An Analysis of Community-Based Services and Supports for Children and Young Adults with Special Needs in Hillsborough County:

Research Summary

Hillsborough Coalition for Children & Youth with Special Needs
An Analysis of Community-Based Services and Supports for Children and Young Adults with Special Needs in Hillsborough County: Research Summary

Hillsborough Coalition for Children & Youth with Special Needs

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Acknowledgements

This project is the result of collaboration among many people concerned with improving the lives of children and young adults with special needs and their families in Hillsborough County. One of the greatest strengths of the project is that so many individuals from different perspectives contributed to it. There are many people and organizations whom the authors would like to thank for their contributions:

• Families, youth, and young adults who participated in the study
• Educators and service providers who completed surveys
• Members of the Hillsborough Coalition for Children and Youth with Special Needs
• Early Intervention Program
• Hillsborough County Public Schools
• Developmental Disabilities Program
• Children’s Medical Services
• Family Network on Disabilities of Florida
• Institute for Child Health Policy, University of Florida, and

countless other individuals and organizations who made this study possible

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What is the purpose of this study?

Due to rapid advances in medical science, today more than 90% of children with disabilities reach adulthood. In recognition of this growing population of citizens, Healthy People 2010 and the President’s New Freedom Initiative established a national agenda to reduce barriers to community services for persons with disabilities, to support independent living, and to improve long-term outcomes for individuals with functional impairment. First time ever prevalence estimates and service performance measures for children with special health care needs have recently been developed at both federal and state levels. This is particularly important because reliable population-based data concerning the multifaceted needs and service issues among children with special needs has historically been very limited.

The purpose of this analysis was to investigate the system of services and supports for children and young adults with special needs and their families at the community level. Previous studies of children with special needs in Hillsborough County have focused on narrow segments of the total group rather than encompassing the broad spectrum of ages and disabilities that define the special needs population. Unfortunately, such narrowly focused research efforts may fail to document the complex needs of children who are not easily categorized into one special needs group, or to identify the unique challenges that young people with disabilities face in their transition from childhood to adulthood. By examining the provision, utilization, coordination, and continuity of community services and supports across the full spectrum of needs, Hillsborough County can more effectively support national and state efforts to help children with special needs achieve a higher level of self-sufficiency and independent living in adulthood.

Who are “children and young adults with special needs”?

Children, adolescents, and young adults with special needs were defined in this analysis as individuals from birth to 24 years who have been identified as having or as being at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type and amount beyond that required of children and young adults generally. This is consistent with the definition of children and youth with special health care needs that has been adopted by Maternal and Child Health Bureau.

Who conducted the research?

The project was the result of a grassroots effort initiated by a small group of parents of children with special needs who realized that a comprehensive analysis documenting empirically the limitations of the current system of services and supports was needed to leverage funding and support for change. A principal investigator from the University of South Florida’s College of Education was engaged to lead research activities in a participatory action research approach. A steering committee and project director enlisted the help of families, service providers, educators, child advocates, and community leaders in guiding the analysis and developing data collection tools. This group eventually became known as the Hillsborough Coalition for Children and Youth with...
Special Needs. Funding was provided by the Children’s Board of Hillsborough County, Florida Department of Health, and the University of South Florida.

What were the objectives?

Three broad research questions were generated to guide the study:

1) How many children, adolescents, and young adults from birth through age 24 in Hillsborough County have special needs? How many have special sensory/physical/medically-complex needs? How many have special emotional/behavioral needs? How many have special cognitive/learning needs? How many have special needs in multiple categories?

2) What are the particular challenges of children with special needs and their families (a) from birth to age 3? (b) from age 3 to the start of kindergarten?, (c) in elementary school and middle school?, and (d) in high school through age 24?

3) Where are the gaps in services for children and young adults with special needs in Hillsborough County?

Researchers explored the availability and accessibility of a wide array of services for these children and their families, including health care services, insurance coverage, education services, childcare, care coordination, recreation, social support, inclusion, transportation, transition, independent living, and employment. They were investigated from the perspective of parents of children with disabilities, youth and young adults with special needs, educators and support personnel in the public school system, and service providers/child-serving agencies in the community. Particular attention was given to quantifying the type and level of services utilized, assessing satisfaction with current services and supports, and identifying critical service gaps. Data was collected between May 2002 and June 2003 with the intention of utilizing the information in the planning and development of a system of care that reflects more accurately the needs, capabilities, and desires of the community.

How was the research conducted?

The study design used a combination of qualitative and quantitative research strategies. Data collection methods included secondary analysis of previously existing databases and reports as well as primary data collection. Data collection instruments that were used in the analysis are listed below.

**Mail Surveys.** Self-administered mail surveys were distributed to randomly selected respondents in four different stakeholder groups. Response rates varied considerably among stakeholders, with higher returns from parents of young children and lower returns from service providers. The overall return rate was approximately 20%, or 658 usable surveys. Parents, youth, and young adults were offered cash stipends for their participation in the study.

- **Parents/Caregivers (N=360)** completed a survey that was based on the age of their child. Parents were accessed primarily through the Early Intervention Program (which serves children birth to 3 only), Hillsborough County Public Schools Exceptional Student Education (ESE) Program, and the Developmental Disabilities Program.

- **Youth and Young Adults (N=77)** from the public school system and the Developmental Disabilities Program.

- **Educators (N=146)** in the public school system, including ESE teachers and support personnel.

- **Service Providers (N=75)** in the community, including medical and other health care providers, care coordination specialists, and child care providers.

**Interviews.** In depth telephone interviews (N=14) with parents who completed a survey.

**Focus groups.** Focus groups (N=3) with youth and young adults who completed a survey.

**GIS mapping.** Geographic maps were generated utilizing Hillsborough County Public Schools ESE student data files from 2002-2003.
While the research sample appeared to be sufficiently representative of the target population, it should be noted that there were several study limitations. Length of the parent survey and some sample bias (primarily with the young adult sample) were potentially limiting factors. In addition, attempts to develop a comprehensive profile of this population through a merged, multi-agency database were not fully realized due to agency restrictions on patient and client confidentiality.

Importantly, the overall parent sample was comprised of individuals from a variety of backgrounds, closely approximating county racial/ethnic, socioeconomic, geographical, and educational census figures. The special needs of the children and youth about whom parents completed a survey also varied considerably and included children with cognitive/neurological impairments, medical conditions, developmental delays, emotional or behavioral difficulties, physical handicaps, and sensory impairments.

What were the findings?

1) How many children, adolescents, and young adults from birth through age 24 in Hillsborough County have special needs?

**Prevalence.** Based on recently released state prevalence estimates from the Maternal and Child Health Bureau (12.95% in Florida), it can be estimated that approximately 45,000 children and young adults with disabilities live in Hillsborough County. In addition, 1 in 5 households with children (19.74%) have a child with special needs.

**Demographic Profile.** A profile of children and youth with disabilities served by the public school system and the Early Intervention Program (EIP) shows that, overall, this population has a higher percentage of males (67.3%) and African Americans (27.8%) as well as a lower family income level than the general population. The majority of ESE students (78.4%) are considered mildly impaired. School enrollment figures for high school students who have specific learning disabilities and severe emotional or behavioral disorders decline dramatically after grade 9, suggesting that a large number of students in these particular ESE programs drop out of high school.

**GIS mapping.** The distribution of ESE students in the public school system is fairly equal among the three regions in Hillsborough County, although the West region contains a slightly higher percentage of students. Importantly, home zip code data for ESE students shows uneven distribution patterns throughout the county, with a heavy concentration of ESE students residing in selected zip codes within the Central region and Southeast region (primarily Brandon and Valrico).

**ESE Student Distribution by Home Zip Code**

<table>
<thead>
<tr>
<th>Age 3 – Grade 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Data source: Data files of 28,238 ESE students enrolled in Hillsborough County Public Schools during 2002-2003 (excludes students with a primary ESE designation of gifted)*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of ESE Students in Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,313 to 1,500</td>
</tr>
<tr>
<td>1,125 to 1,312</td>
</tr>
<tr>
<td>938 to 1,124</td>
</tr>
<tr>
<td>750 to 937</td>
</tr>
<tr>
<td>563 to 749</td>
</tr>
<tr>
<td>375 to 562</td>
</tr>
<tr>
<td>188 to 374</td>
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<tr>
<td>0 to 187</td>
</tr>
</tbody>
</table>
2) **What are the particular challenges of children with special needs and their families (a) from birth to age 3?, (b) from age 3 to the start of Kindergarten?, (c) in elementary school and middle school?, and (d) in high school through age 24?**

**Birth to Age 3**

**Proper diagnosis.** The issue of initial diagnosis was one that several parents recalled as quite stressful. About two-thirds of families indicated that their pediatrician was very helpful in the process of initial identification; another third, however, felt that their pediatrician was only somewhat helpful or not helpful at all.

**Acquiring accurate medical information.** In the parent surveys, these parents indicated that it was moderately difficult to find information about their child’s condition. Notably, a relatively large percentage of parents in this group (28.7%) indicated that the Internet was one of their most helpful sources of information. Although this may be interpreted as effective use of technology, information derived from the Internet is not always reliable, and parents may not know how to distinguish between reliable and unreliable information.

**Entering and navigating the system of care.** In addition to becoming educated about their child’s special needs, parents also need to learn how to get appropriate services and supports for their child. Parents’ perceptions of services and supports they received through EIP were mixed. Although grateful that EIP services are provided free of charge, some felt that their service coordinator did little more than write the service plan; others were more pleased with the care coordination they received.

**Balancing work and care for the child.** Two thirds of parents in this group had never had their child cared for by another person on a regular basis. A very salient issue for parents of young children with special needs (particularly those who work outside of the home) is how to get the child to all of his or her medical or therapy appointments each week. Almost half of the parents in the Birth to 3 sample indicated that their child’s special needs had caused one parent to quit work or reduce time at work to care for the child.

**Getting support for oneself.** A very consistent theme running throughout the parent telephone interviews was that parents needed more support for themselves as caregivers of a young child with special needs. Many parents expressed a sense of isolation and felt a need for greater support in coping with the changes that accompany having a child who has a disability or other special needs.

**Age 3 to Start of Kindergarten**

**When to seek additional assessment.** Parents of children in this age group often described how they went through a period of concern about their child’s developmental progress, during which time they wondered if they should seek further assessment. Notably, almost half of the parents in this group said that their pediatrician was only somewhat helpful or not helpful at all in diagnosing their child’s special needs. Additionally, this group, of all of the age groups, relied most heavily on the Internet for information. Over 40% of parents said that the Internet was one of their three most helpful sources of information, perhaps indicating that they were not receiving the information they were seeking from professionals.

**Locating appropriate childcare.** Of all of the age groups, this group expressed the most difficulty finding appropriate childcare for their child. Reports from parents indicated that this often was related to children not meeting developmental milestones (such as being potty trained) required for entry into many childcare programs or to having behavioral problems such as hitting or biting other children. The difficulty in locating inclusive childcare may also reflect parents’ lack of knowledge about specific facilities in the community that care for children with disabilities.

**Getting services covered by insurance.** Because many services that are provided at no cost to families of children under the age of three (regardless of their income) through Part C are discontinued when the child reaches his or her third birthday, it is at this time that parents begin to investigate
what services their health insurance carrier will cover for their child. Several families in this sample were quite disappointed with their private insurance coverage for their child with special needs. Notably, regardless of the type of insurance they had (i.e., public or private), many families were dissatisfied with their insurance carrier’s coverage of behavioral support, mental health, and counseling services.

**Transition from Part C to Part B services.** Although most expressed satisfaction with the transition from Part C (EIP) to Part B (school-based) services, almost twice as many parents in this group expressed a desire for their child to receive more services compared to parents of younger children still receiving Part C services (41.8% vs 21.3%). Parents in this sample whose children were enrolled in a Head Start or Early Exceptional Learning Program (EELP) class generally were very pleased with these classes and perceived that these experiences were beneficial for their children. However, the process of learning what was available to their child and completing the paperwork to enroll their child in these classes was a challenge for some parents.

**Kindergarten through Grade 8**

**Educational and medical service provision.** The resonating theme among parents of school age children in this sample was the need to secure appropriate educational and medical services for their child. Among the problems that parents encounter in getting specialized therapies or medical care for their child, those reported most often were (a) parents disagreed with providers about the particular services that their child needs, (b) the provider did not understand their child’s special needs, and (c) there was more than a one-month wait time to get needed services. Parents’ concerns with the educational services most often entailed eligibility criteria and intensity or frequency of services.

**Finding the right classroom environment.** Parent interviews and survey comments indicated that parents are very concerned about finding a class that can effectively meet their child’s unique needs. They consider many factors, including class size, types of student disabilities, degree of general education (GE) instruction, amount of classroom flexibility and structure, behavioral support, discipline, support from the school, and teacher-student dynamics.

**Knowledgeable and experienced providers.** Families worry about access to service providers who have the level of expertise needed to treat their child’s condition. Parents indicated that appropriate diagnosis and treatment is often dependent on the family having adequate resources to identify a qualified provider. They stressed the importance of knowing about community services that are available and learning how to access them.

**Communication among service providers.** Communication between multiple providers is an issue that both parents and service providers in the sample cite as important to effective treatment. This is particularly salient because the majority of parents indicated that their child has more than one chronic condition and is served by more than one service system.

**Affordable and convenient out-of-school care.** As with parents of young children, the issue of affordable and convenient out-of-school care is a major concern for many parents of school age children.

**Emotional support for families.** Parents expressed a strong need to find other families who share similar experiences, spend time with friends, or talk to a professional about the difficulties of raising a child with special needs. Some families noted that the dynamics between disabled and non-disabled siblings can create tension. Other parents described how financial and emotional stress caused conflict and disagreement among family members.

**Grade 9 through Age 24**

**Schools and teachers who are supportive.** Parents and youth expressed strong feelings about the importance of finding teachers who understand and support students with disabilities. Parent interviews and youth focus groups provided powerful testimony that families believe the student’s success is dependent in large part on teachers who
are knowledgeable about disabilities and provide appropriate accommodations or modifications. This is a critical issue for ESE students who have general education teachers who do not necessarily understand their disabilities or attend schools that lack appropriate assistive technology and ESE materials.

**Employment preparation and opportunities.** Almost all focus group participants expressed the desire to work in a job that they enjoy. Many were limited in the kind of work they could do or had not yet found employment, but they generally wanted a job in which they could feel valuable and productive. Preparing for, finding, and keeping a job often requires assistance from multiple service systems, including the school system (such as job training) and agencies providing vocational rehabilitation (such as job coaches and supported employment).

**Living independently.** Post high school survey respondents identified “living on my own or with my friends” as one of the top three things with which they were dealing. While independent living can be an enormously difficult task for many young adults with special needs, it appears to be a goal to which most aspire.

**Transportation.** Post high school survey respondents identified “transportation” as the third top issue with which they were dealing. The degree of self-sufficiency that young adults are able to achieve is largely dependent on their ability to travel by themselves to medical appointments, a job, recreational programs, social events, and other community activities.

**Good case managers.** It is apparent from the considerable number of parent and provider comments that case management is an important aspect of service delivery. Families need reliable case managers to help coordinate the many services required by adolescents and young adults with complex special needs. They feel that their children suffer when there are frequent staff changes and inconsistent service delivery.

3) Where are the gaps in services for children and young adults with special needs in Hillsborough County?

**Developmental screening and assessment.** With almost 50% of parents in the sample indicating that their pediatrician was only somewhat helpful or not helpful at all in identifying their child’s condition, training in developmental screening among primary care providers appears to be an important issue to address. In addition, many families (approximately 30%) felt that the wait time for professional assessment, diagnosis, and treatment was too long. Families expressed concern that their child was missing out on the opportunity to receive critical intervention services while waiting for an initial evaluation. It would appear from this finding that there is a need to increase the number of assessment professionals at programs like EIP in order to get young children evaluated and treated in a more timely manner.

**Access to information.** Parent, educators, and service providers agreed that families often do not know about community services that may be able to assist them. Survey data indicated that schools and pediatricians are not as knowledgeable about community resources for children with disabilities and their families as they could be and thus are missing important referral opportunities. In addition, the high degree of internet usage among families seeking information about particular medical conditions and treatments (up to 40% in some age groups) suggests that pediatricians and other family care practitioners need to be more proactive in providing parents with medical information as well as guidelines to distinguish between reliable and unreliable health-related information on the internet.

**Deficiencies in public school education.** Both parents and educators identified a need to train general education teachers to better meet the varying needs of ESE students. A large percentage of educators (43.7%) said they did not think that the school district offers adequate training to general education teachers in providing appropriate accommodations and modification to students with disabilities. This is particularly problematic in middle school and high
school, where ESE students are generally more integrated into general education classes and are expected to function more independently than younger students. Parents and educators also agreed that schools do not adequately prepare students for employment. They indicated a need for schools to offer a larger variety of vocational courses, provide information to students and parents about jobs after high school, and offer more community-based training opportunities. Both parents and educators felt that community agencies should more actively participate in the development of the student’s IEP transition plan. The notable pattern of decline in school enrollment after grade 9 among ESE students who have specific learning disabilities and severe emotional or behavioral disorders signifies a need to better target that population of students with effective drop out prevention services and programs.

**Care coordination.** Service providers and parents agreed that lack of communication and coordination among service providers is problematic, especially for children who have complex needs and multiple providers. Over 20% of parents in each age group indicated that they spent 3 or more hours each week on arranging or coordinating care to meet their child’s special needs. Parents who were able to access care coordination were only moderately satisfied with those services. There appears to be a particular need to strengthen linkages between the medical community and schools. Overall, these findings indicate a need to develop ways in which providers can communicate more easily and share information for treatment planning.

**Childcare, out-of-school care, respite.** Survey results and parent interviews clearly indicate a need to expand options for families that require childcare, after-school programs, summer camps, and respite care. The majority of parents in the sample found it at least moderately difficult to find appropriate childcare or after-school care; it was particularly difficult with parents of children with behavioral disorders. Almost 50% of families of school age children noted that they had to quit work or reduce time at work in order to care for their child with special needs. Less than half of families in the sample needing respite care actually received it; those that did receive respite care found it hard to access and were only moderately satisfied with the services. There is a very evident need for the community to find ways to expand the number of inclusive childcare facilities and increase access to respite care.

**Recreational and social opportunities.** Focus group and survey data from youth and young adults, particularly those who are no longer in high school, indicated that this group often feels lonely and isolated. Notably, 41.2% of post high school survey respondents said that they feel like they do not have enough friends. The isolation that this group of young people experiences suggests that, for many, school relationships that they had formed in previous years were not replaced with other relationships (such as in a job setting). Clearly, the community needs to look at ways to increase inclusive social and recreational opportunities for youth and young adults with disabilities.

**Mental health, behavioral health, and counseling.** Parents, educators, and service providers consistently identified the lack of adequate mental health services as a major problem in Hillsborough County. This appears to be an issue regardless of whether families have private or public insurance plans. Parent surveys indicated that twice as many young children were in need of these services (as perceived by their parents) than were actually receiving them. Service provider data indicated that, due to restrictive service guidelines, access is especially problematic for children who are diagnosed with mental retardation. The great majority of parents of high school students who were suspended or expelled from school (76.2%) believe that the behavior for which their children were suspended was related to their special needs. As such, this study suggests a strong need for increased availability of mental health services and further discussion concerning zero tolerance policies for youth with documented behavior disorders. Finally, parents expressed a strong need for support for themselves that was not being met, ranging from greater consideration from professionals for the experiences of families to more family support groups, counseling, and training.
**Opportunities for employment.** Young adults with disabilities who are no longer in high school, particularly those who graduate with a special diploma, often have difficulty finding and keeping a job. Survey responses, parent interviews, and focus group data all indicated that, in addition to job training, there is a need for more employment opportunities. The study findings suggest a need to better engage community employers in hiring young adults with disabilities.

**Health care transition.** The great majority of parents and youth (66.7%) had not discussed with their pediatrician how the adolescent’s health care needs may change as an adult or had developed a plan to transition the adolescent from pediatric to adult-oriented care. Remarkably, very few parents (16.7%) had even thought about a plan for health insurance coverage when their child ages out of their current policy (coverage frequently ends at age 18 or 21). Results of the service provider survey also showed a lack of adult medical providers who have the appropriate training and desire to serve teens and young adults with disabilities. These findings indicate a strong need for education and training in health care transition for both families and medical service providers in the community.

**Transportation.** Almost 65% of young adult survey respondents who are no longer in high school said that their participation in activities outside of their home is limited because they have difficulty with transportation. Youth focus group participants also expressed considerable frustration with their dependency on parents and public transportation to travel within the community. Several participants did not work because they lack adequate transportation. The findings suggest a need to expand transportation options for this population of young people.

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**What are the recommendations?**

Overall, findings of this analysis suggest that there are a number of significant needs not currently being met for children and young adults with special needs in Hillsborough County. Due to the broad scope of the study, it is the Coalition’s recommendation to develop a set of coordinated, issue-specific action plans that address research findings in a separate, subsequent phase of the project. By engaging additional stakeholders in the process and analyzing more fully the strengths and assets of the community, the Coalition believes that both the viability of the plans and community commitment to plan implementation will be strengthened.

Nevertheless, there are a number of actions that the Coalition recommends be considered in the strategic planning process. They are as follows:

- Create a comprehensive community resource directory for families and providers
- Organize a coordinating council that fosters information sharing among providers and families
- Provide training to community providers on developmental screening & referral
- Create a school-based health care transition education program
- Expand training for general education teachers
- Develop drop-out prevention programs for ESE students, particularly students with learning disabilities (LD), severe emotional disturbances (SED), and emotional handicaps (EH)
- Work with County Commissioners to increase transportation options for individuals with disabilities
- Increase technical assistance for inclusive childcare and out-of-school programs
- Develop an multi-system data warehouse
- Strengthen linkages between the medical community, schools, and other providers
- Develop interagency application process for single point of entry into multiple systems
• Develop a campaign to promote hiring young people with disabilities
• Develop a care coordination pilot project in cooperation with private pediatric practices
• Develop standards for program outcome measures; provide training to service providers in assessment, evaluation, and outcome measurement
• Conduct expanded statistical analyses of the research data and utilize asset mapping techniques in plan development

What are the next steps?

Several steps will be taken over the next 6 months to facilitate the planning phase of the project. A community steering committee will continue to oversee this phase, with an anticipated completion date of August 2004. Next steps are:

• Disseminate research findings
• Secure additional funding for planning activities
• Partner with existing community initiatives
• Organize strategic planning groups around key topics
• Develop issue-specific community action plans

For more information

For questions regarding the study, please contact Dr. Linda Raffaele Mendez at (813) 974-1255, raffaele@tempest.coedu.usf.edu, or Janet Hess, (813) 653-3279, hessj@tampabay.rr.com. Copies of the full report, executive summary, data collection instruments, and other project documents can be downloaded from the project Web site at http://web.tampabay.rr.com/cwsn. Bound copies of the full report and summary of findings are also available at the Children’s Board, (813) 229-2884, or visit http://www.childrensboard.org/analysisreports.html.

Here’s what you can do

Participate in community planning. Help us develop community action plans by contributing your ideas on ways to improve services and supports. If you would like to be involved in this effort, please contact Janet Hess.

Submit your ideas. If you are unable to participate in planning meetings but would like to submit your ideas, please email them to cwsn@tampabay.rr.com.

Utilize local resources. Learn about community resources that are available to children and young adults with special needs and their families. Use the list of agencies and organizations that are provided at the back of this brochure as a starting point.

Advocate for children and young adults with special needs. Support public policy that reduces barriers to community services, fosters self-sufficiency and independent living, and improves long-term outcomes for children and young adults with disabilities. Contact your senators and representatives and ask them for their support. Here’s how:

For state senators and legislators
Direct your correspondence to the Florida Legislature’s Hillsborough County delegation by writing to Members of the Delegation, P.O. Box 1110, Tampa, FL 33601, fax to (813) 276-2138, or submit via email by visiting http://www.hillsboroughcounty.org/legdel.

For U.S. senators and legislators
Call the U.S. Capitol Switchboard at (202) 224-2121 and ask for your senator’s office telephone and fax numbers, or visit http://www.congress.org, enter your zip code, select the appropriate senator and click on the email address.
Community Resources for Children and Young Adults with Special Needs in Hillsborough County

ASSISTIVE TECHNOLOGY
Florida Alliance for Assistive Services & Technology (FAAST)
Tampa General Rehab Center
(813) 844-7591

AUTISM & DEVELOPMENTAL DISABILITIES
Center for Autism and Related Disabilities (CARD)
Louis de la Parte Mental Health Institute, USF
(813) 974-2532
http://card-usf.fmhi.usf.edu

Early Intervention Program (birth to 36 months only)
Child Development Clinic, USF
(813) 974-0601

EDUCATION
Public School Exceptional Student Education Program
(813) 273-7025
http://www.sdhc.k12.fl.us/~ese.dept/

FAMILY SUPPORT GROUPS
KIDDS (Families & Friends of Individuals with Developmental Disabilities)
Contact: Jean Reese, jeanmarie@myrapidsys.com, or Phyllis Guthman, (813) 837-7732, pguthman@gte.net

CHILD CARE & OUT-OF-SCHOOL CARE
Partners in Care, Childcare Resource & Referral
(813) 740-4713, ext. 239
Contact: Diana Pulido, Specialist for special needs

Alliance for Citizens with Disabilities
(813) 276-2742, (813) 301-7173 TTY
Contact: Sandra Sroka, County ADA Liaison
http://hillsboroughcounty.org/agencies/acd

EARLY INTERVENTION
Developmental Screening Program
(813) 837-7777 (Child Find/ FDLRS)
http://www.sdhc.k12.fl.us/%7Efdlrs/childfind.htm

CHADD (Children and Adults with Attention Deficit/ Hyperactivity Disorder)
(813) 980-6799
http://www.chaddtampa.org

SibShops (sibling support)
AdvanceAbility Solutions, Inc.
(813) 239-1179
http://www.advanceability.org

FEDERAL AGENCIES
FDLRS Parent Services (Parent Liaison Project)
(813) 276-5555, (813) 233-2922
http://www.sdhc.k12.fl.us/%7Efdlrs/

Federation of Families for Children’s Mental Health
(813) 974-7930
http://www.federationoffamilies.org

Up with Downs (Down Syndrome)
(813) 251-1392

Advocacy Center for Persons with Disabilities
(813) 233-2920 or (800) 342-0823
http://www.advocacycenter.org

Brain Injury Family & Community Support Center
(813) 914-9556

DISABILITY ORGANIZATIONS
Family Network on Disabilities of Florida (FND)
(800) 825-5736
http://www.fndfl.org

CHADD (Children and Adults with Attention Deficit/ Hyperactivity Disorder)
(813) 980-6799
http://www.chaddtampa.org

Federation of Families for Children’s Mental Health
(813) 974-7930
http://www.federationoffamilies.org

SibShops (sibling support)
AdvanceAbility Solutions, Inc.
(813) 239-1179
http://www.advanceability.org

Family Support Groups
KIDDS (Families & Friends of Individuals with Developmental Disabilities)
Contact: Jean Reese, jeanmarie@myrapidsys.com, or Phyllis Guthman, (813) 837-7732, pguthman@gte.net

Alliance for Citizens with Disabilities
(813) 276-2742, (813) 301-7173 TTY
Contact: Sandra Sroka, County ADA Liaison
http://hillsboroughcounty.org/agencies/acd

Florida Institute for Family Involvement
(877) 825-5736
http://www.ffionline.org
MEDICAL & HEALTH CARE
Children’s Medical Services
(813) 356-1300
http://www.cms-kids.com

Adolescent/Young Adult Program
USF (ages 11 – 21 years only)
(813) 259-8700

Florida KidCare (children’s health insurance)
(813) 272-5285 or (888) 540-5437
http://www.floridakidcare.org

Hillsborough County Health Care (adult health insurance)
(813) 272-5555

Dental Research Clinic
(813) 238-7725

West Coast District Dental Association
(813) 931-3018 (provides referrals)

Developmental Pediatrics
Child Development Clinic, USF
(813) 974-0601

Child Development Center
Tampa Children’s Hospital at St. Joseph’s
(813) 876-8316

Center for Child Development
All Children’s Hospital
(727) 767-4765

MENTAL & BEHAVIORAL HEALTH
Parent Helpline
2-1-1 or (813) 234-1234

Mental Health Care, Inc.
(813) 272-2244

Northside Mental Health Center
(813) 977-8700
http://www.northsidemh.org

Kids Behavioral Helpline
(813) 960-1010

Family Service Association of Greater Tampa
(813) 238-3727, Tampa and Brandon

RESpite & CAREGivers
AdvanceAbilities Solutions, Inc.
(813) 239-1179
http://www.advanceability.org

Florida Respite Coalition/Region 2
(813) 234-0750, (866) 357-3543
http://www.floridarespite.org

Florida Kinship Center at USF
(800) 650-6444,
http://www.FLKin.org

TRANSITION AND INDEPENDENT LIVING
Vocational Rehabilitation Services
(813) 871-7314
http://rehabworks.org

TRANSPORTATION
HARTLINE Bus Service, Paratransit
(813) 623-5835

Specialized Transportation/Sunshine Line
(813) 272-7272, TDD (813) 276-2628

OTHER DIRECTORIES & RESOURCES
FOCUS Guide to Parenting Services & Community Resources
(813) 875-5771
http://www.focusparenting.com

A Service Program and Resource Guide for Families in Hillsborough County
(813) 974-6104
http://fifa.fmhi.usf.edu/Resources1.pdf

Family Support & Resource Centers (several locations)
(813) 971-7019, University Square Mall
http://www.childrensboard.org/resourcecenter.html

Florida Directory of Early Childhood Services
(800) 654-4440
http://www.fcrest.org

Florida’s Clearinghouse on Disability Information
(877) 232-4968 (voice/TTY)

Florida Developmental Disabilities Council
(800) 580-7801, TDD (888) 488-8633
http://fddc.org