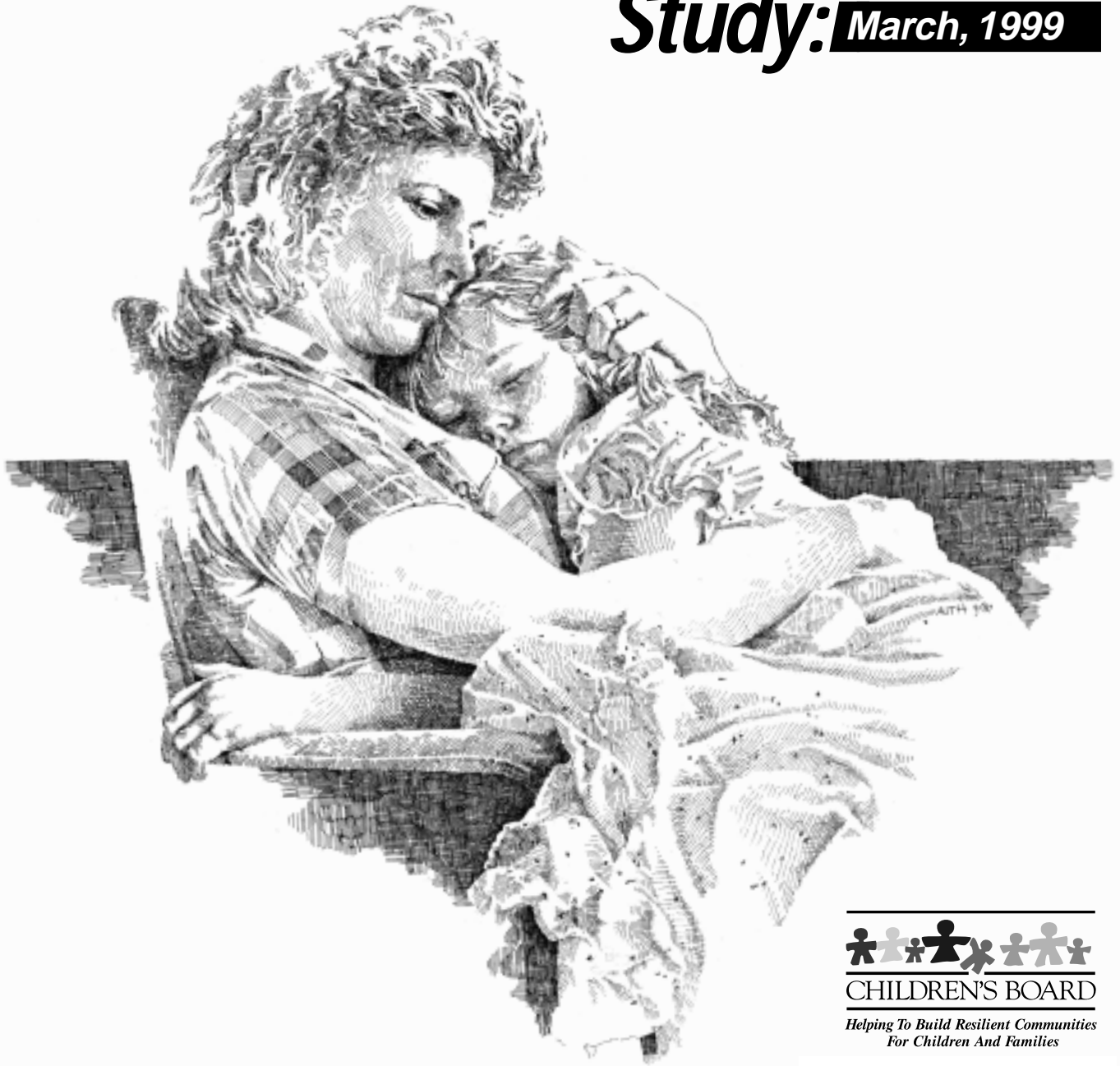


**Hillsborough County**  
**Child Protection**  
**Study: March, 1999**



CHILDREN'S BOARD

*Helping To Build Resilient Communities  
For Children And Families*

*Louis de la Parte*  
*Florida Mental Health Institute*  
Department of Child & Family Studies

Beth A. Barrett, Principal Investigator  
Norín Dollard, Eric C. Brown, Lodi Lipien

**University of  
South Florida**  
**USF**

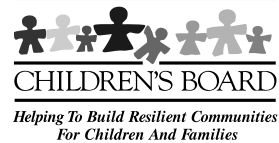


---

**Hillsborough County**  
**Child Protection**  
**Study: March, 1999**

**Authors:**

Beth A. Barrett, M.A.  
Norín Dollard, M.P.A.  
Eric C. Brown, M.A.  
Lodi Lipien, B.A.



**Prepared by:**

**University of South Florida**  
**Louis de la Parte Florida Mental Health Institute**  
Department of Child and Family Studies  
13301 Bruce B. Downs Boulevard  
Tampa, Florida 33612-38078



**For more information call:**

**Beth A. Barrett**, Principal Investigator ..... 813-974-6190

**Recommended Citation:**

Barrett, B., Dollard, N., Brown, E.C., and Lipien, L., (1999). *Hillsborough County Child Protection Study: March, 1999*. Tampa, FL; The University of South Florida, Louis de la Parte Florida Mental Health Institute: Department of Child and Family Studies.

© 1999 The Louis de la Parte Florida Mental Health Institute

**Permission to copy** all or portions of this book is granted as long as this publication, the Louis de la Parte Florida Mental Health Institute, and The Children's Board of Hillsborough County are acknowledged as the source in any reproduction, quotation or use.

**Layout & Design:** Bill Leader, B.A.

**Acknowledgments:**

*Hillsborough County Child Protection Study: March, 1999* was undertaken by the Department of Child and Family Studies at the University of South Florida with funding provided by The Children's Board of Hillsborough County, to identify strengths and gaps in the existing child protection system in Hillsborough County. The study team would like to express its special appreciation for the invaluable assistance of Don Dixon, Joseph Tagliarini, Wayna Harris, Bruce Bryant, Ed Howell, Paul D'Agostino, Susan Chase, Vickie Hummer, Laurie Bettinghaus, Amy Quinlan, Leigh Nations, Steve Roggenbaum, Leslie McClosky, and the Hillsborough County Child Welfare Privatization Steering Committee.

---

Events, activities, programs and facilities of the University of South Florida are available to all without regard to race, color, marital status, sex, religion, national origin, disability, age, Vietnam or disabled veteran status as provided by law and in accordance with the University's respect for personal dignity.

---

# List of Tables

Page

<b>Table 1</b>	Hillsborough County Data for Fiscal Year 1997–98 .....	6
<b>Table 2</b>	Out-of-Home Interim Placements during Protective Investigations for Maltreated Children .....	7
<b>Table 3</b>	Interim Placements during Protective Investigations for Maltreated Children by Age Group .....	7
<b>Table 4</b>	Distribution of Maltreated Children Experiencing Maltreatment Types .....	8
<b>Table 5</b>	Distribution of Maltreated Children Experiencing Maltreatment Types by Age Group .....	9
<b>Table 6</b>	Distribution of Maltreated Children Experiencing Maltreatment Types by Race .....	10
<b>Table 7</b>	Distribution of Maltreated Children Experiencing Maltreatment Types by Gender .....	10
<b>Table 8</b>	Distribution of Maltreated Children Exiting Protective Investigations .....	11
<b>Table 9</b>	Distribution of Maltreated Children Exiting Protective Investigations by Age Group .....	12
<b>Table 10</b>	Distribution of Disposition Type .....	13
<b>Table 11</b>	Distribution of Disposition Type within Age Group .....	13
<b>Table 12</b>	Distribution of Disposition Type by Race .....	13
<b>Table 13</b>	Child Risk Factors .....	14
<b>Table 14</b>	Household Risk Factors (Adults) .....	15
<b>Table 15</b>	Adjusted Median Length of Stay in Protective Supervision by Race .....	22
<b>Table 16</b>	Adjusted Median Length of Stay in Protective Supervision by Age Group .....	22
<b>Table 17</b>	Distribution of Children Exiting Protective Supervision for Select Exit Categories .....	23
<b>Table 18</b>	Adjusted Median Length of Stay in Foster Care .....	26
<b>Table 19</b>	Adjusted Median Length of Stay in Foster Care by Race .....	27
<b>Table 20</b>	Distribution of Children Exiting Foster Care for Select Exit Categories .....	28
<b>Table 21</b>	Distribution of Children Exiting Foster Care for Select Exit Categories by Gender Fiscal Year 1996–97 to Present .....	28
<b>Table 22</b>	Adjusted Median Length of Stay in Adoptive Home Supervision by Age Group Fiscal Year 1995–96 to Present .....	36

---

# Contents

Page

<b>Executive Summary</b> .....	I
<b>Background</b> .....	1
<b>Recent Legislation</b> .....	1
Florida's Legislative Initiative of Privatization .....	2
Hillsborough County Privatization Planning Initiative .....	3
Purpose .....	4
Method .....	4
<b>System Response to Child Abuse and Neglect Allegations</b> .....	5
Out-of-Home Interim Placements .....	6
Demographics of Children Receiving an Investigation .....	8
Maltreatment Types .....	8
Court Involvement .....	13
Record Review Findings .....	14
Discussion and Implications .....	15
<b>In-Home Interventions</b> .....	17
Program Description of Protective Supervision .....	17
Intensive Crisis Counseling Program Description .....	18
Family Builders Program Description and Literature Review .....	19
Demographics and Numbers of Children Served .....	21
Length-of-Time Served .....	22
Program Outcomes .....	23
Discussion and Implications .....	24
<b>Out-of-Home Care</b> .....	26
Length-of-Time in Care .....	26
Exit Placements .....	27
Emergency Shelter and Family Foster Care .....	29
Residential Group Care .....	29
Support to Foster Care Youth .....	31
Stakeholder Interviews: Foster Parents .....	31
Stakeholder Interviews: Staff .....	33
Discussion and Implications .....	34
<b>Adoption and Related Services</b> .....	36
Context .....	36
Children Awaiting Adoptive Placement .....	37
Characteristics of Children Awaiting Adoption .....	37
Time in Care .....	37
Characteristics of Adoptive Families .....	38
Needs of Adoptive Families .....	38
Systemic Characteristics that Contribute to Disruption and Dissolution .....	39
Strengths of the System .....	40
Discussions and Implications .....	40
<b>References</b> .....	42
<b>Attachment A: Privatization Steering Committee</b> .....	43
<b>Attachment B: Revised Approved Extraordinary Circumstances</b> .....	44



---

# *Hillsborough County* **Child Protection** **Study: *March, 1999***

## **Executive Summary**

Florida's Child Protection System continues to reform policy and practice in an effort to provide children and families with innovative services that effectively ensure child safety, use resources efficiently, and are community driven. To achieve these goals, legislation was passed in 1998 requiring development of a statewide plan to privatize most child welfare services. Following the bill's passage, Hillsborough County community stakeholders began meeting to develop a local privatization plan. To inform the planning process, funding from the Children's Board of Hillsborough County was obtained to conduct an analysis of the strengths and limitations of the current system.

The results of this study offer guidance in the planning process and in determining the most appropriate structure and implementation strategies for development of an efficient and effective child protection system in this community. Highlights of this report include strengths and limitations of the current system, areas that need to be modified for a stronger system, and the identification of issues that will require further study.

### **Strengths of the Current System**

- Accurate assessment and documentation of child maltreatment, including the identification of household risk and protective factors.
- Appropriate use of relatives for placement and support.
- Increased ability of in-home services to high-risk families, including services to better meet the needs of families experiencing substance abuse problems.
- Successful recruitment of foster and adoptive parents to provide safe living environments to children in foster care.

### **Limitations of the Current System**

- Too large to effectively meet the needs of its children, families, and foster families.
- Existing barriers within the legal system that inhibit increased judicial involvement with high-risk families.

- 
- Budget constraints that limit access to service and supports and directly affect caseload size.
  - Limited ability to access needed clinical expertise in a timely, efficient manner.

**Areas in Need of Modification**

- Weak local alliances between domestic violence, mental health, and child abuse expertise and interventions.
- Limited on-going methods for following-up on high-risk families.
- Little understanding or use of concurrent case planning to efficiently move children towards permanency.

**Questions Requiring Further Studies**

- What are the issues that lead to differential outcomes for minorities?
- What happens to high-risk families that reject or decline in-home services?
- What are the characteristics of the judicial system that facilitate or provide bottlenecks to permanency?
- What do teenagers, especially females, need to successfully leave foster care?



---

# *Hillsborough County* **Child Protection** *Study: March, 1999*

## **Background**

Florida's Child Protection System continues to reform policy and practice in an effort to provide children and families with innovative services that effectively ensure child safety, use resources efficiently, and are community driven. National and state legislative mandates underlay these reforms, as traditional approaches to the protection and care of children have not yielded positive outcomes. Trends include exploring and strengthening concepts such as private/public partnerships and managed care. The State of Florida has been proactive in its efforts to seek creative and outcome oriented models that incorporate the private sector and local communities in the care and protection of children.

The purpose of this study is to identify strengths and gaps in the existing child protection system in Hillsborough County as perceived by key stakeholders against the backdrop of the state and national child welfare climate. Ultimately, this study seeks to provide members of the Hillsborough County Privatization Planning Group with data to inform them as they embark upon the task of developing a thoughtful and comprehensive plan to privatize the local child protection system.

## **Recent Legislation**

Recent changes in federal and state laws have had a major impact on the child protection service delivery system, particularly for foster care and related services. The most significant changes in federal law include the Adoption and Safe Families Act of 1997 (H.R. 867). This legislation includes explicit language to ensure that child health and safety is paramount while continuing to support family preservation. H.R. 867 identifies specific circumstances under which efforts at preservation should not be attempted; these include cases of chronic and/or aggravated child abuse, child sexual abuse, or the death of a sibling at the hands of a parent. The Adoption and Safe Families Act mandates shorter time frames for permanency decisions and legal proceedings. States are required to make a decision regarding permanency within 12 months of a child's entry into foster care, and are mandated to file for termination of parental rights in cases where a child has been in foster care for 15 of the past 22 months. This Act also encourages states to

---

pursue concurrent strategies in permanency planning by exploring options for permanency outside the biological family while also working toward reunification. Finally, the legislation places a greater emphasis on promoting adoption as a very viable alternative. Other federal changes that may impact the child protection system include welfare reform (perhaps increasing the number of children needing services), budget cuts to Title XX Social Service Block Grants, and reauthorizing federal funds for the Child Abuse Prevention and Treatment Act (CAPTA), which supports family preservation initiatives.

## **Florida's Legislative Initiative of Privatization**

In 1998, the Florida legislature responded to federal changes with the amendment of Chapter 39, ensuring compliance with the Adoption and Safe Families Act. The amendment to Chapter 39, which went into effect October 1, 1998, addresses concurrent case planning, length of time in care, and options for early termination of parental rights. The statute also establishes a mechanism for providing financial assistance to relative caregivers meeting standard requirements for screening and home study.

State legislation passed during the 1996 legislative session called for the establishment of five privatized child welfare pilot projects at select sites in the state of Florida. Florida Statute 409.1671 dictates that the Department of Children and Families develop contracts with community based agencies for the five pilot projects during fiscal year 1996–97. The intent of the privatization initiative is to strengthen “the support and commitment of communities to the reunification of families and care of children and their families.” Other goals are increased system efficiencies and accountability. Sites were established in Districts 1, 4, 8, and 13. Recently, District 9, Palm Beach County, has been identified as the fifth site. District 1 built upon the existing privatization of a portion of the foster care system, initially implemented in January 1992. Projects in Districts 4, 8, and 13 were phased in beginning January 1, 1997. The pilot projects were each unique in their design, application, and utilization of managed care principles. Outcome data are not yet available on three of four projects, as the pilots have not been operating long enough to assess long term client outcomes.

The most sweeping change occurred in the 1997 legislative session. Florida House Bill 3217 amended the original privatization bill, to require that the state develop a statewide privatization plan to begin implementation January 1, 2000. All foster care and related services in District 5 (Pinellas and Pasco counties) should be privatized beginning January 1999 (currently in the process of this transition). By July 1, 1999, the Department of Children and Families is required to submit to the Governor and legislature a plan to operate the privatization of the state's child protection service system over the next three years beginning on January 1, 2000. The plan will support privatization at the local level, with the state strengthening its quality assurance and technical assistance to the districts. A statewide quality assurance program will help monitor this plan.

---

Other specifics of the bill include transferring child protective investigation services to the sheriffs' departments in Pinellas, Pasco, and Manatee (completed prior to this bill, 3/97) counties by June 30, 2000. Child welfare legal services in Sarasota, Pinellas, Pasco, and Manatee counties will be transferred to the State Attorney or Office of the Attorney General following privatization of foster care and related services in fiscal year 1999-2000.

### **Hillsborough County Privatization Planning Initiative**

Hillsborough County will submit a plan and timelines for implementation of its privatization planning initiative to the Department of Children and Families' District Office by May 1, 1999. Following the passage of Florida H.B. 3217, a group of local providers and interested stakeholders began meeting on how to best proceed with the plan's development. A Privatization Steering Committee<sup>1</sup> was eventually formed, with representatives from the Department of Children and Families, the 13th Judicial District Family Court, child welfare and mental health provider agencies, Hillsborough County Social Services, the Hillsborough County Sheriff's Office, the Children's Board, the YMCA, and United Way.

The Privatization Steering Committee developed a vision, which by definition focuses on possibilities rather than problems. A Community Process Facilitator was appointed, and the group began the tasks of establishing a "vision" and building consensus around a set of "guiding principles." The steering committee sought funding from the Children's Board of Hillsborough County for an analysis of the current child protection system to explore strengths and gaps in service delivery. Evaluators at the Louis de La Parte Florida Mental Health Institute within the Department of Child and Family Studies at the University of South Florida were selected to conduct the study beginning in November of 1998. Recurrent themes emerged as the group began "creating a vision." These include: community ownership of the problem and solution; a focus on the safety of the child as paramount; a new, better, and different system; prevention services for children and families; improved predictive value of protective investigations; more comprehensive evaluation services; effective and efficient permanency planning; and effective use of existing community resources.

The results of this study of the existing system are offered to provide guidance in the planning process and to help to determine the most appropriate structure and implementation strategies for development of an efficient and effective child protection model in our community.

---

<sup>1</sup> A membership list of the Privatization Steering Committee is included in Attachment A of this report

---

## **Purpose**

The Hillsborough County Child Protection Study was initiated to inform the privatization planning process. Specifically, the study identifies strengths, problems, service arrays and gaps in the existing system, from the perception of key stakeholders and a review of the aggregate data. Three primary areas of analysis were identified: a thorough system analysis, a population analysis of both the families and children served within the system, and a child welfare process analysis.

## **Method**

The system analysis includes an articulation of the administrative rules and statutory requirements related to the child welfare system. The current prevailing philosophy and practice, as it relates to state and federal statutes, and breakdowns, in system process were examined as they related to different points throughout the system. Population analysis includes a summary of demographic trend data on children and their families, their entry into the system, and a profile of children with adoption as the permanent goal. The process analysis examined practices in the system from child protection investigations through adoption support and/or exiting the system, identifying strengths and weaknesses, and facilitating factors and barriers, system bottlenecks, and breakdowns.

Stakeholders were interviewed to identify their perception of strengths and weaknesses in the current system. Additionally, stakeholders were asked to make recommendations for a new service delivery system. Current practices were identified through interviews with foster parents and staff. Providers involved with the current system were identified and interviewed, as time allowed. The following report describes the findings of this study from a family's entry into the system, investigations of child abuse and neglect, and ways in which a family may exit the system.

---

---

## System Response to Child Abuse and Neglect Allegations

The function of Protective Investigations is to assess and initiate an appropriate response to reports of alleged child abuse, neglect, or abandonment. Reports are received from the Florida Abuse Hotline. In Hillsborough County; investigators implement the Family Service Response System. As mandated by Florida Statutes, the system is a “non adversarial response to reports of child abuse and neglect, through a process of assessing the risk to the child and family and, when appropriate, referring the family to services or interventions that attempt to remove the risk to the child and support the integrity of the family.” Most children reported to the hotline and accepted for an investigation by Family Safety and Preservation are also eligible for team assessment by the Child Protection Team. These medically directed, multi-disciplinary teams are available in most communities to support the Family Safety and Preservation Program in assessment activities involving reports of child abuse and neglect, sexual abuse, egregious physical abuse, and infants who are suspected for “failure to thrive.”

In calendar year 1997, there were a total of 228,040 children under the age of 18 in Hillsborough County (Florida KIDS COUNT, 1998). In fiscal year 1997–1998, 13,444 children were alleged victims in reports of abuse and/or neglect (children may be in more than one report). Of these allegations, 6,003 children were verified victims of abuse and/or neglect (unduplicated count). Table 1 describes the overall outcomes for these children. As the reader will note, only a small percentage of children who are found to be victims of abuse or neglect receive any intervention at the time of this initial finding.

<b>Table 1</b>			
<b>Hillsborough County Data for Fiscal Year 1997–98<sup>a</sup></b>			
<b>Category</b>	<b>Frequency</b>	<b>Rate Per 1,000 Children in the General Population</b>	<b>Rate Per 1,000 Maltreated Children in the General Population</b>
Total number of children under age 18 <sup>b</sup>	226,798	N/A	N/A
Alleged victims in reports of abuse/neglect (includes initial and supplemental reports–duplicated count)	13,444	N/A	N/A
Protective investigations initiated for alleged abuse/neglect	7,762	N/A	N/A
Children with some indication of or verified abuse/neglect (maltreated children–unduplicated count)	6,003	26.47	N/A
Number of children with no indication of abuse in out-of-home interim placements	83	0.37	N/A
Number of maltreated children in out-of-home interim placements	594	N/A	98.95
Number of children in the general population entering protective supervision	1,979	8.73	N/A
Number of children in the general population entering foster care	493	2.17	N/A
Number of children in the general population entering adoptive home supervision	41	0.18	N/A
Maltreated children entering protective supervision	1,462	N/A	243.54
Maltreated children entering foster care	270	N/A	44.98
Maltreated children entering adoptive home supervision	85	N/A	14.16
<sup>a</sup> Data are reported for fiscal year 1997–98 unless otherwise noted.			
<sup>b</sup> Population data provided by the Institute for the Study of Children's Futures/Florida KIDS COUNT			

## **Out-of-Home Interim Placements**

Of those children found to have been maltreated, a small percentage were removed from their homes during the investigation and placed in interim out-of-home placements. In Hillsborough County, investigators use relative placements, non-relative placements, and emergency shelter homes for interim placements. Table 2 describes these interim placements.

<b>Table 2</b>	
<b>Out-of-Home Interim Placements during Protective Investigations for Maltreated Children</b>	
<b>Category</b>	<b>Percentage of All Maltreated Children</b>
Detained with Relative–Judicial	8.4%
Released to Relative–Voluntary	26.8%
Emergency Shelter	64.8%

<b>Table 3</b>		
<b>Interim Placements during Protective Investigations for Maltreated Children by Age Group</b>		
<b>Age Group</b>	<b>Placement</b>	<b>Percentage of Maltreated Children within Age Group</b>
0–3	Detained with Relative	6.6%
	Released to Relative	22.4%
	Emergency Shelter	71.0%
4–8	Detained with Relative	10.1%
	Released to Relative	30.9%
	Emergency Shelter	59.0%
9–12	Detained with Relative	3.6%
	Released to Relative	30.1%
	Emergency Shelter	66.3%
13–15	Detained with Relative	20.8%
	Released to Relative	25.0%
	Emergency Shelter	54.2%
16–18	Detained with Relative	7.7%
	Released to Relative	46.2%
	Emergency Shelter	46.2%

The reader will note that relative placements were used last year in 27% of cases. Relative placements are encouraged, and in many cases, financially supported by the provisions of the revised Chapter 39. Protective investigators are now required to do a home study prior to placing children with relatives or non-relatives, even on an interim basis. Sixty-five percent of the children were placed in an emergency shelter, most likely a family shelter home. Infants and toddlers were more likely to be placed in shelter homes, with 71% of interim placements for this age group shelter placements. This is compared to 54% of the time for young teenagers (13–15), 59% for ages 4–8, and 66% for ages 9–12. Age of the child is a factor in determining risk, and may provide additional barriers to finding appropriate relative placements due to the need for constant care and supervision.

---

## Demographics of Children Receiving an Investigation

Most children in protective investigations in fiscal year 1997–98 were under the age of 13, with only 18% of investigations involving teenagers. The highest percentage (35%) were children ages 4–8. There were over twice as many non-minorities as minority children who were the subject of protective investigations. Yet in fiscal year 1997–98, the likelihood of a minority child involved in a protective investigation which resulted in a finding of maltreatment was slightly higher (6%) than that of a non-minority. As would be expected, there was no significant difference between the numbers of male and female children in protective investigations or finding of maltreatment. There also was no significant difference among age groups in indication of maltreatment versus no indication.

## Maltreatment Types

The types of maltreatment experienced by children in Hillsborough County is described in Tables 4 and 5 (note that percentages may add up to more than 100%, as children may experience more than one type of maltreatment). Relatively fewer children experience physical and/or sexual abuse as compared to neglect or threatened harm. In all, 40% of maltreated children experienced abuse, as compared to 56% experiencing neglect, and 58% experiencing threatened harm. The abuse category includes physical and sexual abuse maltreatment, while neglect includes children who have not had their basic needs met physically, emotionally, or medically. Threatened harm most often includes children who have been the victims of family violence, where domestic violence has led to the child being harmed or placed at imminent risk of harm.

<b>Category</b>	<b>Percentage of All Maltreated Children</b>
Abused	39.6%
Neglected	56.4%
Threatened Harm	58.3%

Protective investigations may result in findings of more than one type of maltreatment; therefore, percentages may add to more than 100%.

<b>Table 5</b> <b>Distribution of Maltreated Children</b> <b>Experiencing Maltreatment Types by Age Group</b>		
Age Group	Maltreatment	Percentage of Maltreated Children within Age Group
0–3	Abuse	24.7%
	Neglect	69.1%
	Threatened Harm	60.6%
4–8	Abuse	38.0%
	Neglect	59.0%
	Threatened Harm	56.9%
9–12	Abuse	44.7%
	Neglect	50.9%
	Threatened Harm	60.7%
13–15	Abuse	58.5%
	Neglect	41.7%
	Threatened Harm	55.4%
16–18	Abuse	62.2%
	Neglect	31.6%
	Threatened Harm	53.1%
Protective investigations may result in findings of more than one type of maltreatment; therefore, percentages may add to more than 100%		

Table 5 shows patterns of maltreatment by age group in fiscal year 1997–98. Children, ages 13–15, are most likely to have experienced abuse. Infants and toddlers most commonly experienced neglect (69%), although they are at great risk for all types of maltreatment. This age group is frequently ignored in the area of child welfare interventions until they reach an older, more problematic age, such as school age. The risk of abuse increases with age. In a review of records during this study, there was little evidence of early childhood assessments being ordered or received, although many of these are available by entitlement to this population and the child welfare system could access them without cost.

Table 6 demonstrates that rates of abuse, neglect, and threatened harm differ by race. Non-minority children were more likely to experience abuse than minority children, whereas minorities were more likely to experience neglect than non-minorities. Additionally, non-minorities were more likely to be the victims of threatened harm than minorities.

<b>Table 6</b>		
<b>Distribution of Maltreated Children Experiencing Maltreatment Types by Race</b>		
<b>Race</b>	<b>Maltreatment</b>	<b>Percentage of Maltreated Children within Race</b>
Minority	Abuse	35.7%
	Neglect	61.3%
	Threatened Harm	51.4%
Non-Minority	Abuse	41.6%
	Neglect	54.0%
	Threatened Harm	61.7%
Protective investigations may result in findings of more than one type of maltreatment; therefore, percentages may add to more than 100%		

As shown in Table 7, in fiscal year 1997–98, females were more likely to experience abuse than males, whereas males were more likely to experience neglect than females. The proportion of males and females that were victims of threatened harm did not differ significantly.

<b>Table 7</b>		
<b>Distribution of Maltreated Children Experiencing Maltreatment Types by Gender</b>		
<b>Gender</b>	<b>Maltreatment</b>	<b>Percentage of Maltreated Children within Gender</b>
Male	Abuse	36.6%
	Neglect	59.2%
	Threatened Harm	58.1%
Female	Abuse	42.7%
	Neglect	53.7%
	Threatened Harm	58.4%
Protective investigations may result in findings of more than one type of maltreatment; therefore, percentages may add to more than 100%		

Category	Percentage of All Maltreated Children
Investigation closed—no ongoing services	45.3%
Short-term services/referred	28.8%
Family Builders/ICCP	1.0%
Protective supervision—parent	15.4%
Protective supervision—relative/non-relative	4.2%
Out-of-home care	5.3%

Data on maltreated children exiting protective investigations show that nearly half of case investigations (45%), were closed with no ongoing services. Twenty-nine percent of children and their families were referred for short-term services. Parental or relative/non-relative protective supervision occurred in 20% of cases, with only 5% of maltreated children exiting to longer-term out-of-home care (e.g., foster care).

Young children (ages 0–3) are almost twice as likely to exit to out-of-home care as those children ages 4–8, and 4 times as likely as those ages 16–18 (See Table 9). There are also fewer infants and toddlers whose cases are closed without ongoing services. Similarly, there are more parents and relative/non-relative guardians of the 0–3 age group placed under protective supervision. One reason for this could be because infants and toddlers are at greater risk of re-abuse or neglect due to their vulnerability and dependence, as well as the higher risk for neglect than other age groups.

In fiscal year 1997–98, the likelihood that a non-minority child had his or her investigation closed with no ongoing services was 20% greater than that of a minority child. There was no significant difference between minorities and non-minorities in the proportion of protective investigations that exited to parental protective supervision. Additionally, minorities were over twice as likely as non-minorities to exit from their protective investigations to relative/non-relative protective supervision or out-of-home care. There were no significant differences between how males and females exited protective investigation except that slightly more males were referred to Family Builders and Intensive Crisis Counseling Program (ICCP).

<b>Table 9</b>		
<b>Distribution of Maltreated Children Exiting Protective Investigations by Age Group</b>		
<b>Age Group</b>	<b>Exit Category</b>	<b>Percentage of Maltreated Children within Age Group</b>
0-3	Investigation closed-no ongoing services	40.9%
	Referred to short term services	23.9%
	Family Builders/ICCP	0.6%
	Protective supervision-partent	19.3%
	Protective supervision-relative/non-relative	7.0%
	Out-of-home care	8.3%
4-8	Investigation closed-no ongoing services	47.3%
	Referred to short term services	26.2%
	Family Builders/ICCP	1.3%
	Protective supervision-partent	16.4%
	Protective supervision-relative/non-relative	4.4%
	Out-of-home care	4.4%
9-12	Investigation closed-no ongoing services	44.3%
	Referred to short term services	32.5%
	Family Builders/ICCP	1.1%
	Protective supervision-partent	14.2%
	Protective supervision-relative/non-relative	3.1%
	Out-of-home care	4.9%
13-15	Investigation closed-no ongoing services	47.8%
	Referred to short term services	36.7%
	Family Builders/ICCP	1.3%
	Protective supervision-partent	9.9%
	Protective supervision-relative/non-relative	1.4%
	Out-of-home care	3.0%
16-18	Investigation closed-no ongoing services	51.9%
	Referred to short term services	38.4%
	Family Builders/ICCP	1.3%
	Protective supervision-partent	6.3%
	Protective supervision-relative/non-relative	0.3%
	Out-of-home care	1.9%

## Court Involvement

A clear majority (87%) of protective investigations resulted in a non-judicial (no court involvement) disposition. Age appears to be a factor in disposition with very young children (0–3) being nearly twice as likely to remain under court ordered supervision than their counterparts ages 4–8 and 9–12, and three times more likely than children ages 13–15 (See Table 11).

Disposition	Percentage of All Maltreated Children
Judicial	13.0%
Non-judicial	87.0%

Age Group	Disposition	Percentage of Maltreated Children within Age Group
0–3	Judicial	20.5%
	Non-judicial	79.5%
4–8	Judicial	11.6%
	Non-judicial	88.4%
9–12	Judicial	11.2%
	Non-judicial	88.8%
13–15	Judicial	7.3%
	Non-judicial	92.7%
16–18	Judicial	5.7%
	Non-judicial	94.3%

Race	Disposition	Percentage of Maltreated Children within Age Group
Minority	Judicial	17.2%
	Non-judicial	82.8%
Non-minority	Judicial	11.0%
	Non-judicial	89.0%

Table 12 highlights the trend of minorities having differential outcomes in the child welfare systems across the country. This trend should be explored by Hillsborough County planners as they build a stronger child welfare system, sensitive to all of the children and families served.

In fiscal year 1997–98, the likelihood that a non-minority child had no court involvement was 7% greater than that of a minority. Children who were minorities were more likely to become involved in the dependency court system; the reader will observe this pattern throughout this report. The child’s age was the only other characteristic that factored into the percentage of cases receiving judicial involvement. This is within acceptable practice, as younger children pose higher risks and need to be monitored more closely.

A total of 96% of the cases closed with no ongoing services had no court involvement. Cases referred to short-term or intensive family preservation services were almost exclusively non-judicial (voluntary), a concern noted later in this report. Of those children under parental protective supervision, 78% were there on a voluntary basis. Children under protective supervision of a relative/non-relative or in emergency shelter placements were primarily under court supervision (84%, and 71%, respectively), a trend that is expected to continue as the provision of Chapter 39 allows these families to receive financial support only with the court oversight. This trend may impact on court time and caseload sizes, thus should be furthered explored.

## Record Review Findings

As part of this study, 79 closed protective investigation records were randomly selected and reviewed in order to provide more details about child and family characteristics and staff practices of families entering the system. Fifty-one percent of the reviewed cases were closed with no further interventions, despite a number of high-risk issues observed in the records. Over 30% of the children involved in the investigations had a history of risk factors including prior findings of maltreatment, involvement with other child service agencies, and/or parents with criminal and/or substance abuse histories.

<b>Table 13</b>	
<b>Child Risk Factors</b>	
<b>Risk Factor</b>	<b>Percentage of All Children</b>
Prior Maltreatment Finding	32%
Alcohol/Drug Exposed	8%
Mental Retardation	4%
Emotional/Behavioral Disorders	9%
Physical Disabilities	4%

The primary caregiver was most often the mother, frequently with risk factors of her own. Evidence of parental substance abuse was observed in 43% of the cases, and domestic violence was observed in 35% of the cases, with very little intervention occurring during the investigation. The intervention observed most frequently was the practice of giving the caretaker a referral for a service, such as a substance abuse evaluation, with no follow-up to assure that the service was rendered.

Risk Factor (Adults)	Percentage of Households
Substance abuse	43%
Criminal justice history	34%
Domestic violence	35%
Mental illness	11%
Other children in foster care at time of report	11%
Aids	6%

Investigators were able to list household protective and risk factors, but appeared to lack follow-up on critical interventions to remediate these issues. This may effect the occurrence of re-abuse/re-neglect cases and the need for further intervention in these cases should be explored.

## **Discussion and Implications**

The Department of Children and Families, Family Safety and Preservation is currently responsible for all child abuse investigations. A number of strong practices were observed during this study:

- Child abuse investigators appear to be accurately assessing and documenting findings of abuse and neglect.
- Investigations include reports of risk and protective factors of the child and families.
- Relative placements are being accessed appropriately for most children.

As is frequently the case in families experiencing child abuse and neglect, Hillsborough County families often have many other problems that exacerbate the functioning of the family and its ability to keep the children safe. Investigators frequently failed to take the next step in assuring that these critical issues were immediately addressed. Although this study found no incidences of children being left in unsafe living situations, it appears that cases were closed without attending to issues, particularly those involving substance abuse and domestic violence, that are most likely to appear again and be a risk to the child's safety without sustained interventions.

---

Other issues requiring further exploration include the differential findings regarding interim placements of infants and toddlers in shelter homes rather than relative placements. The differential outcomes regarding race as a factor may suggest a need for stronger cultural competence training and supervision, but needs to be explored further to determine the best intervention.

Many of the closed cases appeared to be appropriate for on-going services, monitored by the court, to effect lasting change in the family functioning. Court involvement was seen more often with minority families, a practice that needs to be closely studied. It appears from the study's findings, that cases involving families of non-minorities were being closed too frequently, and families of minorities being subject to greater court involvement.

The following describes interventions provided by the current system of the cases that remain open beyond protective investigations.

---

---

## **In-Home Interventions**

In the 1997–98 fiscal year, nearly 2,000 children who received a protective investigation entered Protective Supervision for the first time. Protective Supervision is the front end of the child welfare service delivery system. The goals of Protective Supervision are the protection of children and the strengthening of families. Community partners in child protection include those entities that interact with children and families in a way that ensures safety, fairness, and support. These partners include community residents and leaders, religious institutions, business and corporate leaders, local governmental officials, law enforcement, schools, and formal and informal service providers.

The Department of Children and Families provides other court-monitored and voluntary services. In Hillsborough County, the gateway to protective supervision is a child abuse or neglect investigation. Families are frequently offered services as needs are determined during the investigation. Families who agree to services are usually referred for non-judicial (voluntary) protective supervision. Cases of children and families who exhibit high risk for re-abuse or re-neglect are reviewed with the State Attorney's Office, for determination of "legal sufficiency" for a dependency petition.

### **Program Description of Protective Supervision**

The function of Protective Supervision is to ensure the safety of children while remaining family focused. Protective Supervision can either be voluntary (non-judicial), or court ordered (judicial). Judicial Protective Supervision is utilized when children are deemed to be at a level where out-of-home placement will be warranted if certain safety risks are not remedied. When Protective Supervision is court ordered, the court monitors case plan progress and determines placement changes, when necessary. Non-judicial Protective Supervision is generally short-term (less than 3 months), allegedly involves less serious cases, children remain in the home, and a case plan is negotiated with the family. Their progress is monitored by a counselor who attempts to link the family with a network of community and/or agency resources.

Protective Supervision workers have the option of providing all direct services and supervision to the families themselves or referring targeted children and their families to providers for more intensive interventions, as openings are available. Two major providers of in-home services in Hillsborough County include Northside Mental Health Centers, Inc., and the Child Abuse Council. Each provider implements in-home programs that are the focus of this section. These programs include Family Builders, Intensive Crisis Counseling Program (ICCP), Family Support and Reunification Program (formerly Intensive Teen Parenting Program and Parent Enhancement program), and Choices for Change.

---

Family Builders is appropriate for families with a chronic history of abuse/neglect, therefore more direct service is provided and program staff remain involved for a longer period of time. ICCP provides short-term, crisis oriented interventions with immediate linkage to community resources. The Family Support and Reunification Program provides reunification services and in-home parenting skill building to families of teen mothers and/or those who have experienced a disruption that may have led to a foster care placement. Choices for Change provides a home-based substance abuse counseling program for women who have a child at risk of, or already in, an out-of-home placement. This program serves approximately 50 families at one time and provides services as long as needed to assure the family is able to be substance-free and able to safely parent the children.

Family Builders and ICCP have been in existence for several years in Hillsborough County and have data to support their effectiveness. Program descriptions of Family Builders and ICCP (Annual Progress Report, 1997-1998), as well as staff interviews, were used for this study and the findings include information on demographics and outcome, and strengths and needs of these programs.

The Family Support and Reunification Program and Choices for Change program did not have available data to report similar information at this time. Both programs are seen as positive steps in the right direction for attending to the needs of the families they serve, especially given the high number of families with suspected substance abuse problems indicated in the record review.

## **Intensive Crisis Counseling Program Description**

The Department of Children and Families refers families to ICCP when children are at imminent danger of removal from the home. The service is short-term (approximately 6 weeks) and focuses on ensuring the safety of targeted children. Removal of a child usually is considered for protection from abuse, uncontrolled truancy, running away, or other disruptive behaviors which threaten the stability of the family. In fiscal year 1997-98, 83% of referrals were children experiencing abuse and/or neglect and 17% were children committing status offenses. The program is driven by the immediate assessment of risk factors and needs, and quickly provides linkage and referral services. Families are screened and then visited for intake with the referring worker within 24 hours of the initial referral. In the initial visit, a treatment plan is developed by the worker, with input from the family. The treatment plan involves 4 to 6 weeks of intervention and crisis intervention availability around the clock.

Intensive Crisis Counseling Program services are designed to compliment those currently provided by Child Protective Investigation and Protective Supervision. One emphasis is to reduce the number of children removed from their homes on either an emergency basis, or entering foster care and related out-of-home placements. Referrals come

---

from all arms of the Department of Children and Families including Child Protective Investigations, Protective Services, Foster Care, and Adoptions. In fiscal year 1997–98, three cases were also accepted from Juvenile Justice with approval from the contract managers.

### **Family Builders Program Description and Literature Review**

The emphasis of the Family Builders Program in Hillsborough County is to ensure child safety while preventing unnecessary removal of children from their homes, and to allow for the return of children to their homes from alternate care placement such as shelter and foster care placements. Criteria for acceptance includes the imminent threat of removal due to abuse or neglect; or in reunification cases, the child's removal from alternate care should not be possible without Family Builders in-home intervention. Like ICCP, the various units of the Department of Children and Families also initiate referrals. In 1997–98, child abuse and neglect precipitated all referrals to Family Builders.

The Family Builders program serves families for up to four months, and referrals are accepted for children already in foster care or adoptive homes. The program includes family-centered case plans derived from comprehensive assessments and direct interventions. Instead of court intervention, the Department of Children and Families also typically orders families to complete services. Program staff and the referring worker visit families who are accepted for intake within 24 hours. Families referred for reunification from foster care begin services at least two weeks prior to the child's return home. All families are then provided intervention by a team consisting of a therapist and case manager. Six teams and a supervisor staff the program. A treatment plan is developed with involvement expected to be over a period of three months. Many families meet their goals in less time and the therapist, referring worker or family can request an extension of services as needed.

The Family Builders Program model implemented in Hillsborough County is based on The Homebuilders model originally developed in the state of Washington in the 1980's in response to the Family Preservation movement. The Homebuilders model combines cognitive-behavioral interventions, crisis interventions, and family-centered interventions within an ecologically sensitive framework. Intake criteria is the same as for the Hillsborough County program, with at least one parent's willingness to participate in the program. Service failure is identified as placement outside of the home for two weeks or more in a non-relative setting during the provision of services or within 12 months following intake.

A 1992 study (Pecora, Fraser, & Haapala) observed changes in family functioning, and factors correlated with treatment success and failure in facilities in the states of Washington and Utah that employed the Homebuilders model. This study used a wait-list comparison group of cases in Utah. The comparison group had a 15% placement prevention

---

rate compared to the matched treatment group in Utah with a 56% placement prevention rate, thus, demonstrating the Homebuilders model's effectiveness in preventing out-of-home placements. Overall, results also indicated the model's effectiveness in enriching the home environment.

Scannapieco (1994) conducted a study comparing the effectiveness of the Homebuilders model with low and high-risk families (i.e., imminent risk of placement), and concluded that low risk families made progress toward resolution of the identified problem in 89% of cases and high-risk families improved in 58% of cases. Scannapieco's (1992) study refuted earlier studies that concluded intensive family preservation services had an adverse affect on the resolution of problem areas in high-risk families.

Lamb and Sternberg (1992) caution that "success" of intensive family preservation programs is difficult to measure because of the lack of concrete and universally accepted goals. They stated the issue that alternative placement is sometimes the most appropriate intervention. They argue that "placement" is an alternative form of intervention rather than a true outcome of treatment. Thus, the treatment becomes confused with the outcome. Lamb and Sternberg (1992) recommend that goals and interventions be defined in advance and in specific terms with measurable outcomes in order to accurately evaluate treatment success.

Overall, research indicates that the kind of intervention employed by Homebuilders models does seem to effect placement outcomes. However, longitudinal studies are necessary in order to assess accurately the effectiveness for improved family functioning over time. Further studies addressing specific types of interventions, including necessary time limits are needed to maximize the effectiveness of these programs.

Janine Muller, from the University of South Florida, (1998), addressed some of these issues in her study of 88 families receiving services from Family Builders in Pinellas County. Overall, in the Pinellas Family Builders program, success rates in improving family functioning to a level where intervention was no longer necessary to assure child safety were consistent with nationally reported results. Specifically, 96% success at closure, 95% at three months follow-up, and 92% at six months post-intervention. However, closer analysis reveals that success ratios were much lower for in-home placements only; respectively 93% at closure, 80% at three months follow-up, and 58% at six months post-intervention. Muller concluded that the strongest statistical differences occurred at three months post-intervention. The study further indicates that the Family Builders program proved the most successful with families who abuse, less successful with neglect only families, and the least successful with families evidencing both abuse and neglect. Results also indicate that abuse and neglect families with chronic symptoms such as prior maltreatment histories, substance abuse issues, and mental illness are least affected by 90-day intensive in-home intervention. Muller concludes

---

that intervention models should be varied according to maltreatment type, special consideration should be given to chronic symptomology when developing a support plan, and more intensive follow-up services are warranted to minimize the effects of total service withdrawal.

## **Demographics and Numbers of Children Served**

The Hillsborough County Department of Children and Families serves approximately 2,500 children in Protective Supervision at any one point in time. These children receive services from 50 Protective Services counselors, who handle a caseload of approximately 50 children per counselor. Data for the Department of Children and Families for fiscal year 1997-98 state that a total of 6,003 children (under age 18) in Hillsborough County were found to be victims of abuse and/or neglect. Of this total, 1,979 children entered Protective Supervision for the first time, with the county averaging 2,500 children each year. This represents approximately 1100 families receiving supervision and services.

The Intensive Crisis Counseling Program served a total of 326 targeted children in fiscal year 1997–98, 36 of which were served but not accepted for intervention. The total number of families served was 186, with 148 successfully completing treatment and functioning at a higher level that assured child safety. The numbers of male children are slightly higher, with no significant differences in age categories. The ethnicity of targeted children and adults reflected that of the general population, although black females were significantly over represented. ICCP data were further analyzed with respect to marital status, age, income level, educational level, and employment status. The most common client profile was that of a single female parent, between the ages of 25–40, income less than \$10,000, educational level of some high school, and variable employment status. Equal numbers of parents were employed full-time as were unemployed.

In the same time period, Family Builders provided services to 279 targeted children who completed the program. One hundred sixty-one families were served with 118 completing treatment. There was no significant difference between the number of males and females served, however, the total number of children ages 0–5 significantly exceeded those in the 6–11 years age range. Furthermore, the number of children 6–11 years of age nearly doubled those in the 12–17 year old category. Like ICCP, the number of children and adults within ethnic categories were consistent with the population at large, with the exception of black females, who were higher.

## Length of Time Served

In fiscal years 1996–1997 and 1997–98, the median length of stay in Protective Supervision was nearly seven months. The average length of services for families successfully terminated by the Intensive Crisis Counseling Program is 36 days, as opposed to 21 days for those unsuccessfully terminated. The average length of services to each family fully served in the Family Builders Program is 82 days.

Data for Protective Supervision show a slight increase in the median length of stay over the past few years, with the current average being seven months. Table 15 reports differences by race since 1990. Minority children remain in Protective Supervision for an average of 7.5 months as compared to non-minority children who remained for an average of 5.8 months.

Fiscal Year	Race	Number of Months
1990–91	Minority	8.67
	Non-minority	4.52
1991–92	Minority	9.56
	Non-minority	5.07
1992–93	Minority	6.86
	Non-minority	4.04
1993–94	Minority	7.69
	Non-minority	4.42
1994–95	Minority	8.76
	Non-minority	4.49
1995–96–present	Minority	7.53
	Non-minority	5.78

Age Group	Number of Months
0–3	7.47
4–8	6.76
9–12	6.06
13–15	4.66
16–18	4.38

There was no significant difference in length of time in Protective Supervision due to gender, although a difference appeared when age comparisons were made. Children ages 0–3 remained in Protective Supervision the longest at an average of seven months and children ages 16–18 the shortest length of time at an average of four months. This is consistent with the general practice of keeping children of younger age, with more potential risks, under supervision for longer periods of time.

Category	Percentage of All Exits from Protective Supervision
Successful closure—goals achieved	36.9%
Unsuccessful termination—goals not achieved	0.3%
Terminated—client uncooperative/ refused services	33.1%
Terminated—unable to/loss of contact	13.7%
Transferred to other DCF service	6.9%
Transferred to non-DCF service	1.6%
Child ran away	0%
Child in non-relative placement	0.2%
Child with relative—reunification not possible	7.2%

### **Program Outcomes**

Table 17 shows the distribution of children exiting Protective Supervision. Children exit Protective Supervision through many doors. Thirty-seven percent had successful closures, which were defined as achievement of stated goals. Less than 1% had unsuccessful termination. Thirty-three percent were terminated due to the family not cooperating or refusing services. Fourteen percent were terminated due to inability to contact family. Seven percent were transferred to another DCF service (e.g., foster care) and 2% to a non-DCF service. No children were terminated due to runaway status, but less than 1% were in a non-relative placement, and 7% in a relative placement. With 47% of families being unwilling or unable to participate successfully, the issue is one that should be examined to determine how to best engage families up front. The majority of Protective Supervision is currently being offered voluntarily in Hillsborough County, but more intensive, court-ordered, interventions may be needed to assure that children and families are getting what they need to keep the children safe.

ICCP statistics for 1997–98 reveal that of 150 families fully served, 148 (99%) remained intact at termination of services. These families represent the approximately 290 target children accepted for services.

---

Due to changes in the data collection system, data collected at the three and six month follow-up has not been available since 1991–1992. At that time, 87% of families were intact at three months post-intervention and 76% at six months.

Family Builders statistics for the same year state that 118 families with 279 target children completed the program, with 98% remaining intact. Of the total, 161 families fully served, 48 were reunification cases with 96 children returned home from out-of-home placements. At termination of Family Builders services, 88 of these children remained in the home, an attainment of 92% success rate with reunification cases. Follow-up data are not available for 1997–98, although data from previous years (1992–93 and 1996–97) reflect an average of 84% of families intact at the three and six month follow-up.

## **Discussion and Implications**

Hillsborough County's current child protection system is expanding its ability to reach families at a high risk for child abuse and neglect by expanding in-home interventions. ICCP and Family Builders have expanded their ability to serve twice as many families as in years past, beginning with fiscal year 1998-99, which should allow for over 20% of the Protective Supervision caseload to receive services through these programs. Choices for Change is also a movement in the right direction to provide case management and substance abuse services to the referred families. More services such as these, especially for families experiencing substance abuse and/or domestic violence within the home, need to be explored.

Record reviews and case studies of children and families receiving services in Hillsborough County taken from *The Evaluation of Child Protection Workers and Staff* (Barrett et al, 1999) revealed a number of strong practices that support the use of Protective Supervision for keeping children safe. All records reviewed in the fall of 1998 as a part of this evaluation were rated within acceptable range for the worker assuring child safety. The majority of records (72%) indicated that families were active participants in their case plans. All records reviewed had a valid case plan in place, with indications of family involvement and appropriate tasks as a part of the plan.

Family Builders and ICCP show strong success for families who are successfully discharged from treatment. Families who complete treatment remain intact, with few future abuse allegations. Client satisfaction surveys from both programs indicate that clients are pleased with services, and feel that they and their families have learned new skills, and get along better. Target children and their families may also be released from Protective Supervision sooner after intervention for one of these services, although it is unclear whether or not this occurs.

---

It is unclear what occurred with the families who were “rejected” by each program. Interviews with program staff did not determine specific criteria for rejection. While local and national data suggest these programs promote family preservation or reunification, many questions remain. More data is needed on the long-term effects of these programs in terms of the families’ ability to remain preserved. Further, the question of “what works for whom” remains unanswered. The factors which contribute to unsuccessful discharges and terminations must be examined in conjunction with the services and supports currently available to these families in order for successful intervention to occur. Family preservation staff must be trained in effective concurrent case planning to ensure that children are able to achieve permanency with an alternative family, if necessary, in a timely manner if family preservation services are unsuccessful.

Staffing patterns are also an issue. Caseloads in Protective Supervision are too high to assure that workers are able to do any effective case management. Intensive interventions are needed at all levels of Protective Supervision and need to be a priority for the new privatization system if permanency and efficiency continue to be goals.

Finally, given the high proportion of children and families in Protective Investigations who exhibit complex issues of emotional/behavioral problems, mental illness, substance abuse and domestic violence, there needs to be an expansion of services for these families, as well as staff training and supervision around engaging families with complex needs.

The following describes the status of the current system for the children who receive out-of-home placements due to the severity of risk factors within their homes judged to be such that removal is necessary to keep them safe.



---

# Out-Of-Home Care

More than eleven hundred children in Hillsborough County are currently in out-of-home care. "Out-of-home care" is defined as care of those children who have been adjudicated dependent, thus removed from the care of their legal custodians (biological parents, adoptive parents, relatives, and guardians) due to abuse or neglect. The Department of Children and Families assumes legal custody of children in out-of-home care and currently have approximately 80 counselors who supervise the case planning of these children. Out-of-home care includes emergency shelter homes, licensed family foster homes, residential group care, and residential independent living programs.<sup>2</sup> In some circumstances, dependent children are residing in emergency shelters due to lack of other options for out-of-home care. The Department of Children and Families and contractual providers and provider agencies in the community provide services to children needing out-of-home care.

## Length-of-Time in Care

Length-of-time in care has been significantly reduced over the past eight years, with this continuing to change in accordance with state and federal guidelines. As of October 1, 1998, this length of time in care guideline has been reduced from 18 months to 12 months. Children are currently in out-of-home care longer and without a plan of permanency than the guidelines mandated by Chapter 39 of the Florida Statutes.<sup>3</sup> Table 18 shows this downward trend that must continue in order to meet the 12-month mandate of Chapter 39.

Fiscal Year	Number of Months
1990-91	34.21
1991-92	29.42
1992-93	22.05
1993-94	21.67
1994-95	24.16
1995-96-present	18.90

---

<sup>2</sup> Out-of-home care in this report includes placements paid for directly by Family Safety and Preservation and does **not** include residential placements supported by Juvenile Justice or Alcohol, Drug, and Mental Health. However, the number of children in out-of-home care includes children who may be living in these treatment facilities.

<sup>3</sup> Section 39.001, Florida Statute includes language that requires the child protection services to be such that permanency can be generally achieved by 12 months. Except in specific circumstances (see attachment B), termination of parental rights must occur within 30 days of the 12-month judicial review. Length-of-time in care should be reduced pursuant to this law's implementation.

In fiscal year 1990–91, the median length of stay in foster care was very similar for both minority and non-minority children: over 34 months. In fiscal years 1991–92 through 1993–94, non-minority children remained in care an average of three months longer than minority children. As Table 19 indicates, this trend reversed in fiscal years 1994–95 to present, as minority children remained in care an average of three months longer than non-minority children. In 1991, Hillsborough County initiated the Special Needs Adoptions Council (SNAC)<sup>4</sup> that has implemented strategies for increasing adoptions, thus reducing time in foster care for minority children and other special needs children. These practices will be highlighted in a subsequent section of this report.

Fiscal Year	Race	Number of Months
1990–91	Minority	34.38
	Non-minority	34.18
1991–92	Minority	26.22
	Non-minority	30.11
1992–93	Minority	20.55
	Non-minority	23.47
1993–94	Minority	21.06
	Non-minority	22.00
1994–95	Minority	24.99
	Non-minority	22.67
1995–96–present	Minority	20.51
	Non-minority	17.37

## Exit Placements

Of those exiting foster care in 1997-98, Table 20 indicates that 44% returned to a parent or legal guardian, 24% were placed with an alternate family (non-relative placement), and 18% were emancipated. An equal number of children returned to relative placement (7%) as were transferred to another service. Two percent ran away, four percent were placed out of state via interstate compact agreement, and 18% were transferred to adoption related services within DCF for subsequent placement. No children died while in care.

<sup>4</sup> Special Needs Adoption Council is now the Adoption Council of Tampa Bay.

Category	Percentage of All Exits from Protective Supervision
Returned to parent or legal guardian	44.4%
Returned to alternate family	24.4%
Emancipated	17.8%
Transferred to other service	6.7%
Returned to relative	6.7%
Ran away	2.2%
Interstate compact	4.4%
Death of child	0%
Transferred to adoption	17.8%

Gender	Exit Category	Percentage of Exits within Gender
Male	Returned to parent or legal guardian	57.1%
	Returned to alternate family	21.4%
	Emancipated	14.3%
	Transferred to other service	7.1%
	Returned to relative	0%
	Ran away	0%
	Interstate compact	0%
	Death of child	0%
	Transferred to adoption	21.4%
Female	Returned to parent or legal guardian	38.7%
	Returned to alternate family	25.8%
	Emancipated	19.4%
	Transferred to other service	6.5%
	Returned to relative	9.7%
	Ran away	3.2%
	Interstate compact	6.5%
	Death of child	0%
	Transferred to adoption	16.1%

There are significant differences in how males and females exit the foster care system (See Table 21). Fifty-seven percent of males returned to their parent or legal guardian compared to 38% of females; a finding that should be explored further. Females were more likely to be placed with an alternate family by a difference of 4%, and were emancipated

---

more often by a difference of 5%. Twenty-one percent of males were transferred to adoption compared to 16% of females. There were no males exiting foster care who were placed out of state as compared to 7% of females. Females were also more likely to exit by running away compared to males, none whom exited the system by running, a finding to be explored later in this report.

## **Emergency Shelter and Family Foster Care**

Some children require emergency shelter placement following removal from their families for the first time, or after disruption of an out-of-home placement. These children may be placed in a licensed family shelter home, or in an emergency shelter facility such as Joshua House or Lake Magdelene Shelter. Over 200 children currently reside in emergency shelters in Hillsborough County, with approximately 50 of these children adjudicated dependent. The majority of children in shelter care facilities who have been adjudicated dependent have been in foster care for over one year and have not been reunified or moved to a more permanent placement due to lack of appropriate placement facilities. Many cannot be placed in a foster home with their siblings since many family foster homes and residential placements are unable to accommodate sibling groups of varying age and gender. For this reason, licensed shelter facilities have had to modify their programming to respond to long term treatment needs.

Most children placed outside the home reside in family foster care homes; over 900 out of 1145 children who are currently in out-of-home care are in family foster care homes which must be licensed and supervised by child placing agencies in Hillsborough County. The Department of Children and Families currently licenses and supervises the majority of foster homes in the county. There are over 320 licensed family foster homes in Hillsborough County, with some of these homes also providing shelter placements. Other agencies providing family foster care include Family Enrichment Center and The Children's Home, Inc. Camelot Care Centers, Inc., also provides care and treatment in foster homes licensed as residential group care facilities.

## **Residential Group Care**

Nearly two hundred children in out-of-home care reside in residential group care homes.<sup>5</sup> Residential group care homes can be divided into three categories. These include: (1) specialty residential care for particular populations such as unwed pregnant minors or mothers and their dependent children; (2) residential treatment programs, paid for by Family Safety and Preservation, for children with clinical treatment needs or dependent/delinquent needs who have disrupted traditional family

---

<sup>5</sup> This number does not include residential treatment facilities paid for by Department of Juvenile Justice or DCF Alcohol, Drug, and Mental Health. These placements and their overlap with Family Safety and Preservation should be examined future studies.

---

foster care placements; and (3) residential placements for older adolescents needing pre-independent living skills. The majority of children in residential care reside in less intensive treatment settings. All programs described in this study are licensed contract providers accepting referrals from both Hillsborough and Manatee counties. The Foster Care Operations Program Administrator and Family Safety and Preservation Program Administrator must approve all placements of children in Residential Group Care.

Alpha House of Tampa, Inc., and New Life Dwelling Place are “specialty” residential group care facilities. Alpha House serves single and pregnant minor females, and in some cases, their dependent children. These youth receive counseling, life skills training, educational assistance, and help with parenting skills through hands-on training. Twenty beds are available for youth who are adjudicated dependent and placed in foster care, with 84 clients served in 1998. New Life Dwelling Place attempts to reunite mothers, (ages 16–31), and their dependent children, (ages 0–8), by providing counseling, life skills training, parenting education and practice, and educational assistance. The program provides GED training, transportation, child care, and outreach services. New Life Dwelling Place has 18 residential spaces for families, has served 42 mothers and 75 dependent children in 1998, and can provide services from six months to two years, as needed.

The Children’s Home, Inc., and Camelot Care Centers, Inc., provide case management, individual and family counseling, and medication management to children who have a clinical diagnosis and typically have multiple previous placement failures. The Children’s Home serves 72 children, ages 5–17, in a campus environment with housing in individual cottages. Sibling groups generally reside together. A school board operated facility is on campus for children who qualify as Severely Emotionally Disturbed (SED). The program offers a group life program, academic and life skills tutoring, and foster care and adoptive home recruitment/placement. Camelot Care Centers serve children in family foster home settings with mental health overlay services, including on-site evaluations and therapy. The program can serve 90 foster care children at one time.

Haynes Services Corporation, Acts Group Home and Hope House provide residential services to adolescent foster care children with multiple needs. Haynes Service Corporation provides residential group-care to up to 50 adolescent males who have had multiple placement disruptions and are dependent and delinquent. The program offers group counseling, life skills education, and psychiatric consultation as needed. Youth are encouraged to seek and maintain employment. Haynes group care is currently serving 27 Hillsborough County adolescents. Acts Group Homes also serve dependent/delinquent males. This program works with youth and their families who have also exhibited substance abuse problems. Hope House is a pre-independent living program for females operated by the Hillsborough County Department of Children’s Services. Most youth have had multiple disruptions and have

---

a clinical diagnosis. Hope House provides long-term foster care for up to six females at one time while teaching life skills and encouraging employment. Psychiatric consultation is available.

Out-of-home placements also include independent living programs, where older dependent teenagers live in subsidized apartments with moderate supervision. Approximately 20 children reside in this type of independent living situation in Hillsborough County.

## **Support to Foster Care Youth**

There are a number of programs in Hillsborough County which support children in foster care who have special needs. Many of these programs are supported by funds residing in the Department of Children and Families' Alcohol, Drug and Mental Health Office or cost shared with Family Safety and Preservation. These programs include the Family Services Planning Teams and Case Review Committees that provide comprehensive mental health services to children from the community as well as those in foster care. Other efforts have been made to identify gaps in services and develop appropriate resources to meet these gaps, provided funding can be identified and allocated to these resources.

One program showing promising outcomes is the Positive Parenting Project, contracted through the Professional Development Centre at the University of South Florida. This program seeks to provide the caretakers of dependent youth with the tools needed to effectively address and change problematic behaviors that have led to or are at risk of leading to placement disruptions. Certified Behavior Analysts teach classes and provide in-home support to eight caretakers at a time. In fiscal 1997–98, 293 caretakers and 75 staff attended training. Attendees include foster parents, biological parents, adoptive parents, DCF staff, and residential placement staff. Consultation is offered to foster parents, schools, shelter placements, and residential facilities. Outcome data collected indicates over a 30% reduction in placement disruptions where caretakers have successfully completed this twenty-week program. This program is currently being expanded to include the capacity to assess foster care children in highly restrictive, expensive, residential treatment facilities. Assessments and subsequent interventions conducted in fiscal year 1997-98 resulted in a savings of \$294,697 to the Family Safety and Preservation Out-of-Home-Care budget by providing critical support that allowed seven youth to be moved to lesser restrictive, less costly placements. Further studies are needed to determine how this program can be disseminated and expanded to help other caretakers in need.

## **Stakeholder Interviews: Foster Parents**

As part of this study, a total of 20 foster parents were interviewed regarding satisfaction with their role, problems and strengths within the current foster care system, and feelings about privatization. Most foster parents (15) participated in a phone interview with five participating in a

---

focus group. The original date for the group meeting was re-scheduled to accommodate the funeral and day of mourning for Governor Chiles, likely resulting in fewer participants. Of those interviewed, 50% were African American, 40% were Caucasian, and 10% were Hispanic. The length of time that the group had spent fostering children ranged from nine months to 22 years. Most reported four children in the home, with a range of 1–7. The ages of children in the foster homes ranged from infants to teens. The lengths of time children were in the homes ranged from less than 4 months to 8 years.

Foster parents identified many areas of strength in the current system. For example, board payments consistently came on time, training opportunities met their needs both in terms of content and convenience, transportation support is available, and calls from counselors are typically returned. Most reported satisfaction with staff in the licensing department who they felt respected foster parents and attended to their needs for training and resources for their children. Foster parents also reported high satisfaction with the Guardian Ad Litem (GAL) who represented their children. They felt the GAL was helpful in accessing resources, advocating for the children, and visiting regularly. Additionally, they felt respected by the GAL. The majority of the group interviewed stated that they appreciated having the option to choose whether or not to work with a child's biological parents. Most also felt that if they so chose, they could readily work with biological families.

Many areas of concern also surfaced. An overriding concern of those interviewed was the lack of permanency or a permanency decision for the children in their homes. Most reported not knowing the goal, and that they felt the biological families were given excessive opportunities to reunify. In the opinion of the foster parents interviewed, this was due to the dependency judges, and to counselors who were intimidated by the judges.<sup>6</sup> Foster parents reported that this was made more difficult as they struggled with a way to explain a plan of permanency to the children (particularly older children). Foster parents felt that they often did not understand the plan and that it changed constantly. This colored the relationship between foster parents and the children who lived with them as neither had a sense of how long they would live together. Most of the group reported that children stayed in their home for well beyond two years, and in several cases, five years.

Many of the foster parents reported barriers that caused delays in getting services to their children. Barriers included “paperwork which made no sense,” the policy of working through the counselor to set up appointments (often without consideration of the foster parent's schedule), and incomplete medical treatment and placement history (“yellow jackets”).

---

<sup>6</sup> Due to time constraints, dependency judges for this county were not interviewed formally as a part of this study. However, during informal communications with study authors, the judges reported their frustrations with not receiving accurate information during judicial reviews to help them make informed decisions regarding permanency.

---

The group voiced disagreement with the respite care policy, as it requires that respite be provided by a licensed foster home. Therefore, strangers could care for children rather than extended family or friends by virtue of the latter being unlicensed. Most foster parents stated that they did not use the department's respite care for this reason, and added that they felt their judgement regarding who provides substitute care for their foster children should be sufficient if those people were properly screened.

Another major area of concern was reported regarding foster care staff. Many expressed that staff were "too young and inexperienced;" "some are just lazy and they seem to be the ones that stay year after year;" and "many are rude or short with the foster parents" particularly if foster parents challenge their decisions. A number of foster parents reported "retaliation" from foster care counselors who may be angry with them, consequently removing children from their home or not placing new children with them. All foster parents reported problems related to high turnover among staff resulting in communication gaps, delays in getting services, and yet "more chances" for biological families as new workers got to know them. Foster parents also felt that permanency plans failed because workers did not have the depth of knowledge and experience to make sound decisions about multi-problem families.

Foster parents voiced resentment that there were many poorly performing foster parents who remained licensed, thus giving other foster parents a bad reputation. They were angered that some foster parents did not supervise children well, did not pass their belongings onto the next foster home, and were not carefully screened. The foster parents interviewed felt that they could be punished for questioning workers by having fewer children placed in their home; while poor performing foster parents would be rewarded for their silence by being filled to capacity.

Foster parents were also asked to express their feelings and concerns regarding privatization. Most welcomed it, although some were concerned that they would not have jobs as foster parents. In general, the group felt the current system was too large to effectively meet its needs, and that small private groups would allow for more personal contact, better communication regarding the children, and resolve permanency more effectively. Many hoped that with privatization, workers would be better paid, more experienced, and held accountable. They felt that in the current system, poorly performing workers keep their jobs due to state tenure policies.

### **Stakeholder Interviews: Staff**

The following information from Department of Children and Families staff was taken from focus group and case studies conducted in 1998-99 with the Florida Child Protection Worker and Supervisor Evaluation, currently being conducted by FMHI (Barrett et al, 1999).

---

Approximately 36 DCF staff participated in focus groups and case study interviews as a part of the above mentioned evaluation. The majority of staff reported satisfaction with the ability to access resources and interventions for children in foster care. Most also noted that caseload sizes, although at times too large, were generally within acceptable limits of practice. Staff indicated overall satisfaction with the content of training offered to them, but did have some concerns with the level of supervision.

Problems identified in the current system, as perceived by staff and foster parents, include the need for stronger clinical skills among supervisors in the areas of sexual abuse, substance abuse, domestic violence, and accessing resources. The staff also felt that more in-home options were needed to intervene with families of youngsters in care. They noted that Family Builders and ICCP were effective, but limited in the numbers they can serve. There were also not enough resources for psychological and psychiatric evaluation and treatment, and the process for accessing these resources was often timely and prohibitive.

## **Discussion and Implications**

Although this county is beginning to change its practices, children remain in out-of-home placements longer than the expressed goal of Chapter 39, which states that in the majority of situations a plan of permanency should be established by 12 months, and enacted within 18 months.

It also appears that little is occurring in the way of concurrent planning. Stakeholders expressed a need for judges, supervisors, workers and foster parents to be more knowledgeable about family issues that should influence permanency decisions. Hillsborough County lacks a Foster Care Visitation Center to assure that parents are able to visit with their children as their case plans dictate. Regular, structured family visits would provide all stakeholders valuable information on the viability of the permanency plan. Findings suggest that foster parents could add valuable information to the permanency planning if more closely involved in the development and implementation of case plans. Poor communication, staff turnover, lack of placement options, and lack of resources for comprehensive evaluation and treatment are contributing barriers to system efficiency and permanency.

There is a slight correlation between minority versus non-minority status and length of time in care. Minority children are remaining in care slightly longer, a reverse of previous data that found non-minority children demonstrating a slightly longer length of time in care. The data shows that females exit the system somewhat differently than males with fewer females returning to their biological families and more moving toward emancipation or placement with an alternative family. Appropriate placement options for teenage females appear to be severely lacking and may play a role in the number of teen pregnancies, run-aways, and placement disruptions. Further exploration of these findings is warranted.

---

While specialty residential care programs are serving large numbers of children, it remains unclear as to whether these programs are sufficiently serving all children who need them. Placement decisions are often dependent on available funding rather than what is in the best interest of the child. Placement support, such as the Positive Parenting Project, need to be expanded to maximize the use of least restrictive living environments for youth with multiple behavior problems. Placement options for sibling groups are clearly lacking, and could be addressed with the implementation of concurrent planning strategies that would include a specific foster care recruitment plan for this population.

Foster parents identified strengths within the current system, but these were overshadowed by a general sense of feeling unempowered, disrespected, and uninformed. Foster parents who were interviewed appear eager to be an integral part of the team that influences decisions about the welfare of the children in their care. Essentially, they desire to be viewed as stakeholders. The following describes the system response to adoption and related services for those children who have their parental rights terminated and are available for adoption.



---

# Adoption and Related Services

## Context

Nationally, the number of children available for adoption is increasing. These children have been in care longer, tend to be older and are more likely to have disabilities than in the past. In Hillsborough County, these trends are also evident. A 1997 review of post adoption services in Hillsborough County (Special Needs Adoption Council [SNAC], 1997)<sup>7</sup> indicates that children freed for adoption were in foster care an average of five years, with 47% being older than seven years of age. The majority of these children also evidence risk factors for extended time in care; e.g., they were non-Caucasian or members of sibling groups. In addition, substantial proportions suffered a disability and / or had prior adoptive disruptions.

Like the trends for children freed for adoption, the number of children placed for adoption is increasing (Brown, Struchen, Hernandez, & Greenbaum, 1998) although they constitute a very small proportion of children whose parental ties have been legally severed. However, the characteristics of children *placed* for adoption differs from those *available* for adoption. In District 6 (Hillsborough and Manatee Counties), these children tend to be minority children, and younger children are three times more likely to be placed under Adoptive Home Supervision than older children. The length of time these children spend receiving this service prior to adoption finalization is significantly less than older youth (See Table 22). Not surprisingly, the majority of these children were already known to the system. Seventy percent had been under Protective Supervision, and 12% were in Foster Care Post Placement Supervision prior to adoptive placement. Almost one-fifth of children entering adoptive home supervision, however, had no prior intervention. This may be due to the number of children who have been exposed to or are dependent on alcohol or illicit drugs, who are seven times more likely to be placed in adoptive homes than children who experience other forms of maltreatment (Brown et al, 1998).

Age Group	Number of Months
0–3	4.87
4–8	4.57
9–12	5.71
13–15	6.28
16–18	13.98

---

<sup>7</sup> Now the Adoption Council of Tampa Bay.

---

## **Children Awaiting Adoptive Placement**

In fiscal year 1997–98, there were 245 children in Hillsborough County who were freed for adoption and awaiting placement at the beginning of any given month, with an average of 13 children added each month to the Adoptions and Related Services (ARS) caseloads. During the fiscal year, 190 children were placed in adoptive homes. Slightly more than half of these children (57%, N=84) were placed with families in Hillsborough or Manatee counties by Adoption and Related Services in non-relative placements. Twenty-nine percent (N=43) were placed with relatives, including homes that are licensed and not licensed. The remainder were placed outside the district, or with private adoption agencies.

## **Characteristics of Children Awaiting Adoption**

Children freed and awaiting adoptive placement tended to be African-American (59%, N=141). They were younger children, with 89% 12 years of age or less. While the majority of children freed were non-Hispanic African Americans (44%), those whose adoptions were finalized were more likely to be non-Hispanic Caucasian children (39%). Eleven percent of adopted children are Hispanic (N=15) and the remaining children are non-Hispanic biracial children or from other racial and ethnic groups (5%, N=8). Adopted children also tended to be younger, with 89% less than 12 years old and two-thirds eight years of age or younger. In fiscal year 1997-98, there were 12 adoption disruptions. Most of the remaining children, who were not placed, had their permanency goals changed to independent living as they neared the age of majority.

From the perspective of the Department, all children in state custody are children with special needs, and a review of data supports this. Sixty-seven percent were part of a sibling group, 33% were at risk due to their age,<sup>8</sup> 22% of children had emotional or behavioral difficulties, 6% had a physical disability and 2% had mental retardation or developmental disabilities. Only 1.4% displayed no special needs, when non-white race is included as a risk factor. All of these factors have been identified as risk factors for adoption disruption and dissolution.

## **Time In Care**

On average, children whose adoptions were finalized in fiscal year 1997–98 were two years of age at the time they were removed from home and placed in the care of the Department and seven years old when placed in adoptive homes (Median=6.7 years). Eighty-nine percent of these children were 12 years old or less at the time of adoptive placement. For most children, the road to adoption is lengthy and the time spent from the date of removal to the date of the adoption finalization is over five years

---

<sup>8</sup> Defined as children eight years of age and older.

---

(Mean = 63 months, Median=55 months). Further, Caucasian children spend less time in care than non-Caucasian children, although the difference is not significant. Termination of parental rights for these children occurred 38 months after removal (Median=33 months), with 56% being freed for adoption after 3 years. This trend must be reduced under the new Chapter 39 mandates.

After a termination has been ordered, children can expect to spend another two years before an adoption has been finalized. For the majority of children (70%), the adoption goal was established after termination has occurred, and for 52% the goal was established within two years, showing the critical need for effective concurrent case planning. Once the adoption goal is established, adoptive placements occurred an average of two years later (Median=22 months). After placement, things move more quickly and adoptions are finalized approximately six months later (Median=6 months).

## **Characteristics of Adoptive Families**

The families who adopt children in Hillsborough County are equally likely to be white non-Hispanic (44%, N=63) or African-American non-Hispanic (44%, N= 62). Hispanic families constitute ten percent of adoptive families (N=15), with the remainder coming from other ethnic groups. Adoptive families are significantly more likely to adopt children that come from their own racial and ethnic background, although not exclusively. Non-Hispanic African-Americans are most likely to adopt African-American children (95%, N=59), followed by white non-Hispanics (78%, N=49) and Hispanics are most likely to adopt children that are not of Hispanic origin (47%, N=7).

## **Needs of Adoptive Families**

In November of 1997, the Special Needs Adoption Council conducted a study of post-adoption services in Hillsborough County. The purpose of this study was to identify factors that contribute to adoption disruption and dissolution, based on a review of the literature, and to identify the post-adoption needs of families and assess the availability of post-adoption services and supports in the county. The study identified child-specific factors, family characteristics and system behaviors that contribute to adoption disruption and dissolution.<sup>9</sup> The child-specific risk factors have been discussed above and many of Hillsborough County's children display some or all of these risk factors. In addition to these risk factors, children who are being considered for adoption need to be asked their willingness to be adopted and given information and support to prepare them for entry into their new families, commensurate with their age and ability to understand and participate.

---

<sup>9</sup> Adoption disruption refers to failed placements that occur prior to finalization of the adoption by the courts. Adoption dissolution is the term that describes failed placements that occur after finalization.

---

For adoptive parents, there are two risk factors that have been linked to failed adoptions. Both of these factors relate to the information and level of preparedness of these families when embarking in an adoption. The first is a lack of flexibility in adapting to having a new child in the home. Specifically, this has to do with placing more emphasis on changing the child to adapt to the home than adapting home routines and family dynamics to accommodate the strengths and needs of the child. A related issue is the unrealistic expectations adoptive parents may harbor about integrating a new child into their homes.

The second factor, which exacerbates the risk of disruption and dissolution, is whether the family began as a foster family to the child, and then subsequently decides to adopt. These types of arrangements appear to assist families in having more realistic expectations about a child's strengths and needs, and making the child part of the family. In short, it bridges the information gaps identified by adoptive families who do not begin as foster parents, who feel they need more concrete information on the child's history and functioning. Further, these parents are more familiar with the procedures and processes entailed in fostering and adopting children.

In addition to information about the child and the adoption process, the top three concrete service needs identified by Hillsborough County's adoptive families were the need for mental health services, medical care, and information and referral. Despite the availability of these services within the Department and in the community, adoptive families do not use these services. In general, they were not aware that such services existed, and in instances where they were aware, felt that providers did not understand the needs of adoptive families, that services were costly or non-reimbursable, and that services were provided at times in locations that were not convenient for families.

### **Systemic Characteristics that Contribute to Disruption and Dissolution**

The systemic factors that contribute to disruption and dissolution can be summarized as information and support. Adoptive families reported wanting comprehensive information about the child's history, including the number and nature of previous adoptions, emotional and behavioral problems, the nature of the abuse they experienced that led to the removal from home, particularly issues of sexual abuse, and the nature and quality of the child's relationship with his or her family of origin. The support needs identified by adoptive families include ongoing access to a knowledgeable professional that can provide information about community services and make appropriate referrals to community providers. However, it should be noted that these same families voiced a reluctance to enlist help from the Department after finalization of the adoption, for fear of having their children removed from their care.

---

## Strengths of the System

Hillsborough County leads the state in the numbers of children being freed for adoption each year, annual adoptive placements, and finalization of adoptions. The Department of Children and Families has begun to address the needs and risk factors identified by adoptive families. A counselor is now assigned to provide support services to families who have finalized adoption and no longer have an assigned counselor. In addition, the ability to make informed referrals to community services has improved. These services include the Intensive Crisis Counseling Program, Case Review Committee, the Adoption Family Support Team, and the Banyan Center at the Louis de la Parte Florida Mental Health Institute at the University of South Florida.

To address the information needs of prospective adoptive families who have not served as foster parents, the Department uses the Match Committee process. This process includes the child placement agencies, the Family Safety and Preservation Operation Program Administrator, the Adoptions Program Specialist, the Guardian Ad Litem, if one has been appointed, and other significant parties in the child and family's life. This committee reviews the strengths and needs of the child for placement consideration with the strengths and needs of available prospective families. Further, there are regular 'While You Wait' meetings for families who wish to adopt. These meetings provide information and support to parents while they wait to be matched with a child.

There are a number of recruitment techniques used to heighten awareness about the children in care who have been freed for adoption and to increase the number of adoptive families so that optimal child-family matches can be made. All children without identified families interested in them are posted on Florida's Adoption Home Page, as well as national and regional adoption registries. A coordinator with a special project, "Home-finders," is supported through Department funds to recruit prospective adoptive families. To increase participation of families of minority groups, the Department also sponsors the "One Church One Child." There are also specialized media presentations including in the 'Someone Special' published in the *Tampa Tribune* newspaper, recruitment notices posted in the *Sentinel Bulletin*, 'Wednesday's Child,' which is aired on Channel 10 weekly, and a quarterly published catalog of available children distributed to agencies in Hillsborough County. Finally, there are picnics where families and children can meet one another in a relaxed, informal setting. An adoptions disruption rate that is consistently lower than the state average has been attributed to these efforts, particularly the Match Committee process.

## Discussion and Implications

The characteristics of the majority of children in Hillsborough County awaiting adoption have been identified elsewhere (SNAC, 1997) as risk factors for adoption disruption. These risk factors include being of older

---

age, non-Caucasian race, being part of a sibling group, the presence of a physical or mental disability, behavior problems and prior disruptions. While children with these characteristics have been successfully adopted in Hillsborough County, continued attention needs to be paid to the needs of these children and the change in family dynamics in their adoptive homes. Further efforts to assist families in obtaining services to address these needs and risks need to continue to be enhanced.

Recruitment of prospective families should be targeted to increase the numbers of families who would be willing to foster children and adopt them at a later time. While this entails recruiting and maintaining a surplus of foster-adoptive families, the benefits accrue in lower disruption and dissolution rates. Given the substantial proportion of relatives who care for and ultimately adopt their wards, special attention should be paid to supporting the unique needs of these caregivers. The provision of comprehensive information on the child being adopted, community supports and services, and training to address specific needs of individual children must be a priority.

Finally, the length of time a child spends in care warrants continued attention. Clearly, the number of prospective families available, particularly minority families, has an impact on how quickly children can be adopted. This needs to be investigated both in terms of the effects on children, whose likelihood of disruption increases as they age, but also in terms of the changes in the federal law<sup>10</sup> which now recommends that a final permanency decision be made within 30 days of the twelve month judicial review following a child's removal from their home. Although the Office of Family Safety and Preservation has begun diligent efforts in making permanency decisions and now staffs children within seven months of removal, there continue to be barriers to reducing the time spent in care which must be continually addressed.

---

<sup>10</sup> The Adoptions and Safe Families Act.

---

## References

Barrett, B.A., Roggenbaum, S., Nations, L., & Copeland, J. (1999). *An Evaluation of Florida's Child Protection Worker and Supervisor Job Performance*. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute.

Brown, E.C., Struchen, W., Hernandez, M., & Greenbaum, P.E. (1998). *A Profile of Florida's Office of Family Safety and Preservation Services Data: District 6*. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute.

District 6 Office of Family Safety and Preservation (1997). *Alternate care plan for Hillsborough and Manatee Counties*. Tampa, FL: Department of Children and Families.

Lamb, M. E., & Sternburg, K. J. (1992). Establishing the design. *Children and Youth Services Review*, 14, 157-165.

Muller, Janine (1998). A Comparison Study of Success Ratios for Maltreatment Type versus Placement Outcomes at Family Builders: A Family Preservation Program. Tampa, FL: University of South Florida.

Pecora, P. J., Fraser, M. W., & Haapala, D. A. (1992). Intensive home-based Family Preservation Services: An update from the FIT Project. *Child Welfare League of America*, 71 (2), 177-188.

Scannapieco, M. (1994). Home-Based Services Program: Effectiveness with at risk families. *Children and Youth Services Review*, 16 (5/6). 363-377.

Special Needs Adoption Council, Inc. (1997). *Post-adoption services in Hillsborough County, Florida*. Tampa, FL: Author.

Weitzel, S., & Shockley, C. (1998). Center for the Study of Children's Futures: Florida KIDS COUNT. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, Department of Child and Family Studies.

---

# Attachment A

## Privatization Steering Committee

As of 1/4/99

**Ann Ashcraft**  
Executive Director  
**Healthy Start Coalition**  
P.O. Box 18974  
Tampa, FL 33679

**Diana Baker**  
Sr. Vice President  
**United Way of Hillsborough County**  
1000 N. Ashley Street, Suite 800  
Tampa, FL 33602

**Paul D'Agostino**  
Executive Director  
**Child Abuse Council**  
3108 W. Azeele  
Tampa, FL 33609

**Don Dixon**  
District Administrator  
**Pauline Tracy**  
Deputy District Administrator  
**Department of Children & Families**  
W.T. Edwards  
4000 W. Martin Luther King, Jr. Blvd.  
Tampa, FL 33614

**Bob Gilbertson**  
President  
**Metro YMCA**  
110 E. Oak Street  
Tampa, FL 33602

**Hon. Claudia R. Isom**  
801 E. Twiggs Street , Room 429  
Tampa, FL 33602

**Jimmy Keel**  
Director  
**Hillsborough County Social Services**  
P.O. Box 1110  
Tampa, FL 33601

**Charlie Ketchey**  
**Ketchey Horan**  
P.O. Box 500  
Tampa, FL 33601

**Liz Kennedy**  
Community Process Facilitator  
2411 S Hesperides  
Tampa, FL 33629

**Lt. Craig Latimer**  
**Hillsborough County Sheriff's Department**  
P.O. Box 3371  
Tampa, FL 33601

**Brian McEwen**  
Director, Outpatient Services  
**Northside Mental Health Center**  
12512 Bruce B. Downs Blvd.  
Tampa, FL 33612

**Luanne Panacek**  
Executive Director  
**Children's Board of Hillsborough County**  
1205 E. 8th Ave.  
Tampa, FL 33605

**Jon Parsons**  
Executive Director  
**Children's Home Inc.**  
10909 Memorial Hwy.  
Tampa, FL 33615

**Jim Patrick**  
Regional Vice President  
**Children's Home Society**  
212 Pasadena Place  
Orlando, FL 32803

**Richard Tribunella**  
Director  
**Hillsborough County Children's Services**  
3110 Clay Magnum Lane  
Tampa, FL 33618

---

---

# Attachment B

## Revised Approved Extraordinary Circumstances to Chapter 39 Permanency Timeliness

Effective 1/4/99

1. Child is (12 through 17) and does not wish to be adopted.
2. Child is in court-ordered placement with a relative or non-relative who does not wish to adopt but is willing to care for the child until age 18, and child wishes to stay with the relative or non-relative.
3. Child has severe medical or developmental disability; parents or legal custodians are being trained to care for the child and will resume custody within the next 12 months.
4. Child is (16 through 17) and desires or is in court-ordered independent living.
5. Severe acute emotional or behavioral problems; requires stabilization through crisis treatment of 3 to 6 months duration.
6. Parent is in compliance with or nearing completion of case plan; reunification planned to occur within 30 days.
7. Child is currently in Department of Juvenile Justice detention or commitment program or adult jail or prison.
8. Child is in court ordered long term foster care meeting the requirements of 39.508(9)(a)6., F.S.
9. Court-ordered extension of case plan which will expire within 90 days.
10. TPR petition currently being drafted by department attorney; will be filed within the next 30 days.
12. For children who have been in care less than 22 months; new services are available to assist the parent to comply.
13. Child is placed in Florida through the Interstate Compact on Placement of Children; Florida has no jurisdiction to pursue TPR on the child.
14. Child is working toward placement with a relative and resolution of permanency target date is within the next 6 months.
15. In process of relative placement through the Interstate Compact.
16. Child is 16 or older and has been on consistent runaway status for at least 6 months except for periods of incarceration in juvenile detention.
17. Parent absconded with child; location unknown.
18. TPR was filed but court dismissed or ordered the case held in abeyance.
19. Courtesy supervision only; sending district is responsible for tracking permanency; does not preclude the sending district from proceeding with TPR.
20. Guardianship established (federal exception).
21. Service provision inadequate or inconsistent with case plan (federal exception).