This is an extraordinary accomplishment in light of the fact that some of the most challenging cases are brought to the PRT Program for assistance after other efforts have failed for many years.

Based on a national model developed by Casey Family Programs, the Permanency Roundtable Program is a strength-based, inclusive effort to actively seek supportive, permanent families for youth at risk of aging out of foster care. In the short term, Permanency Roundtables (PRTs) expedite reunification, adoption, guardianship, or other lifelong, supportive relationships for youth in foster care through collaborative, outcome-driven case consultations focused on identifying and removing barriers to permanency. In the long-term, success means that youth and young adults avoid myriad negative outcomes associated with being in foster care and aging out.

Despite permanency's promise, the daunting task of achieving it often falls by the wayside as stakeholders address more immediate and sometimes easier-to-tackle challenges. As a result, many kids languish in foster care far too long. The longer youth are in care, the more those around them tend to assume their fate is sealed. In addition to expediting permanency, the PRT Program and its associated Permanency Values Trainings seek to change child welfare professionals' mindsets about the prospects for permanency and the available paths to reach it, particularly for older youth.

Perhaps most importantly, the PRT Program creates a mechanism for focusing on permanency in a system that too often fails to prioritize it. Rather than relying on a single under-resourced case manager or surface-level 'permanency staffings,' the PRT Program brings together various stakeholders in a team format where individual resources can be pooled and leveraged. In addition, the PRT Program ensures a focus on permanency even when the system is strained, as it has been in Miami-Dade due to the large influx of children that entered the system in 2014. Lastly, the PRT Program maintains the focus on permanency in the wake of the January 1, 2014 implementation of Extended Foster Care. Extended Foster Care, while a step in the right direction, seems to have functionally decreased the sense of urgency around finding permanent families for older youth, despite their continuing need for such lifelong connections.

## **WELL BEING**

The federal Adoption and Safe Families Act (ASFA), passed in 1997, significantly influenced state law regarding the well-being, safety and permanency of abused and neglected children. ASFA underscored that the child's safety is paramount and permanency must be achieved within specific, delineated time frames, or the permanency goal must be changed. ASFA also drew attention to the broad third pillar of child welfare law – the state, as the substitute parent, is responsible for the well-being of children and youth under its care and, as part of the system of checks and balances between the state (executive branch) and the dependency court (judicial branch) is to ensure that dependent children's physical and mental health is supported through appropriate screenings, assessments and services; that their educational needs are identified and addressed; and that families are able to provide safe, stable homes for their children.

Judicial review hearings provide the ideal forum to delve into issues related to child well-being: physical health, mental health, education, extracurricular activities, normalcy, placement with siblings, etc. However, the Judicial Review and Social Services Report (JRSSR) may contain hundreds of pages of information and attachments related to well-being. This is where the CRP's in-depth review process, involving staff and trained volunteers, truly shines. At each CRP review hearing, panel members "divide and conquer" the JRSSR and each attachment, looking for red flags and loose ends – and, because of the

volume of cases and complexity of the issues, the panels often uncover a number of issues needing attention, some of them critical.

### Physical Health

Children, youth and young adults in dependency court are required to have a **medical exam** at least every 12 months, with the exception of babies who are required to have them more frequently. This is an area that continues to be a strength for the system of care. In FY 14-15, in 764 the 804 reviews held, it was confirmed by review of the medical report that the child had a physical exam within the past 12 months. Eight of the 28 who had not had an exam were young adults in the EFC program. It is noteworthy that in 15 reviews, the child had known medical conditions, some of which were not being addressed through services, and in 13 reviews, the case manager could not report whether the child had any medical conditions. Similarly, of the 11 reviews in which the case manager could not report whether the child had a physical in the past 12 months, 1 child reviewed had a known medical condition and in 9 instances the case manager did not know.

The panels identified nearly as many individual medical needs as there were kids with needs; however, a significant number had asthma, sickle cell anemia, seizure disorder and/or required surgery. Several youth suffered from enuresis or epilepsy and 10 were noted as having high blood pressure or high cholesterol.

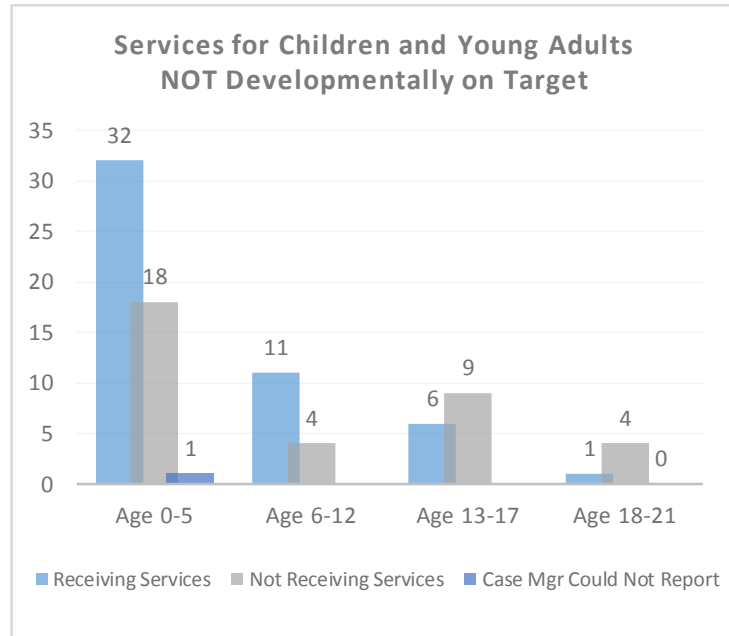
Similar to regular medical exams, children are also required to receive a **dental exam** every six months. Babies are required to have their mouths, gums and teeth (if any) examined during their regular pediatric exams. The data in this area were less compelling than that of the medical exams. In 142 reviews of the 804 total, there was no dental exam every six months and in 34 reviews the case manager could not report (and in all but one of those reviews, the case manager did not know if the child had ongoing dental needs). Of the 142 reviews in which no exam was reported, in 29 instances the child had dental needs and in 65 instances the case manager could not report whether or not the child had dental needs.

All children are also required to have a **vision exam** every 12 months, including young adults. Babies are required to have their visual health examined by the pediatrician during their well-baby visit. Similar to medical exams, the case management agencies are doing a good job in this area, although there are children falling through the cracks. In 96 reviews, the child was reported not to have had their vision checked. In 26 of these instances, the child had visual health needs and required ongoing or follow up care. The case manager could not report if there were ongoing visual health needs or no in 36 reviews, and further could not report if any of those children had visual needs requiring follow up in 31 instances.



### Child Development

The CRP also reviews the documentation to determine the overall developmental progress of children under the jurisdiction of the court and inquires about each child’s developmental status at every review, including those involving young adults in Extended Foster Care. The CRP reviews developmental screenings, if provided, for children ages birth to five as well as medical and psychological reports that provide such information. Absent this information, the panel members inquire of the case manager. A total of 86, youth and young adults were found ‘not developmentally on target.’ Of these, 50 were determined to be receiving related services.



### Mental Health

Upon entry into the dependency court system, children typically undergo a mental health assessment. Of the 573 children reviewed, 381 had mental health assessments and 103 were not assessed due to their young age. Data is unavailable on 3 children. A total of 291 children were participating in at least one mental health service at the time of their most review.

While mental health services range from individual therapy to specialized therapeutic interventions and even residential psychiatric treatment, many children, youth and young adults in the foster care system are prescribed psychotropic medication

	Percentage of Each Age Group Prescribed Psychotropic Medication	Total Number of Children in Age Group
0-5	2%	199
6-12	22%	178
13-17	34%	140
18+	18%	56

to address mental health conditions and/or behavioral issues. Of the 573 children reviewed last fiscal year by the CRP, 18% (101) were prescribed psychotropic medication. Of these children, 52 were prescribed one medication, 29 were prescribed two medications and 12 were prescribed three medications. Broken down by age range of children reviewed, the highest percentage of children prescribed psychotropic medication are 13-17 year olds. Drilling down further on this statistic, 14 and 15 year olds were prescribed psychotropic medications more frequently than the older and younger children. The medications most frequently prescribed were: Ritalin/Concerta/Methylin (24); Adderall (19); Abilify (13); Risperdal (15); Prozac (9); Depakote (5); Vyvanse (5); Focalin (5).

### Teen Sexual Health

It has been established through research that 48% of girls in foster care have been pregnant at least once by age 19, making them 2.5 times more likely to become pregnant before that age than girls in the general population. Nearly one-third have at least one child by 19. Nationally, half of 21-year-old men aging out of foster care report having gotten someone pregnant, as compared to 19% of their non-foster care peers. Foster youth’s struggle to achieve long-term success is exacerbated when they become teen

parents. "When You Decide," a judge's guide jointly produced by the Campaign and the National Council of Juvenile and Family Court Judges, notes that only 40% of teen mothers graduate high school (as compared to 75% of women who become mothers in their early 20's), and only 5% complete two years of college by their late 20's. Parenting teens are more likely to be poor as adults, to continue the cycle of abuse and neglect, and to become involved with the child welfare system as parents.

The CRP gathers information about whether the youth we review are pregnant or parenting. Of the 196 youth and young adults for whom this information was gathered, 15 were identified as parents. The case manager could not provide this information for 2 of the 17 year olds who were reviewed. Of those identified as parents, three were 17 years old; eight were 18 years old and four were 20 years old. Fourteen (14) were girls/young women and 1 was a boy/young man. For obvious reasons, information regarding whether a youth is pregnant or has an STI is a little more challenging to accurately obtain and report.

In 2013, FFCR embedded nine reproductive health-related questions adapted from a nationally-developed Pregnancy Prevention Benchcard into the CRP process. Although not every one of these questions is directly asked during the course of the review, the CRP works to gather the answers to each question during the course of the review. Often, the panel is required to rely on the report of the case manager since the youth or young adult does not always attend the review hearing and often does not have a Guardian ad Litem as he or she gets older. Teen sexual health is addressed in all cases involving a youth or young adult age 13 or older. The CRP also tracks whether the youth or young adult is a parent or is pregnant, although often information regarding pregnancy is not reported due to privacy rights or because it is simply unknown.

To ensure that CRP volunteers were equipped to ask questions that can often be sensitive, FFCR partnered with local stakeholders to train a number of volunteers on each panel to become proficient in both the knowledge and skills required. Depending on responses to the questions, the CRP recommends specific services and tasks to ensure that the teen's sexual/reproductive health needs are addressed by the case management agency. FFCR's volunteers and staff also received training about foster teens' reproductive health needs and available community resources. FFCR also participates in the Teen Sexual Health Workgroup through which partners in Miami-Dade County address some of the greatest challenges in effectively combatting unplanned pregnancy and sexually transmitted diseases among our current and former foster youth.

As discussed earlier in this report, young adults attended their CRP review hearings only 61% of the time and children and youth under age 18 attended 14% their review hearings. Much of the teen sexual health data will be even more reflective of youth's actual circumstances if we are able to more fully engage them in their review hearings. This will also help to increase the case managers' knowledge about the youth's sexual health since such a high percentage appear simply not to know the answers to very basic sexual health questions. We hope to be able to crosswalk next year's data in this area with data with data regarding the youth/young adult's attendance at their CRP review hearing so that we can determine who actually answered these questions.

TEEN SEXUAL HEALTH QUESTION	Percentage of Affirmative Responses by Age				Case Manager Could Not Report (excluding ages 18-21)
	13-14	15-16	17	18-21	
Does the case plan specifically address sexual health needs or issues?*	74%	42%	27%	N/A	N/A
Has the youth received a developmentally appropriate sexual health medical screening with his/her physician?	55%	65%	73%	64%	14%
Has the youth participated in an evidence based sex education program?*	26%	28%	86%	N/A	20%
Was the youth linked with the agency's healthy teen coordinator?*	33%	45%	45%	N/A	7%
Does the youth have a full and accurate understanding of sexual health and development, pregnancy and STI/HIV prevention and reproductive health?	55%	71%	78%	89%	24%
Has the youth been provided information about sexual health organizations and available services in our community?	50%	63%	63%	93%	20%
Does the youth have access to contraceptives?	61%	75%	78%	96%	18%
Has the youth received information or training about the use of contraceptives?	45%	64%	73%	91%	22%
Does the youth have a supportive adult with whom he/she feels comfortable talking to about sex and relationships?	74%	77%	82%	82%	17%

\*Only asked if the youth is in a licensed placement. Note that for 18-21 year olds, N/A means 'Not Asked'

On the whole, these data demonstrate a continued need for a more standardized approach for ensuring that case managers are gathering information about a youth's sexual health needs and providing or linking them to necessary information, services and support. Further, this must start when youth are younger, rather than waiting until they are 17 or 18. The data in the table above indicates that, generally speaking, as youth in foster care get older, there is a greater awareness of and attentiveness to their sexual health. Interestingly, an exception to this trend is the fact that the older the youth, the less likely her case plan will involve sexual health related services or requirements of the case manager to provide such services. It is notable that, depending on the question, on average, 16% of the case managers could not respond affirmatively or negatively to the sexual health question for youth 13-17 years old. This only occurred about 2% of time for young adults 18-21, except for the sexual health screening question (14% of the case managers could not report) and whether the youth has a supportive adult with whom to talk about sex and relationships (13% of the case managers could not report). Interestingly, these are two of the most critical indicators for reducing risk of STIs and unplanned pregnancy.

It is also important to acknowledge that some the data may be positively skewed due to case managers reporting 'yes' to a question when they really are not certain of the answer. This is especially likely in response to more subjective questions such as, "Does the youth have a full and accurate understanding of sexual health and development, pregnancy and STI/HIV prevention and reproductive health?" or "Does the youth have a supportive adult with whom he/she feels comfortable talking to about sex and relationships?"

### Identity

It is unknown how many youth in foster care identify as GLBTQ. In conjunction with FFCR's previous initiatives to gain a better understanding of these youths' needs, we added several fields in our *ChildWatch* database specifically for 13-17 year olds and 18-21 year olds. We have also partnered with community experts to provide training, awareness and insight to our staff and volunteers. Although the CRP members do not directly ask whether a youth identifies as GLBTQ, this information is often provided in reports or by the youth who attend the reviews. If the youth is open about his or her identity, the case manager may share this information as well. For 193 youth and young adults ages 13-21 for whom this data was gathered, 11 were determined to self-identify as GLBTQ. Five were 18-21 years old, three were 17 years old, and three were 15-16 years old. Identification as GLBTQ was 'unknown' for 42% of the youth in this age range reviewed. Interestingly, none of the youth who self-identified as GLBTQ were reported to have sexual identity related needs, although, in two instances, the case manager did not know whether the youth needed these services. More needs to be done across the child welfare system to partner with community providers serving GLBTQ youth and young adults to ensure that they have access to effective, targeted supports and services and to ensure safe environments for discussing and exploring identity, which is a completely normal component of adolescence.

### Educational Performance & Needs

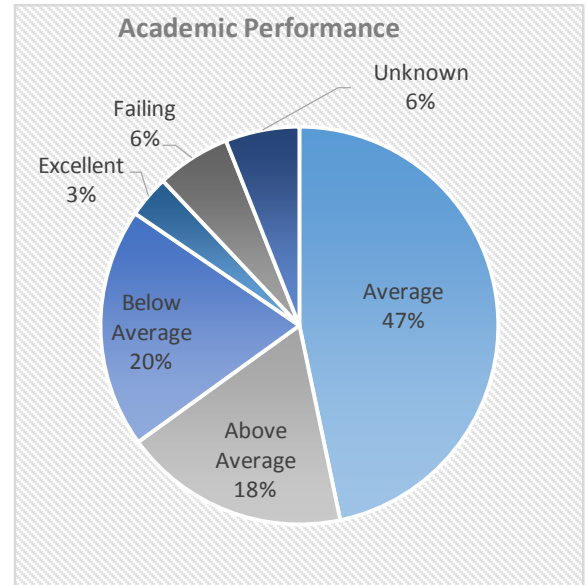
Of the 573 children, youth and young adults reviewed, all but 37 were enrolled in school. Those not enrolled were either under age 3 (10), in the process of being enrolled (12) or had achieved a GED, diploma or were over 18 (9). Six children under the age of 18 were not in school because they reportedly refused to attend and in one instance, the panel found that no effort had been made to enroll the child in school.

### *Early Care and Education for Young Children*

The CRP reviewed 159 children under 5 years old who were either enrolled in a child care program (112); preschool program (25) or voluntary pre-kindergarten (VPK) program (22). All but three children attended their programs five days per week. All of the preschools were accredited; however, seven of the child care centers attended were reportedly not accredited. Typically, dependency court judges require that a young child under their jurisdiction be placed in an accredited program, although sometimes extenuating circumstances may be considered. In instances when there appears to be no reason that the child is not in an accredited child care center, the panel is likely to recommend that the case manager review the child care setting to determine if there are accredited centers and whether moving the child would be too disruptive. The panels also inquire whether the case manager has visited the child in his or her early care and education setting. Across all types of early care settings, 50% of the case managers reported not having visited the children in their child care center, preschool or VPK program.

### *School-Aged Children (K-12<sup>th</sup> Grade)*

For children and youth in elementary through high school, the CRP's inquiry is three-fold: 1) How is the child academically performing? 2) What special needs does the child have, if any, and 3) What is being done to support the child's special needs and unique interests? To determine performance, the CRP reviews school reports provided by the case manager and/or the Guardian ad Litem and looks at the child's grades. Of the 349 school-aged children reviewed by the CRP in FY 14-15, just under half – 47% - had 'average' academic performance. Twenty percent were considered below average and six percent were failing. Happily, 18% of the children reviewed were performing above average academically. The panel was unable to determine academic performance for 6% of the school-age children reviewed, primarily due to a lack of information and/or documentation.

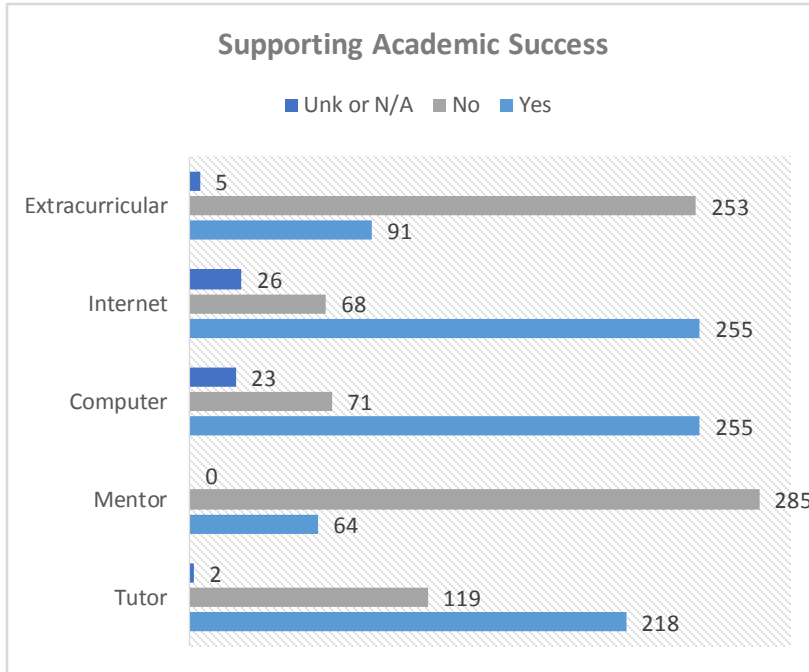


Ninety-four of the school-aged children reviewed (27%) had known special education needs. The needs of twenty additional children had not been determined and, based on school performance and behavioral concerns, the panel recommended that a determination should be made about the need for special education services. Ninety-four (94) children had an Individual Education Plan (IEP). The most common IEP classifications, by far, were Emotional/Behavioral/Disabilities and Specific Learning Disabled. There were 12 children with an IEP classification of Autism Spectrum Disorder.

### *Supporting Academic Success*

Of the 349 school-aged children reviewed by the CRP, 218 were reported to need tutoring; however, just under half of those who needed tutoring were receiving tutoring. Forty-eight of the children were not receiving tutoring because no referral had been made; 16 children were on a waiting list; and 20 reportedly refused to participate in tutoring. It is unclear whether there are insufficient funds for tutoring or whether there is a lack of knowledge by case managers about tutoring resources for children in foster care – or both.

Mentoring is another service that supports academic and life success. Research indicates that one of the keys to resilience from any life trauma is support from a stable, healthy adult. Mentors also expose children to alternative educational and professional options, cheer them on and provide critical guidance and life skills. Only 64 of the 349 school-aged children had a mentor at the time of their most recent review. Thirty-one additional children reportedly wanted a mentor, but did not have one. It is further concerning the mentoring interests and needs 27% of the school-aged children reviewed were simply unknown. There are programs in our community that provide mentors to children; however, it is unclear what is causing this disconnect.



Another key to academic success is access to a computer and the Internet. Nearly everything children are required to do in school now is on the computer – for many, even their books must be accessed online. Seventy-three percent (255) of school-aged children reviewed by the CRP were reported to have both a computer and Internet. However, 71 children reviewed did not have access to a computer and the case manager could not report whether an additional 23 children had a computer. Similarly, 68 children did not have access to the Internet and the case

manager did not know whether an additional 26 children had access to the Internet.

The CRP also inquires about school-aged children’s involvement in extracurricular activities. Whether sports, the arts, or other activities, after school enrichment programs exist throughout the county, both at schools and in the community. Of the 349 school-aged children reviewed, 26% (91 children) were reportedly involved in extracurricular activities.

## THE TRANSITION TO ADULTHOOD

There are many concerns about poor life outcomes for young adults who age out of the foster care system at age 18. Most simply are not prepared for young adulthood and many do not have a support system – both in terms of people and resources – to help guide them through late adolescence and early adulthood. It is well-established that many youth who age out of foster care without skills and support become homeless, involved with the criminal justice system and have overall poor mental and physical health. A disproportionate number have unplanned pregnancy, and many of their children become involved in the child welfare system – thereby perpetuating a cycle of abuse, neglect, dependency and poor life outcomes. One of the most impactful things that the child welfare system can do for the youth it serves is to empower them, teach them personal responsibility, and help them to develop independent living skills that will lead to real independence, employability and emotional stability. It should also ensure that no youth exits foster care without key documentation, a safe place to live and a plan for his or her future. Ideally, a youth will explore the supports offered by the Extended Foster Care program for 18-21 year olds (22 if the young adult has a disability). Unfortunately, this is an area in which the system of care continues to struggle, and youth continue to exit foster care untethered to a network of healthy adults and without any plan other than to get as far away from ‘the system’ as possible.

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## DAVID

At the time of his review, David\* was two months away from turning 18.\*\* He walked into our review room with that disconnected “here we go again” look. Given that this was his last review before turning 18, the panel had a lot of questions, which David answered openly and honestly. "What are your plans after 18?" His response: "I don't have a lot of answers to your questions, but one thing I can say is I don't want to be



in foster care anymore. I am not going into EFC [Extended Foster Care - now available to young adults ages 18 to 21 who meet certain qualifications]. I want to get my GED and live on my own. I have a job. I've raised myself and will continue to do so." I took a deep breath and asked him, aside from not wanting to be in foster care, what other reasons he could give for not opting into EFC. He replied, "When you opt into EFC you have to stay until you're 21. I've been in foster care since I was four years old. Don't you think that's long

enough? I know the benefits. You get your rent paid, allowance and therapy. I don't need therapy. I've had therapists my entire life. The minute you open up to someone, trust someone with your past, they leave you. What is the point? This system that you want me to stay in has ruined my life. My brothers and sisters were adopted. I was not. This system took everything away from me. I've lived in medical foster homes, foster homes and group homes. I'm tired." The CRP panel members grew silent, their eyes welling up with tears. The "system" had failed him. I told him he was right and I couldn't even begin to imagine the life he's had. But I also told him he'd been misinformed about EFC. I explained that if he opts into EFC, the agency will assist him with transitional housing, pay his rent, and once he obtains his GED, he can opt into the PESS program and enroll in postsecondary education such as community college or vocational/trade school. His face lit up. This entire time, he was under the impression that EFC meant he would *have* to live in a foster home until age of 21.

When the review was over, David shook each panel member's hand and thanked everyone for their time. He looked at me and said, "Thank you for explaining things to me. I just want to make the right decision and have a real life." As I watched this almost 18 year old, walk down the hall, I realized that there were so many things we as a system should have done differently to make sure he wasn't still in foster care at age 18. But, I also knew that by asking questions and providing David accurate information – the CRP had made a difference by empowering David to make an educated choice about the next step in his life.

\* Names and likenesses have been changed to protect privacy.

\*\* The FFCR Review Specialist who participated in this CRP hearing shared this firsthand account.

### Independent Living Skills Development

During FY 14-15, the CRP reviewed 146 youth ages 13-17. Ninety-two were eligible for Independent Living Services because they were living in a licensed setting, not with a relative, non-relative or a parent. Although Independent Living staffings – meetings during which a youth’s unique needs, skills and interests are assessed and a plan for supporting independent living skills is developed - are now no longer required until age 17, the CRP inquires about IL staffings starting at age 13. Only 8% of 13-14 year olds and 19% of 15-16 year olds received an independent living staffing, compared to 83% of 17 year olds. The good news is that at least the staffings are taking place for the majority of youth for whom they are required. The concern is that there is no evidence of systematic assessment and planning for independent living skill development among youth in licensed foster care under age 17.

Due to a recent change in the statute, foster parents are now responsible for providing independent living skills education to youth in their care. Foster parents of youth are provided a slightly higher board rate for youth in their care to compensate them for working on these skills. The CRP asks whether or not caregivers are providing independent skills training to youth; however, it is unclear what expectations have been articulated to foster parents and case managers; how compliance with this expectation is being determined; and whether the youth is in fact learning these skills. Of the 91 youth 13-17 years old who were in licensed care as of their most recent review, 71% (65) were reportedly receiving some sort of independent living skills training in their foster home. For 5% of the youth, the case manager could not report and 14% were not receiving any hands on skill development because they were either incarcerated or on runaway status at the time of the review. Three percent of the youth were unable to develop these skills due to a disability. Without articulated criteria or an objective assessment of the youth, determining whether a youth is developing meaningful life skills is often an extremely subjective process made by the case manager based on limited information and interaction.

## **Postsecondary Education Services and Support (PESS)**

(From <http://www.myflfamilies.com/service-programs/independent-living/myfuturemychoice-j>)

A young adult who has completed high school or has an equivalent credential and who pursues postsecondary education, whether academic or vocational, may be eligible for additional financial support.

Eligibility for Postsecondary Education Services and Support payments is limited to:

- Young adults who turned 18 while residing in licensed care and who have spent a total of six months in licensed out-of-home care; or
- Young adults who were adopted after the age of 16 from foster care, or placed with a court-approved dependency guardian, after spending at least 6 months in licensed care within the 12 months immediately preceding such placement or adoption; and
- Have earned a standard high school diploma, or its equivalent; and
- Are enrolled in at least 9 credit hours and attending a Florida Bright Futures eligible educational institution. If the young adult has a documented disability or is faced with another challenge or circumstance that would prevent full-time attendance and the educational institution approves, the young adult may attend fewer than 9 credit hours.

The law limits PESS to Florida Bright Futures eligible schools. However, there is another, more limited financial support for a young adult who wishes to attend a post-secondary school that is not a Bright Futures school, e.g., an out-of-state school. An annual federal Educational Training Voucher (ETV) educational stipend payment of up to \$6,250 may be available, provided the chosen academic institution meets ETV eligibility requirements. ETV may also be available for a young adult attending a post-secondary institution only part-time.



### Financial Stability & Employment

During FY 14-15, the CRP reviewed the cases of 67 youth in licensed foster care. To assess readiness for living independently, the CRP asks these youth a series of questions related to their financial stability and employability. CRP data reveals that only 30% had completed a financial literacy training while 58% had not. Ten percent were not able to participate in a training of this nature. Only 15% of these 16-17 year olds were reported to have a bank account.

For youth in this age range, the CRP also inquires about employment. Only 6% of those able to work were employed at the time of their review, with 94% unemployed. Furthermore, 49% of the 61 unemployed youth reportedly wished to be employed. The case manager did not know the youth's wishes regarding employment for 33% of the youth, an indication that this topic had not been evaluated by the case manager with the youth or with the foster parent.

Once a youth reaches 17 years old, the CRP determines whether he or she has a résumé. Seventy-one percent (71%) reportedly did not have a résumé and 22% did. For 7% of the youth, the case manager could not report. The CRP also inquires about work experience for youth in this age group and learned that 84% have no work experience, while 13% have some work experience.

### Documentation

It is critical for older youth in foster care, especially those who will be aging out of the system without permanency, to have critical documentation. For youth 13-17 in licensed care, the CRP notes whether a youth has his or her Florida ID. For youth 17 years old, 67% were reported to have a Florida ID; 13% of youth 15-16 year olds had one; and 8% of the 13-14 year olds had one. Connected to the statewide effort to promote normalcy for youth in foster care, including a state law supporting foster youth securing a driver's license, the CRP inquires whether youth in care have a driver's license. Only 3 youth reviewed by the CRP (all 17 years old) had their driver's license. Although it is not known how many youth want a driver's license, clearly, our child welfare community needs to further explore effective ways to educate youth, caregivers and case managers about this opportunity.

### Life After Foster Care

Developing and implementing a clear and attainable *transition plan* is essential to ensuring that youth who do not achieve permanency while in foster care are able to successfully transition out of the system or into Extended Foster Care (EFC) upon reaching age 18. Unfortunately, this planning is not required to take place until a youth is 17 years old, which is often too late. Of the 47 youth in licensed foster care ages 17 to 18 (not including 18 year olds), only 16 had a transition plan at the time of their review, and the actual plan was submitted for only 10 of these youth. Thirty-one youth did *not* have a transition plan at the time of their review. The CRP also asks youth in foster care in this age group whether they are aware of and/or planning to transition into Extended Foster Care upon turning 18. Twenty-eight (28) youth said yes, eight (8) were undecided and five (5) said they would not be transitioning to EFC. For six (6) youth, the case manager did not know whether the youth would be transitioning to EFC. As will be explained in further detail in the next section, one of the requirements of EFC is that the young adult obtain an 'approved living arrangement.' At age 17, the CRP inquires about where the youth will be physically living after turning 18 year old. Almost half - 47% - of the youth 17 years old to 18 years old did

not have a plan for where they would live upon aging out. This is of grave concern considering the significant level of homelessness experienced by many former foster youth. Eight (8) youth planned to live in their current foster home, six (6) in transitional housing, four (4) with a relative or non-relative and two (2) reported planning to return to their biological parent(s). Other youth planned to live with a friend (1), own apartment (2), or fraternity house (1).

The CRP also inquires whether youth in foster care ages 15 and older have been provided information about Post-Secondary Education Services and Support (PESS). Thirty-eight percent (38%) of the 15-16 year olds had reportedly received information about the process for going into the PESS program, while 82% of the 17 year olds were reported to have been provided this information. It is important to recall that this data is mostly relayed by case managers as many youth did not participate in their review hearings before the CRP.

#### Extended Foster Care

Pursuant to a new Florida law (Florida Statute § 39.6251) effective January 1, 2014, youth in foster care at age 18, have the right to opt in to extended foster care an unlimited number of times between 18-21 years old (22 years if the young adult has a documented disability). The youth must be accepted back if he or she has not yet achieved permanency and meets the program requirements, except for young adults with a documented disability who are exempted from those requirements. Permanency for a young adult is adoption.

To participate in the EFC program, the young adult must have been in licensed foster care at the age of 18 AND be participating in at least one of the following 'qualifying activities':

- Attending high school or working on GED; or
- Enrolled in college or vocational education program; or
- Employed at least 80 hours per month; or
- Participating in a program designed to promote or eliminate barriers to employment.; or
- Have a diagnosed and documented disability that would prevent the young adult from participating in any of the activities listed above.

In order to stay in the program, the young adult must:

- Meet with a caseworker every month
- Continue to participate in at least one of the activities listed above
- Attend Court reviews every six months

The young adult must also reside in one of the following 'living arrangements,' which must be reviewed and approved by the agency providing case management (OurKids in Miami-Dade/Monroe)

- With a licensed foster parent: If it is agreed upon by both the young adult and foster family, the young adult may continue to reside with their current foster family.
- In a licensed group home: If it is agreed upon by both the young adult and group home placement, the young adult may continue to reside in their current group home.
- Supervised living arrangements (i.e.: college dormitory, rental home or apartment): All supervised living arrangements must be approved and supervised on a regular basis by the community based care service provider.

For youth in the EFC program, the case worker, group home/foster parent are expected to work closely with each young adult to manage his or her living, education and allowance funds. Each case will be treated on an individual basis depending on the responsibility of the young adult. If a young adult leaves EFC and want to get reenter the program, he or she must submit an application to the community based care lead agency for eligibility determination.

The law requires a six-month Judicial Reviews for all young adults in extended foster care and the Citizen Review Panel Program conducted 77 reviews for 56 young adults in the EFC program during FY 14-15. Most of the young adults in the EFC program were between 18 and 19 years old at the time of their review before the CRP. For 50 young adults, at the time of their review, this was their first time in the EFC Program. The other six young adults had returned after being previously discharged for failing to participate in a qualified activity, not participating in case management and supervision or not residing in an approved living arrangement. As explained earlier in this report, 60% of the 56 young adults participated in their review hearing, while 40% did not. Reportedly, all of the young adults reviewed by the CRP were engaged by their case manager on at least a monthly basis.

Although there can be more than one ‘qualifying activity’ for EFC, the primary qualifying activity for more than half (56%) of the young adults in EFC who were reviewed by the CRP was “working on completing high school diploma” with “working on completing GED” a close second (25%). Two percent (2%) qualified for EFC by working at least 80 hours a month and 7% qualified for EFC due to enrollment in a postsecondary or vocational education program. One young adult was unable to participate in programs or activities due to a limiting condition or disability.

Whether or not employment was one of the young adult’s qualifying activities, the CRP inquires about the employment status and work experience of young adults in the EFC program. The data here demonstrates the need for earlier and ongoing intervention and support in the area of employment, job readiness and life skills for youth in foster care. Twenty-four (24) young adults reported having some work experience; however, only eight (8) young adults were reportedly employed at the time of their review. Of those employed, only one (1) was employed full-time. For young adults in foster care, the CRP drills down further to better understand barriers to their employment. Thirteen (13) reported not being able to find a job; 15 said that working would conflict with their school schedule and five (5) stated that they do not want to work. Fifty-one young adults were reported to be receiving a monthly allowance, with most (44) receiving \$200 per month.

Possession of key documents - social security card, birth certificate, Medicaid card, mental health records, school records, and medical records - is another critical issue for youth transitioning from foster care into

Document	Young Adult Had	Young Adult Did Not Have	Case Manager Could Not Report
Social Security Card	93%	7%	0%
Birth Certificate	98%	2%	0%
Medicaid Card	85%	13%	4%
Mental Health Records	78%	17%	4%
School Records	91%	7%	2%
Medical Records	81%	15%	4%
Driver’s License	19%	79%	2%

adulthood as young adults. The following chart details the percentage of young adults in extended foster care who had specific documentation.

The CRP also focuses on the importance of transitioning young adults in extended foster care to either permanency (through adoption) or to a stable and secure living environment upon no longer being eligible for the program at age 21 (or 22 if disabled). Eighty-one percent (81%) were reportedly receiving or had received life skills preparation. Forty-eight (48) young adults were reportedly connected to a supportive adult, with most naming relatives, older siblings and foster parents as their support system. That said, only four (4) young adults knew where they were going to live upon turning 21. All four were between 20 and 21 years old.

The data regarding young adults as well as those under age 18 speaks to the critical need to ensure that while youth are in foster care, they are provided with interventions, supports and services that build resiliency, academic success and allow them to forge healthy relationships as they get older. It also underscores the need to focus intently on permanency for children in care. While Extended Foster Care is certainly an important option for youth who would otherwise age out of care at 18, the fact that so many young adults in foster care do not have their high school diploma, job experience/training, and are not in any post-secondary educational setting is of great concern.

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## ANDREA

Andrea\* had recently enrolled in Extended Foster Care for 18 to 21 year-olds when her case came before the CRP. A thorough review of the case files revealed that Andrea was not doing well in school. During the CRP hearing, Andrea appeared very low energy and unfocused. When questioned about her present activities and future goals, she said that she just didn't have enough energy, not even to take care of herself. Alarmed, a CRP volunteer asked Andrea about the results of her last physician's visit. The panel members learned that Andrea had been diagnosed with a medical condition over a year ago and had not



been receiving treatment due to a lack of insurance after turning 18. Suddenly it was clear why Andrea lacked energy and was unable to apply herself at school. Further, she had not discussed this issue with her new independent living case manager, who was not aware until the CRP hearing that Andrea had been feeling so badly and suffered from this medical condition. The panel recommended an order requiring the case manager to assist Andrea with obtaining medical coverage and medication to treat her condition. Thanks to the panel's insight and thoughtful inquiry, Andrea now has the health care coverage and access to treatment she requires, and her serious health issue is being properly managed. She is now feeling well and is able to focus on her studies and her future. The CRP will continue to monitor Andrea's progress and well-being every five months and will work to ensure that she is connected to supportive services and support while she transitions to adulthood and eventual independence at age 21.

*\* Names and likenesses have been changed to protect the privacy of all parties.*

## ACCOMPLISHMENTS & FUTURE DIRECTIONS

### Financial Growth

On the financial front, we have deepened and broadened our funding through an additional legislative appropriation, foundation funding and individual giving. Our FY 2014-2015 organizational budget increased to \$1.4M, and we worked to further diversify the nature of our funding and increase the number of our donors. Our *Claws for Kids* fundraising event raised 47% more than the year prior and the most to date. We also hosted a fundraiser called *Maxine's Closet* in honor of our late board member and community leader, Dr. Maxine Thurston-Fischer. FFCR participated in The Miami Foundation's Give Miami Day Campaign and not only raised \$6,600, but also increased awareness of our work and the benefit of investing in children and youth in foster care. For the first time in many years, we initiated an Annual Appeal and will continue to build this over the next few years. We received a total of \$80,000 in support from Peacock Foundation, Inc., The Joseph H. and Florence A. Roblee Foundation and The Miami Foundation for our new Permanency Roundtable Program and will continue to apply to private foundations and work with individual donors to enhance and sustain this program.

### Community Engagement & Advocacy

In addition to continuing her service on the Miami-Dade Community Based Care Alliance, FFCR Executive Director, Candice Maze, was tapped to serve on the Miami-Dade Youth Homelessness Initiative's Steering Committee and to co-chair the Permanent Connections committee. FFCR was among a handful of organizations recognized at the October 29, 2014 Miami Beach Commission meeting as part of a National Adoption Month call to Miami Beach residents to help the community's children by volunteering, becoming a foster parent or adopting. FFCR also joined the Stop Sex Trafficking Miami Coalition. FFCR also co-hosted a community roundtable on Employment for Youth in Foster Care and one on Teen Sexual Health.

To raise awareness about our work and the issues faced by youth in foster care, we have consistently released a monthly e-newsletter and a weekly on-line paper and we have built our social media interaction and following substantially. After revamping the CRP pre-service training program, we have turned our focus to growing our volunteer corps and have developed a plan for increased community engagement and outreach.

We have also grown our statewide presence. FFCR participated in a statewide group that assisted in the successful passage of 2015 legislation to mandate posting of the national anti-trafficking hotline in key locations statewide. We have actively participated in quarterly statewide meetings hosted by Casey Family Programs related to the Permanency Roundtable Program and staff participated in the annual Dependency Summit held in Orlando. FFCR was part of statewide meetings hosted by the Department of Children and Families with respect to proposed rules regarding the Extended Foster Care program. Finally, a team from FFCR, including two former foster youth who work for our organization, traveled to Tallahassee to be part of the 2015 Children's Week activities, where we hosted an exhibitor's table and met with more than 10 legislators.

## Organizational Development

As an organization, FFCR has also had much growth this year. Our staff has increased to 15 in response to the increased number of children we now serve and to ensure effective management of the Permanency Roundtable Program. We successfully transitioned the CRP Program to its new home at the Children's Courthouse in downtown Miami and began preparations to combine our administrative and program offices into that location, which will take place in April 2016. Downsizing our space and accommodating our growing team has necessitated creative approaches, such as developing a 'virtual file room' by scanning all program files and organizational records. Our program team has vigorously enforced mandatory ongoing training requirements for our volunteers, and has consistently provided one or two 2-hour training sessions per month for our volunteers. To integrate old and new staff and to build trust among our entire team, FFCR engaged in a full-day, facilitated ropes course at Florida International University in February 2015.

FFCR's board of directors has also been growing. We brought on board several new members this year and are actively and strategically recruiting additional individuals who can support and guide FFCR as it forges ahead. The board's new president (elected in January 2015) is engaged and well-positioned to lead our organization to even greater heights.

## Future Directions

In early 2013, FFCR developed an ambitious Three-Year Strategic Plan. Through focused effort, FFCR's board and staff have collectively implemented key strategies, many of which have resulted in the information and advocacy described in this report. Having successfully accomplished our goals, FFCR is now poised to implement new strategies that both ensure the steady, sustainable growth of our organization and enable us to fulfill our mission on behalf of more children, youth and young adults.