Ten Independent Living youth from Jacksonville participated in first Tour de TRAILS program. They pedalled 40 miles on the Pinellas Trail and ended the ride on the historic sponge docks in Tarpon Springs.
ON THE COVER:
Tour de TRAILS is a teaching, riding and interpersonal life skills program for foster teens aged 15 –17, designed by Family Support Services of North Florida, to help educate and involve each participant in teamwork, bike safety, healthy nutrition, hydration and the benefits of exercise. The teens toured 40 miles of greenway trails along Florida’s Gulf Coast.
Introduction

The Independent Living Services Advisory Council (ILSAC) is charged by the Legislature with reviewing and reporting on the implementation and operation of independent living services to youth in the Florida foster care system. We have provided recommendations to the Legislature and the Department of Children and Families (DCF) every year since 2002.

As of July 1, 2011 there were 5,308 youth aged 13–17 in out-of-home care eligible for independent living services; and 3,906 young adults, formerly in foster care, aged 18–22, were accessing continued Road to Independence Services.

There is a continued national interest in the outcomes of this population as many disciplines have contributed to the knowledge base regarding what enables these young people to succeed.

Florida has designed an array of services to support youth in care and those who have aged out of care through a web of federal grants, general revenue dollars and national, state and community funds and partnerships.

The Florida Legislature has been a strong advocate for this group of young people by revising laws related to this program on a regular basis.

Florida has been a leader through the development and implementation of a number of innovative practices and initiatives.

**In the past two years:**

Florida has embraced the **Quality Parenting Initiative**, which focuses on quality parenting for children and youth in foster homes.

**“Everybody’s a Teacher”** was launched to focus on the achievement of educational progress by encouraging individuals, within all Florida communities, to become involved in the academic success of children and youth in foster care.

**Family Finders** and **Permanency Round Tables** have focused on facilitating the permanency planning process, which is designed to expedite the permanency of youth in foster care, and to increase the development of staff around permanency strategies.

There has been a renewed focus on the issues, obstacles and best practices for pregnant and parenting teens through the State Coalition for Teen Parents in Foster Care and the Legal Advocates for Minor Mothers Project.

A multi-stakeholder workgroup has focused on a redesign of services for 18–22 year-olds, to improve outcomes through the expansion of foster care to age 21, as an optional provision open to states under the federal Fostering Connection to Success and Increasing Adoptions Act of 2008.

There has been an expansion of Florida Youth SHINE and Youth Advisory group structures in community-based care (CBC) lead agencies throughout the state.

A collaborative was started between Department of Juvenile Justice and Department of Children and Families to address the needs of children and youth known to both the child welfare and juvenile justice system through the **Crossover Youth Practice model** developed by Georgetown University.

The ILSAC has long emphasized that the Florida child welfare system must base its efforts and resources on data and outcomes that will hold us accountable for those efforts and resources.

Florida took a national leadership role by implementing the **National Youth in Transition Data Base (NYTD)** expanded version for 100% of youth in care rather than a sampling of youth.

Florida also has evolved the Independent Living Critical Checklist, started in 2007, to the **My Services** twice-a-year survey for all youth aged 13–17 in foster care.

Florida has been recognized by Administration for Children and Families for implementation of both of these tools as they provide a critical and valuable voice for the youth in care, and those that have aged out of care, a voice on their experiences and perspective, and, at the same time, provide a quality improvement tool for CBC providers and other stakeholders.

While these initiatives have taught us much about our system of care, they also provide valuable information about the continued challenges and obstacles we face in preparing youth in foster care for success as adults of our state by being educated, housed, banked, employed and connected to a permanent supportive family by the time they reach the age of 25.

The members of the ILSAC believe that for these youth aging out is preventable, permanency is achievable, and lack of adequate preparation for their future is avoidable and is our collective mandate for every child.
The Legislature first passed a comprehensive set of services for children aging out of foster care in 2002. These mandated services are codified in sections of Chapter 39 and also in section 409.1451 of Florida Statutes. These services are funded, in part, through a federal matching program under the John H. Chafee Foster Care Independence Act of 1999 (“Chafee Act”). The Legislature has made changes to enhance these services on several occasions.

Although the existing statutory scheme provides a series of services for older and former foster children, ILSAC believes more can be done to enhance accountability, measuring outcomes and providing more normalcy for foster youth. The federal government provided additional opportunities beyond the Chafee Act a few years ago when it passed the Fostering Connections to Success and Increasing Adoptions Act of 2008 (“Fostering Connections Act”). This concern by ILSAC, and the opportunity of the Fostering Connections Act, led ILSAC to encourage the Department to create a task force to consider redesigning the existing statutory scheme. This group worked throughout 2009-2010 and created recommendations for the Department and the Legislature in 2010.

These recommendations were incorporated into an effort to reform the statute in the 2011 legislative session. ILSAC did not play a major role in the discussion in this legislative session, but was generally supportive of legislation that met its goals to enhance accountability for good outcomes.

Following the 2011 legislative session, ILSAC made a decision to become more active in ensuring that all the advocates and providers interested in enhancing the statutory scheme be brought together to support legislation in the 2012 session. Starting in June 2011, a Subcommittee of ILSAC began meeting every two weeks to evaluate the final version of the 2011 legislative drafts, Fostering Connections Act, and the redesign recommendations, to provide the Legislature guidance as it goes forward with reforms in the 2012 session.
RECOMMENDATIONS TO LEGISLATURE

- ILSAC encourages the Legislature to pass Senate Bill 434/ House Bill 417 as foster youth need the structure and support these bills will provide. The IL program as it is currently structured continues to rise in cost each year but it is not structured appropriately to provide the supports and services that young adults in our system of care need to help them become successful, especially if they are still in high school at the age of 18. Notably, these bills will allow the State to access new Federal IV-E funds in FY 2012-13 and FY 2013-14. Without accessing these new federal dollars, the State will continue to spend more and more funds from general revenue to support this population of youth. Finally, these bills will provide the outcome data necessary to hold providers responsible for the success or failure of foster youth and help the State achieve the level of positive youth outcomes that ILSAC believes are attainable and are our collective responsibility.

- ILSAC recommends that the Florida Legislature amend the law to clarify that the Department exercises legal guardianship over a child in the legal custody of the Department.

RECOMMENDATIONS TO THE DEPARTMENT OF CHILDREN AND FAMILIES

1. Accountability
- ILSAC is urging that all survey data, through youth, caregiver and provider surveys, needs to be readily and quickly available to the CBC lead agencies as well as ILSAC.
- We encourage the Department of Children and Families to strongly support these efforts and to use the collected data to drive policy and better practice. We also strongly support the efforts of the DCF to require CBCs to collect youth survey data.
- We urge the DCF to require each CBC to submit a plan for how they will use the data to improve and inform practice and improve youth outcomes in their own community’s system of care.
- We urge DCF to ensure that all quality assurance and contract monitoring tools be strengthened to follow all of the requirements of Florida Statute and Administrative Code for services to teens in foster care. Comprehensive quality assurance is the foundation of accountable services.

2. Practice Principles
- ILSAC recommends that the Jim Casey Youth Opportunities Initiative recommendations be adopted for the State of Florida.
- 1. Take a positive youth development approach to all opportunities for young people in foster care.
- 2. Provide interdependent living services that connect young people with family and caring adults.
- 3. Engage young people in their own planning and decision making.
- 4. Be trauma informed to promote healing and emotional security.
- 5. Extend developmentally appropriate foster care to age 21.

<table>
<thead>
<tr>
<th>Age</th>
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<th>Sometimes</th>
<th>No, but I WANT to attend my Court Hearings</th>
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<td>8.75%</td>
<td>4.96%</td>
</tr>
</tbody>
</table>

My Services survey for youth aged 13-17 is a biannual survey. Data in this report are preliminary and reflect on the fall survey period [September and October 2011].
3. Dually Served Youth
For dually served youth by multiple agencies, ILSAC recommends improved communication among agencies and recommends that “when agencies are serving the same youth there must be a team approach, whereby each team member is informed and actively pursuing a common goal.”

4. Education
ILSAC encourages DCF to continue to work with U.S. and the Florida Department of Education for an administrative remedy, for the sharing of information for youth in care.

ILSAC recommends that DCF form a Workgroup to examine issues of transportation funding, foster home recruitment and placement issues, at both the State and national levels, to recommend policies and activities to further school stability.

5. Health Care
Given the level of state and federally mandated responsibilities for the health care of children in out-of-home care, the Department, in conjunction with the CBC Lead Agencies, must take a more proactive role to ensure that children in out-of-home care receive health care services in accordance with federal and state law and that the health care management is comprehensive and in accordance with the intent of state and federal legislation.

ILSAC recommends that substance abuse services be included in the existing Medicaid Prepaid Waiver or as a part of a new comprehensive special healthcare needs program for youth in out-of-home care.

6. Housing
In the 2011 legislative session significant changes were made to the Sadowski Affordable Housing Trust Fund. Through the advocacy of multiple stakeholder groups, the Trust Funds designated for the development of affordable rental housing, the State Apartment Incentive Loan (SAIL) program, is now required to designate a portion of its resources to creating housing for special needs households, including youth aging out of foster care. It is very important that DCF and youth aging out of foster care stakeholders advocate for allocation of resources to SAIL so that these much needed resources can be utilized to create housing for our youth.

7. Permanency
ILSAC recommends that DCF and the CBC lead agencies continue to focus on all permanency options so that no child leaves the system without a “permanent family connection” and that active youth involvement in permanency planning is crucial.

8. Pregnant and Parenting Teens
Assist the ILSAC and other interested stakeholders in identifying the scope of this problem and best practices for this population.

Accountability
ILSAC has recommended since 2006 that a program planning and delivery reporting tool be developed for determining the independent living services, outcomes and fiscal implications of projected and actual delivery of services for youth ages 13 to 23 for all CBC lead agencies. ILSAC has also recommended establishment of provider accountability through corrective action as part of ongoing quality assurance benchmarks—not of services provided or youth served—but of outcomes achieved by youth in care. Some progress has made on these recommendations but we are still not at a point where we can report to key stakeholders how our dollars are spent and how the young people in our care are faring in terms of education, permanency, health care, and employment.

An Auditor General operational audit of DCF and CBC lead agencies administration of independent living transition services disclosed a number of findings regarding services, spending caps, adolescent services and program administration that raised continued concern.

Outcomes have been established in CBC lead agency contracts in the past year that will provide some data on how our youth are faring but are still inadequate in measuring the success of youth in our care.
In the 2010 ILSAC Report, a recommendation was made to survey 100% of our youth annually rather than the minimum required random sample every other year for the Federal NYTD. ILSAC also recommended that Florida use the NYTD++ survey. We felt strongly that if we were going to go through the effort of surveying youth, we wanted the most complete data possible and we had the advantage of a head start with the IL Checklist. The first round of the Federal NYTD++ survey was completed in 2010 and was submitted to the Administration for Children and Families. Florida was one of only two to three states in the nation that utilized the NYTD++ survey. At the National NYTD Technical Assistance Meeting in Washington, DC, Florida was asked to present on our unique approach to using peers and social media to keep the original baseline group engaged. We all should be very proud of this accomplishment as we continue to lead the states. At the Administration for Children and Families, Washington, DC meeting, Florida was also highlighted for our ongoing twice yearly survey/data collection with youth starting at age 13.

Many of the other 45 participating states were very interested in Florida’s use of youth survey data and Florida was the highlight of the state team discussion on the effective use of data. Given the size of Florida, this is another achievement of which we can all be proud.

As we continue to gather data on youth in care in Florida, ILSAC is urging that all survey data, through youth, caregiver and provider surveys, needs to be readily and quickly available to the CBC lead agencies as well as ILSAC. Quality improvement and quality assurance should be the hallmarks of our system of care and only with the tools of real-time data can we expect the CBC lead agencies will improve the strategies and services provided so that youth in care can move to more successful outcomes. We should be educating all of the stakeholders on the process and encouraging full and honest participation of youth on the surveys we have instituted so the youth voice is heard loud and clear and they can become part of the solution.

For too long we have struggled with not having information and data on our youth in foster care. We are now collecting data and setting the national standard for youth self-report data. We must now put the youth responses and feedback to work.

We encourage the Department of Children and Families to strongly support these efforts and to use the collected data to drive policy and better practice. We also strongly support the efforts of DCF to require CBCs to collect youth survey data and urge the Department to require each CBC to submit a plan for how they will use the data to improve and inform practice and improve youth outcomes in their own community’s system of care.

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### I have a State of Florida Identification Card
**Question from My Services Youth Survey**

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<th>No</th>
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<tr>
<td>17</td>
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<td>30.02%</td>
</tr>
</tbody>
</table>

My Services survey for youth ages 13-17 is a bi-annual survey. Data in this report are preliminary and reflect on the fall survey period [September & October 2011].

### I have a Life Skills Training Plan that I helped develop and it is specific to what I need to learn
**Question from My Services Youth Survey**

<table>
<thead>
<tr>
<th>Age</th>
<th>Yes</th>
<th>No</th>
<th>I DO NOT want a life skills training plan</th>
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</thead>
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<td>5.95%</td>
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<tr>
<td>15</td>
<td>62.99%</td>
<td>30.23%</td>
<td>6.78%</td>
</tr>
<tr>
<td>16</td>
<td>73.20%</td>
<td>23.42%</td>
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<tr>
<td>17</td>
<td>83.45%</td>
<td>13.24%</td>
<td>3.31%</td>
</tr>
</tbody>
</table>

My Services survey for youth ages 13-17 is a bi-annual survey. Data in this report are preliminary and reflect on the fall survey period [September & October 2011].

### I have completed a Teen Activities/Normacy Plan
**Question from My Services Youth Survey**

<table>
<thead>
<tr>
<th>Age</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
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<tr>
<td>17</td>
<td>78.49%</td>
<td>21.51%</td>
</tr>
</tbody>
</table>

My Services survey for youth ages 13-17 is a bi-annual survey. Data in this report are preliminary and reflect on the fall survey period [September & October 2011].
“The Adolescent Brain, New Research and its Implications for Young People Transitioning from Foster Care”

Jim Casey Youth Opportunities Initiative

**During adolescence the brain experiences a period of major development comparable to that of early childhood.**

Neuroscience has added critical data to the knowledge base of multiple disciplines regarding what enables youth in foster care to succeed. Science now tells us that during adolescence the brain experiences a period of major development comparable to that of early childhood. Adolescents must take on distinct developmental tasks in order to move through emerging adulthood and become healthy connected and productive adults and young people in foster care often lack the supports needed to complete these tasks.

Chemical changes prime adolescents for risk taking that present rich opportunities for them to learn from experience and mistakes and with adult support gain greater self regulation, coping and resiliency skills.

It is during this time that we develop a personal sense of identity, establish emotional and psychological independence, establish adult vocational goals, learn to manage sexuality and sexual identity, adopt a personal values system and develop increased impulse control and behavioral maturity.

**Adolescence is a period of “use it or lose it” in brain development.**

The Jim Casey Youth Opportunities Initiative paper on the Adolescent Brain makes the following recommendations based on this new neuroscience research on the adolescent brain:

1. Take a positive youth development approach to all opportunities for young people in foster care.
   - Continually provide these young people with opportunities to connect with their families and communities.
   - Create opportunities for involvement in extracurricular and community groups.

2. Provide interdependent living services that connect young people with family and caring adults.
   - Although independent living services produce some benefits by imparting knowledge and certain skills they have not been effective in supporting young people in building and sustaining social capital.
   - Family based settings and quality parenting allow for young people to engage in activities that help them practice for adulthood and to build social capital.

3. Engage young people in their own planning and decision making.

4. Be trauma informed to promote healing and emotional security.

5. Extend developmentally appropriate foster care to age 21.
It is not what you say… It is what I hear that is important.

Florida’s Investment in Youth Voice

Youth in the foster care system are not our children to keep. Through reunification with family, adoption, guardianship or aging out… they will leave our care. While no one is detracting from the importance of keeping youth safe while in our care, we want to raise the importance of preparing our youth to leave our care.

We focus on making youth “independent”, when in fact very few young people, [no matter the circumstance] have the skills and tools to live on their own at age 18.

When youth in foster care are not prepared for the transition to adulthood, we have exchanged one set of risks for another: We have exchanged the risk of harm that first brought them into foster care for the risks of being uneducated, homeless and exploited as they leave foster care.

We hear it a lot from foster care service providers: stop overwhelming us with paperwork and all of these plans we have to complete and let us do our jobs and take care of children. We get that. But planning and measuring youth outcomes requires documentation. Documentation is not paperwork. Documentation leads us through complex and often difficult systems and system procedures.

Teens in foster care are required to have a Case Plan — the legal foundation for their services while in foster care.

Teens in foster care are required to have an Education & Career Path Plan — A plan that helps us understand and navigate the school system to ensure our youth are receiving the educational and vocational supports and services they need.

Teens in foster care are required to have an Age Appropriate Activities Plan — A plan to maximize the authority of the foster parents/foster care providers to approve participation in age-appropriate activities. We want to ensure youth in our care have a quality of life appropriate for their age.

Life Skills Plan — Individualized to meet the specific needs of the youth in order to gain those skills they need as they transition to adulthood.

Transition Plan — Ensures the youth has a clear understanding of where they will be living at age 18 and how living expenses will be paid.

If you were a youth in foster care… which plan would you say it is okay to do without?

Florida has made a commitment to ask our teens in foster care about the quality of foster care services from their point of view and for the last several years we have used that data to inform our work. In 2011, Florida implemented an on-line survey and the fall of 2011, over 1500 teens in Florida’s foster care system completed the My Services on-line survey and here are some of the things they told us… [Remember – this is information from their point of view]
Youth Advocacy

The youth voice has become an important part of improving the system of care in Florida. Youth voice helps everyone. Speaking on their experience and giving their insight not only empowers the youth but helps the system to realize the needs and difficulties the youth face. It helps the community by allowing the youth to take their part as contributing members. Most importantly the young people not only come together and share their hopes, dreams, and fears but standing up and advocating for themselves and others helps them to understand the power that comes with their own unique experiences.

Florida Youth SHINE, a statewide youth drive advocacy organization, has expanded its membership and its outreach. As of the writing of this report, Youth SHINE is spearheading information sessions for youth regarding proposed changes to legislation governing independent living services for the 2012 Legislative Session. More information about their agenda is available at: floridayouthshine.org/index.html

Youth Leadership

The Child Welfare Leadership Program and Connected by 25 partnered together to create a Youth Leadership Academy for children in care. This idea began as part of the Child Welfare Leadership Program’s (CWLP) class project; a professional development program for adults who work in child welfare who have been identified as future senior leaders in the field.

The Inaugural Class of the Florida Youth Leadership Academy graduated in August 2008. They all have grown over the course of the program and have developed strong relationships with each other and their adult sponsors. Many have turned 18 through the course of the program, applied to college and have begun their studies. We are very proud of all they youth and are looking forward to their continued involvement with the new class. The program has been beneficial to the youth, the adult sponsors, and the child welfare system because it focuses on individual potential and teamwork. It also is a great retention program for staff because many of the sponsors are in management and they have found a way to re-connect to the true mission of what they do each day.
Education

**Educational Stability:** Statewide, children and youth in foster care often are less successful than other children. According to DCF, fewer of these youth received a standard high school diploma in 2007 than compared to all youth. My Services and NYTD survey information provides the following data:

- At age 18 in 2007 26% had completed grade 12 or GED.
- That increased to only 38% in 2011.
- In 2011 for all youth ages 18-22 years of age 54% have a GED or HS diploma, 6% have a vocational certificate and 3% have an associate’s degree.
- For youth ages 13-17 years of age 60% were at or above grade level in 2007 with only a marginal increase to 64% in 2010.
- Youth also report continued educational instability with 47% of youth ages 14-17 reporting that they have changed schools in the My Services survey in Spring 2011.

**Improving Educational Outcomes:** The research is replete with studies that reach similar conclusions: Children who have not graduated from high school are 3 times more likely to be unemployed, under-employed or working for low wages. With a focus on improving the educational success of youth in foster care, DCF has launched the “Everybody’s a Teacher” initiative. This fresh approach to achieving educational progress, introduced in 2011, is designed to encourage individuals within all Florida communities (1) to become involved in the academic success of children and youth in foster care and (2) to work collaboratively to address issues that often work against foster youth doing well in school. The message DCF and others hope to convey was articulated by Mary Cagle, director of DCF Children’s Legal Services and the lead on the “Everybody’s a Teacher” initiative. “Every time a child is moved from a family or foster care home, their lives are disrupted, their relationships are interrupted, and they fall behind in school.” This project was designed to maximize the academic growth of foster youth through community commitment.

Since the introduction of “Everybody’s a Teacher,” this initiative has generated an array of statewide action plans to further the project’s goals and objectives. “Everybody’s a Teacher” Guides have been written and Training workshops are being held in Circuits 2 and 14 to enhance the knowledge of staff members and caregivers with school procedures.

### Do you have an Education & Career Path Plan? (This may be your epep.)

**Question from My Services Youth Survey**

<table>
<thead>
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<th>Age</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

*My Services survey for youth ages 13-17 is a bi-annual survey. Data in this report are preliminary and reflect on the fall survey period [September & October 2011].*

### During this school year – who attended the parent/teacher conferences with you? [Select all that apply]

**Question from My Services Youth Survey**

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<thead>
<tr>
<th>Age</th>
<th>Biological Parents/Family</th>
<th>Family</th>
<th>Foster Parents</th>
<th>Group Home Staff</th>
<th>Caseworker</th>
<th>ILS Worker</th>
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Education (continued)

As the “Everybody’s a Teacher” initiative gains momentum, it is recommended that a convening of initiative leaders be held to share ideas and best practices. If this program is to become fully integrated within a community, communication networks must be established for those who are committed to the academic success of students.

This effort, as well as consistent practice of school stability and other mandatory requirements addressing the educational needs of youth transitioning out of foster care in the Fostering Connections to Success legislation, is a high priority as we know that education is a key to opportunity in the United States for a whole host of positive outcomes.

School stability cannot be resolved solely at the local levels, particularly in the current economic climate. The child welfare and education systems must engage in imaginative work to this end. ILSAC recommends that the Department form a Workgroup to examine issues of transportation funding, foster home recruitment and placement issues, at both the Florida and national levels, to recommend policies and activities to further school stability.

Sharing Educational Information: There is a tension in federal law between the requirements of the provisions of the Social Security Act, which require the Department, as Florida’s child welfare agency, to access the educational records of children in its care, and the Family Educational Records and Privacy Act (FERPA), which limits disclosure of a student’s records. The Department has been working both individually and with the Florida Department of Education to resolve this tension. However, at this time, the only resolution to sharing individual data is for Florida Department of Education to continue encouraging local school boards to release individual educational records to case managers, et al, upon a release signed by the student’s parent or foster parent, or the court order adopted by the Supreme Court in the juvenile rules. This remains cumbersome for a number of reasons. (Greater progress is being made on the sharing of aggregate data, due to an exception in FERPA for research data.) ILSAC encourages the Department to continue to work with US Department of Education for an administrative remedy, and to approach Florida’s congressional delegation for a legislative remedy. ILSAC recommends that the Florida Legislature amend the law to clarify that the Department exercises legal guardianship over a child in the legal custody of the Department.

Health Care

Medical and Behavioral Health Issues

The Department of Children and Families (DCF) has placement and care responsibility for children while they are under court supervision and living in out-of-home placement. Children are placed under court supervision and into the Department’s care in licensed foster homes or unlicensed relative or non-relative placements. Regardless of the placement type, the Department is responsible for ensuring that the children are cared for properly and that their safety, educational needs and health care are appropriately provided. The Department contracts with CBC lead agencies to execute these responsibilities and to ensure that children receive the appropriate services in a manner consistent with Florida and federal laws.

Given the level of state and federally mandated responsibilities for the health care of children in out-of-home care the Department, in conjunction with the CBC Lead Agencies, must take a more proactive role to ensure that children in out-of-home care receive health care services in accordance with federal and state law and that the health care management is comprehensive and in accordance with the intent of state and federal legislation.

Medicaid

On September 21, 2011, the Department of Children and Families issued a brief detailing the requirements and proposed solutions to providing health care to children in out-of-home placement. The impetus for the brief is the continued struggle of CBC to access comprehensive health and dental services for children in care. Additionally, the brief noted that children in out-of-home care are at high risk for Special Healthcare Needs. The brief noted that children in out-of-home care are exposed to significant traumatic experiences. Research over the past twenty years has proven that exposure to trauma can lead to neurological and physiological impairment including developmental delays, mental health disorders, substance abuse, lower cognitive functioning and physical health conditions (2011). As a result, these children need a comprehensive health care management system that mirrors the one developed for behavioral health. Three proposals were highlighted in the brief and are supported by ILSAC:

1. A Request for Proposal (RFP) or Invitation to Negotiate (ITN) process could be initiated that would competitively establish a
managed care provider or providers that meet all American Academy of Pediatrics and General Accounting Office requirements such as: Early Periodic Screening Diagnosis and Treatment, diagnosis and treatment, mental health assessment and treatment, developmental assessment and intervention, dental assessment and treatment, and that provides necessary nurse case management support. Ideally, services would be provided through an integrated prepaid health plan designed to serve children in the child welfare system as recorded in the Florida Safe Families Network (FSFN) data system. This plan would serve the same population as the current Child Welfare Prepaid Mental Health Plan, however the plan would provide full medical and behavioral health care coverage through a provider network that is capable of addressing their special health care needs. In addition, formal developmental screenings and referrals to Early Steps, if indicated, would be required for all enrolled children. The plan would also address continuity of specialized primary health care and dental care for children with special health care needs at the time that permanency is achieved. It would be best if one provider or managed care entity was selected statewide to avoid disenrollment and enrollment processes as children move from, for example, a foster home to a relative’s home.

2. Given the research cited above, it appears that most children in out-of-home care will be eligible for Children’s Medical Services (CMS) or are at high risk for having special health care needs. Therefore, another solution to the challenges in health care management for children in out-of-home care would be a partnership with the Department, CBC Lead Agencies and the CMS Network. The CMS Network, which is composed of community-based private medical providers, already has the system components in place to assist the CBC Lead Agencies in meeting their responsibilities for health care management and addresses the American Academy of Pediatrics and General Accounting Office recommendations. This partnership could include mechanisms to coordinate the provisions of behavioral health services through the current Child Welfare Prepaid Mental Health Plan.

3. A third option for a partnership would be to establish coordinated health care management systems with Federally Qualified Health Care Centers. This option is limited to areas of the state that have a Federally Qualified Health Care Center with pediatric and dental programs. It should be noted that most Federally Qualified Health Care Centers are currently CMS Network providers as well.

Substance Abuse

According to DCF, in Florida, 70% of youth in the child welfare system have some family history of substance abuse. Additionally, substance abuse is a factor in at least 74% of all foster care placements. As such, these youth are at high-risk for substance abuse disorders.

The last significant study on substance abuse in foster care was conducted in 2005. At that time, the study found that youth who had a history in foster care had higher rates of need for substance abuse treatment than you who have never been in foster care (33.6% vs. 21.7%). Additionally, 56% of foster care youth reported using street drugs which is significantly higher than the general high school population. While there is an identified need for treatment and prevention services for out-of-home youth, child welfare agencies continue to have difficulty accessing treatment services. In Florida, substance abuse services are not included in the Medicaid Prepaid Waiver and are available on a fee-for-service basis.

ILSAC recommends that substance abuse services be included in the existing Medicaid Prepaid Waiver or as a part of a new comprehensive special healthcare needs program for youth in out-of-home care.
After aging out and leaving the care of the state, many foster youth experience ongoing instability in their living situations. The lack of stable and affordable housing decreases the youths’ ability to obtain an education and maintain employment. Unfortunately, young adults exiting the foster care system continue to face many challenges in accessing housing. The supply of housing is limited due to the high cost of living, and many landlords are reluctant to rent to these young adults because they have no credit history or cosigner or a criminal history that haunts them.

Additionally, many youth have not developed the skills needed to enable them to live on their own successfully.

A continuum of housing options must be available to serve the individual needs and choices of youth aging out of the foster care system.

Did you develop a budget for your housing and other expenses when you leave foster care?

<table>
<thead>
<tr>
<th>Age</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>17</td>
<td>56.50%</td>
<td>43.50%</td>
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</table>

My Services survey for youth ages 13-17 is a bi-annual survey. Data in this report are preliminary and reflect on the fall survey period (September & October 2011).

When you leave foster care, what Housing options are you looking at? [Select all that apply]

<table>
<thead>
<tr>
<th>Age</th>
<th>Apartment/House</th>
<th>Live with Friends</th>
<th>Stay in Foster Care Placement</th>
<th>Live with Family</th>
<th>Live on Campus</th>
<th>Other</th>
</tr>
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<tbody>
<tr>
<td>17</td>
<td>69.50%</td>
<td>12.29%</td>
<td>9.22%</td>
<td>17.49%</td>
<td>8.04%</td>
<td>8.75%</td>
</tr>
</tbody>
</table>

My Services survey for youth ages 13-17 is a bi-annual survey. Data in this report are preliminary and reflect on the fall survey period (September & October 2011).

That Housing Continuum should include:

- With “Family”—Voluntary placement in care, continuation in foster home as emancipated adult family member. With kin or fictive kin, Subsidized Independent Living.
- Housing specifically for young people leaving foster care—Host homes, supervised Independent Living, transitional housing, or scattered site apartments.
- Housing associated with school, training or work—college housing, dorm, apartments, families, fraternities, sororities, Job Corps, AmeriCorps, military.
- Public housing including housing vouchers.
- Nonprofit or privately managed housing—Emergency, transitional or permanent housing.
- Housing and programs for those with special needs, mental and physical disabilities, substance abuse, with criminal records, pregnant women and young parents, victims of domestic violence or homeless.
- Private or open market housing.

Until we can assure youth have safe and stable housing, youth aging out of the foster care system will continue to be one of our most vulnerable populations.

Progress has been made in the partnership created with the Florida Housing Finance Corp. In 2007, Florida Housing developed a supportive housing strategic plan to serve individuals and families with special needs. The plan reaches across all of Florida’s housing programs. The supportive housing strategic plan was developed in conjunction with affordable housing developers, supportive housing providers, special needs coalitions, supportive services organizations,
advocates, consumers and relevant state agencies. In this process, youth aging or transitioning out of foster care were identified as priority, special needs households.

Florida Housing began to implement the plan’s strategies early in 2008, including those that target youth aging out of foster care (YAFC). The first related strategy was to develop or enhance effective collaborative relationships with youth aging out of foster care stakeholders to assist Florida Housing staff understand these households, their housing and supportive services needs, available supportive services resources and networks, as well as to help develop and establish approaches to implement strategies. Through this outreach, Florida Housing has developed new collaborative relationships with many youth aging out of foster care stakeholders, as well as strengthened existing partnerships.

In its 2009 funding cycle, Florida Housing implemented an additional linkage of affordable rental apartments with special needs households, including youth aging out of foster care. Florida Housing required that 10% of all units funded with 9% Low Income Housing Tax Credit equity be affordable to Extremely Low Income (ELI) households. They further incentivized developers to reserve half of these ELI units for special needs households. Called “Link to Permanent Housing” or “The Link Initiative”, Florida Housing has produced additional units of housing targeted to special needs households.

In 2009, Florida Housing launched the second generation of its affordable rental housing locator, FloridaHousingSearch.org. The locator currently enables the public to search for available rental units that are funded by Florida Housing. The improved version includes information on any private or publicly funded rental unit that is affordable to households with incomes up to 120 percent of the average median income. FloridaHousingSearch.org has significantly increased the ability of individuals and case workers to identify affordable rental units statewide. DCF and youth aging out of foster care stakeholders should promote the site to the youth and young adults, as well as their supportive services providers.

In the 2011 legislative session significant changes were made to the Sadowski Affordable Housing Trust Fund. Through the advocacy of multiple stakeholder groups, the Trust Funds designated for the development of affordable rental housing, the State Apartment Incentive Loan (SAIL) program, is now required to designate a portion of its resources to creating housing for special needs households, including youth aging out of foster care. It is very important that DCF and youth aging out of foster care stakeholders advocate for allocation of resources to SAIL so that these much needed resources can be utilized to create housing for youth aging out of foster care.

**Permanency**

They’re always talking about this Permanency stuff. You know social workers…lawyers…always using these big social work terms to talk about simple things. One day one of them finally described what she meant by permanency.

After I listened to her description, which was the first time anyone ever told me what the term meant, I said, “Oh, that’s what you mean? Yeah, I want permanency in my life. I don’t think I ever had that! When can I get it?”

—Foster care youth (Mallon, G. and Burt, M. “Unpacking the "No"of Permanency for Older Youth”)

Going to sleep at night in a safe and permanent home. Celebrating the holidays and birthdays and other special milestones with a loving family you call your own. These are things that most children take for granted, but we know all too well, that it is a benefit that youth in foster care yearn for on a daily basis. Finding permanency for older youth can be a challenge, but the lifelong benefits far outweigh any difficulties that are encountered in this process.

There are many ways in which to establish permanency for youth in foster care, and it is important to begin working towards it as quickly as possible from the minute a youth enters care. With older youth in care, it is imperative that the youth be an involved party to the planning. It is their plan, their goals, and their future. Having the youth at the table from the beginning is essential in ensuring successful outcomes whether that be a permanent placement or lifelong adult connections.

**Reunification:** Often times, it is not possible to legally and safely reunify youth with their birth families, but the reality of the situation is that most youth will seek them out and return to their family upon
Permanency (continued)

turning 18. When this is the case, it should be talked about openly and honestly with the youth and then real conversations can happen about maintaining that relationship in a safe and healthy manner and protective factors can be put in place, all while working with the youth to establish alternative permanent plans.

Adoption: One challenge that we often hear is that the youth does not want to be adopted. Youth in foster care are removed due to abuse, abandonment, and neglect by their family. It should be no shock that their concept of family may be a little skewed. It can also cause more feelings of inadequacy for the youth, as they have been rejected before and are trying to protect themselves from further rejection and disappointment.

It is the work of all child welfare professionals to not only seek out adoptive homes for teens, but to provide and encourage participation in adoptive readiness services or counseling to aid the youth through this process. Adoptions for youth after they turn 18 are now happening in Florida. This opens up more possibilities for finding “forever families” for our youth, but more out of the box thinking on finding permanent connections for young people is needed. Over 3,000 families were created through adoptions of foster youth in the last fiscal year. We support continuing this momentum with new strategies for the teens still waiting for their chance at a loving family.

Permanency round tables are professional in-depth consultations that result in an action plan to achieve permanency for a youth in foster care. This strategy was originally developed by Casey Family Programs and has successfully been implemented in Georgia and Alabama. The results from the two states are impressive including achieving permanency for nearly one-third of approximately 500 children in Georgia’s foster care.

The three main purposes of the round table process are as follows:

(1) To develop an action plan for each youth that will expedite permanency.

(2) To stimulate learning about various strategies to accelerate permanence.

(3) To identify and address systematic barriers to permanency, which include professional development, improving the practice of supervisory skills, resource development and policy change.
The two goals to implementing permanency round tables are:

1) To expedite the permanency of youth in foster care.
2) To increase the development of staff around the issue of expediting permanency.

This process aids in the identification of new strategies and actions that can be used to help move youth towards permanency. It is a very dynamic approach where brainstorming and creativity is encouraged to identify and eliminate barriers and try new things. To date, a total of 250 Permanency Round Tables have been conducted in Florida.

A permanent family is something we should and must work at for every child living in foster care. One young person turning 18 without the strong connection of family and solid adult connections, is one too many.

Pregnant and Parenting Teens

In September 2011, the members of ILSAC began to discuss the issues and obstacles faced by teen mothers and fathers in Florida’s foster care system. As a result of this dialogue, the ILSAC determined that this area of concern would become an integral component of our annual agenda of work. As a starting point, the following outline will be used to guide the information gathering and reporting efforts of the ILSAC members addressing this subject during the 2011-2012 year.

I. Define the scope of the problem: During this phase of the project, a special emphasis will be placed on collection baseline data.
II. Serve as a Liaison between ILSAC and related statewide forums by participating in issue specific meetings. These will include:
   A. The State Coalition for Teen Parents in Foster Care.
   B. Legal Advocates for Minor Mothers Project - LAMMP
   C. Round tables on teen sexual exploitation and safety issues
III. Identify best practices and develop informational materials for dissemination regarding the following key areas:
   A. Educational Services
   B. Physical Living Environment-Foster Homes & Group Maternity Homes
   C. Staffing/Training at Group Homes
   D. Foster Parent Training for teen mothers and fathers
   E. Parenting Training for Teen Mothers & Fathers
   F. Childcare availability
   G. Psychological Growth
   H. Life Skills

Addressing the Needs of Crossover Youth

In 2010 there were 2,673 children between the ages of 13 and 17 who were being served jointly by the Departments of Children and Families and Juvenile Justice. These “dually-served” or “crossover” youth, as they are sometimes referenced, represent 47% of dependent children in out-of-home placements due to abuse, abandonment, or neglect, consistent with studies that find that this population of children is at greater risk of arrest and delinquency. In the 2010 placement history for dually served children, a total of 248 were placed on supervised probation with 26 in Independent Living.

The 2010 ILSAC Annual report included recommendations for crossover youth. The recommendations pointed to the lack of coordination by the Department of Juvenile Justice for youth who are jointly served. Since the release of the report, there has been an increased focus on the special needs faced by this group of children by both the Department of Children and Families and the Department of Juvenile Justice.

In Florida, there has been a growing concern and focus on providing services to this population of children who are at a high risk of delinquency. Research continues to highlight the increased probability of youth with a history of abuse, abandonment, or neglect to become involved with the juvenile justice system. This risk is further exacerbated for youth placed in congregate facilities. In Juvenile Justice, there is also a growing trend of young people being referred to child welfare upon release from residential and other institutional placements due to the lack of a permanent home to which these youth can return.

Emerging practices are centered on methods developed by Georgetown University. The Georgetown Project was introduced in Florida to address the complex issues presented by these cases through system change. The groundbreaking work undertaken by Casey Family Programs and the Center for Juvenile Justice Reform at Georgetown University’s Public Policy Institute to address the needs of children and youth known to both the child welfare and juvenile justice systems has set the stage for continued implementation of a Crossover Youth Practice Model in Florida.

In spring 2010, the Department of Juvenile Justice in collaboration
Crossover Youth (continued)

with the Department of Children and Families contracted with the Center for Juvenile Justice Reform to launch the Crossover Youth Practice Model (CYPM) in Miami-Dade, Broward and Polk counties. In 2011 the CYPM was expanded to Duval and Volusia counties. In addition to this expansion, staff is being trained to build in-state capacity to support statewide implementation of the CYPM thereby improving outcomes for crossover youth by increasing cross-system collaboration throughout Florida. Although not part of the CYPM, Palm Beach County has instituted a crossover early identification and notification system with the cooperation of both Departments with the goal of ensuring crossover youth are provided timely services in order to minimize negative impacts on their lives and on the community. It is expected that the continued growth of these efforts will help to reduce the foster care population, the placement of youth in institutional settings, their entry into the justice system, and the disproportionate representation of youth of color in both his child welfare and juvenile justice systems. While this work is important and will greatly benefit the youth and families being targeted through these efforts, there is a need to do more – to deepen the commitment to these efforts in each jurisdiction and further spread the understanding of the critical needs of dually served youth.

In CYPM counties, data is being collected and analyzed at six and twelve month intervals to track changes made in practice. The commitment to data collection extends beyond the life of the contract given that evidence of the model’s impact requires at least one year’s worth of data collection.

In the November 2011 publication of Practice Findings, the Department of Children and Families examined the transition planning for those youth in out-of-home care with a placement in a Department of Juvenile Justice delinquency treatment facility. Among the lessons learned, it was noted a need existed to improve communication among agencies serving dually served youth. They highlighted that “when agencies are serving the same youth there must be a team approach whereby each team member is informed and actively pursuing a common goal.” The complexity of the cases involving older foster children being served by multiple agencies is especially significant in planning for their futures. Toward that end, the Departments have shared their case management systems with the other thereby allowing each Department to have real time data on each child that comes into their care.

These efforts to redirect these children’s lives are recommended to continue. Not only can these children become better citizens through collaborative service delivery, but the community at large benefits from a reduction of delinquent acts and children in foster care through the Departments’ understanding of the special needs of these children.

My Services Survey

My Services survey for youth ages 13-17 is a bi-annual survey. Data in this report are preliminary and reflect on the fall survey period [September & October 2011] and not the full set of questions asked or surveys received during the calendar year, and as such may not reconcile with other data to be produced later by the Department for this population.

Visit www.dcf.state.fl.us/programs/indliving/AdvisoryCouncil/index.shtml to access the following documents:

• Spring 2011 Youth Survey Comparison Highlights 2007-11
• Spring 2011 My Services Highlights (Teens aged 13-17)
• Fall 2011 My Services Snapshot (Teens aged 13-17)
### ILSAC Membership

<table>
<thead>
<tr>
<th>Name</th>
<th>Affiliation</th>
</tr>
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<tbody>
<tr>
<td>Dave Allen</td>
<td>Florida State Foster and Adoptive Parent Association</td>
</tr>
<tr>
<td>Denise Arnold</td>
<td>Florida Agency for Persons with Disabilities</td>
</tr>
<tr>
<td>Anna Baznik</td>
<td>Intervention Services</td>
</tr>
<tr>
<td>Jean Becker Powell</td>
<td>Florida Department of Juvenile Justice</td>
</tr>
<tr>
<td>William Booth</td>
<td>Legal Aid Society of Palm Beach County</td>
</tr>
<tr>
<td>Chris Card</td>
<td>Providence Management Corporation</td>
</tr>
<tr>
<td>Mary Cagle</td>
<td>Florida Department of Children and Families</td>
</tr>
<tr>
<td>Glen Casel</td>
<td>CBC of Central Florida</td>
</tr>
<tr>
<td>Laura Contrera</td>
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<tr>
<td>Howard Friedman</td>
<td>Magistrate, 9th Judicial Circuit</td>
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<tr>
<td>Gay Frizzell</td>
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<tr>
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<td>Gerard Glynn</td>
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<td>Bonnie Marmor</td>
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<td>Debbie Mortham</td>
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<td>Ashley Roulston</td>
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<tr>
<td>Clara Reynolds</td>
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<td>Don Policella</td>
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<td>Jane Soltis - Chair</td>
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<td>Diane Schofield</td>
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