

Children Lost Within the Foster Care System: Can Wraparound Service Strategies Improve Placement Outcomes?

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The proportion of children with emotional and behavioral disturbances within the foster care system in the United States is continuing to increase. Many of these children experience numerous placement changes each year, often into extremely restrictive settings. The Fostering Individualized Assistance Program (FIAP) study examined the feasibility of applying a wraparound strategy to these children and their foster, biological and/or adoptive families. This FIAP wraparound strategy paralleled the foster care system and involved the clinical case management of a broad range of individually tailored services, driven by a wraparound team of adult key players in each child's life. This was a controlled study which involved the random assignment of 132 children (ages 7-15 years) to the FIAP wraparound group or to a group that received usual foster care services. We provide a description of the FIAP wraparound intervention and findings that support the efficacy of this strategy in improving the placement outcomes for children lost in the foster care system. Discussion focuses on systemic and intervention factors that may be improved upon to strengthen future individualized wraparound processes and evaluation/research efforts.

KEY WORDS: foster care; mental health; individualized services; wraparound processes; family-centered intensive case management.

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The tenets of the child welfare system are to: (a) provide for the protection of children; (b) nurture the physical, mental, and emotional development of those in custody; and (c) preserve the unity of the nuclear family whenever possible (Adoption Assistance and Child Welfare Act of 1980, P.L. 96-272). The severity of psychopathology in the general population of children may be more severe today than in the past (Achenbach & Howell, 1993), and a much larger proportion of children in the child welfare system are likely to show psychopathology. Several recent studies suggest that 40% to 65% of the children in the foster care system are in need of mental health or related services (Boyd, Struchen, & Panacek-Howell, 1989; Landsverk, Madsen, Ganger, Chadwick, & Litrownik, in press; Widom, 1989). Thus, the foster care system is being confronted by many children in severe to critical need of services from the mental health, educational, substance abuse, or juvenile justice arenas. The majority of these children become adjudicated dependent after multiple abuse/neglect reports have been filed. Often, adjudication takes place after imposed services were tried and found not adequate for the needs of these children and their families. These children challenge the system's capacity to treat them with their unique behavioral and emotional expressions. These children are then placed at higher risk by the foster care system due to frequent changes in placements, exposure to emergency group shelters and other non-family, non-treatment oriented facilities, and years of alienation from their biological parents and siblings (Knitzer & Yelton, 1990).

The Fostering Individualized Assistance Program (FIAP) study was designed to evaluate a wraparound process of providing individually tailored services to meet the unique needs of these children and their families, with the process being driven by permanency planning. This controlled study, involving random assignment to a standard practice foster care (SP) group or to the FIAP wraparound group, targeted children who, at entry to the study, had been: (a) in out-of-home placement for 2.6 years, on average; (b) at risk of, or diagnosed with, emotional/behavioral disturbances; and (c) changing placements at an average rate of four times per year, with many of these placements being highly restrictive. These are the 10% of children who are lost within the foster care system (Boyd et al., 1989). In this article, we describe the wraparound process recommended for serving these children and their families (foster, natural, relative, and/or adoptive) and the preliminary findings regarding their placement outcomes.

METHOD

Subjects

The criteria for possible inclusion in the FIAP study were that each child, at the time of an initial screening, had to: (a) be adjudicated to the temporary custody of the state, due to having been abused or neglected (i.e., in foster care); (b) be at least 7 years old, and under 16 years of age; (c) not have a primary diagnosis of mental retardation; (d) be living in a regular foster home or an emergency shelter placement; and (e) be a resident of either the large urban county or the rural/small town county which collaborated with this study.

All children included in this study were either at high risk for behavioral/emotional disturbance, or were behaviorally and emotionally disturbed, as defined by screening indicators which were based on previous studies (Boyd et al., 1989; Sullivan, Henley, & Williams, 1988). Foster caseworkers periodically completed a screening form for all children on their caseloads who met the five criteria specified above. The at-risk screening form allowed the caseworkers to respond yes/no to indicate the presence or absence of behavioral and situational indicators. For inclusion in the at-risk pool, a child had to be exhibiting, within the 2 months prior to the screening, at least 2 of 18 behavioral indicators (e.g., harm to self or other, used drugs and/or alcohol, engaged in abnormal sexual behavior) and had to meet at least 1 of the 7 situational indicators (e.g., long-term dependency status, failed home placement, placed in a more restrictive setting in the past 6 months).

Children in the at-risk pool were randomly assigned to the SP or FIAP group. To compensate for a predicted higher attrition rate within the SP group (e.g., due to extended runaways, voluntary dropouts), approximately 50% more subjects were randomly assigned to the SP group than to FIAP. The subjects for both groups were phased in over a 15-month period, with 54 subjects in the FIAP group and 78 in the SP group. The pace and schedule with which subjects were phased in was determined by the capacity of the family specialists to initiate new cases and by a maximum active caseload of 10 children per specialist.

Program Application

The basic goals of the FIAP wraparound model were to: (a) stabilize placement in foster care and develop viable permanency plans (e.g., family

reunification, adoption, independent living; and (b) improve the behavioral and emotional adjustment of the children receiving FIAP services. These goals were achieved through four major intervention components that were refined as the intervention was implemented: (a) strength-based assessment, (b) life-domain planning, (c) clinical case management, and (d) follow-along supports and services. These four components were implemented by the FIAP family specialists (FSs) who served as family-centered, clinical case managers and home-based counselors, collaborating with foster caseworkers, other providers (e.g., teachers, therapists, scout leaders), foster parents, and natural families. FSs followed and served their children across settings, providing individually tailored services for them, as needed (Burchard & Clarke, 1990). A brief description of our recommended wrap-around process is provided below, with a more complete description detailed in McDonald, Boyd, Clark, and Stewart (1995).

Strength-Based Assessment

Strength-based assessment focuses on the strengths and potentials of the children and their families, while recognizing the problems that exist in their lives (Kutash, Duchnowski, Meyers, & King, in press). As children entered the study, they were assigned to one of the four FSs. The FSs initiated their cases by assessing the need for mental health and related overlay services for the children, their biological families and, to some extent, their foster families. This assessment process involved studying the foster care case records and interviewing the child's foster caseworker, foster parent, biological parent, teacher, guidance counselor, and other adults (e.g., provider agency therapist) who were relevant to the child's situation. The FSs attempted to gather information from each of the relevant adults to provide an understanding of the child's and family's past and current problems and, more importantly, to learn about their past successes and present strengths and potentials.

As the FSs reviewed case records and interviewed the relevant adults, they framed their search for strengths, needs, and potentials across 10 life domains (e.g., social competence and relationships, family or surrogate family, educational/vocational) that relate to basic human needs that individuals of this age typically need or experience (VanDenBerg, 1993). The FSs attempted to meet and observe the children in their foster homes (or emergency shelters), during home visits with the families of origin, at schools, and in other situations involving activities such as recreation and peer interactions. This assessment work provided the FSs with much of the

information needed for the planning process and guiding the team toward a proactive service plan.

Life Domain Planning

A FIAP wraparound team, composed of as many of the relevant adults as would participate, was established for each child. Each team typically met monthly, depending on the changing needs of the child and circumstances regarding natural, adoptive, extended and/or foster family. The goal of the team was to formulate, and revise as necessary, a life-domain plan addressing child/family priority needs within each of the domains. This planning method included an emphasis on formulating, revising and/or processing the most viable permanency plan through the foster care system and the courts.

The FS served as the facilitator for the team meetings with the goal of eventually transferring this responsibility to a parent, other relative, adoptive parent, or case manager who would play a consistent role in the child's life on a long-term basis. The facilitator's role was to: (a) guide the meeting, encouraging members to listen and to respect each other's points of view; (b) formulate or revise the life-domain plan; and (c) bring topics to a level of consensus that would lead to fulfillment of this action plan.

Clinical Case Management

The FIAP wraparound model emphasized the provision of intensive, individualized services and supports in the context of the child's home and community settings, to the extent possible. The FSs and other professionals associated with FIAP clients attempted to work with families during hours and at locations that were convenient to the family members (e.g., evening hours or while transporting a child).

In their role as home-based counselors, the FSs often instituted child counseling, family preservation interventions, or family therapy themselves. These services were initiated to ensure that the children and adults began these services with professionals whom they already knew and to avoid delays due to funding and the bureaucratic approval process. As funding and appropriate providers were secured, these child/family services were transferred to them.

In their case management roles, the FSs coordinated and monitored services that they brokered. Services and supports were tapped from those available through the social services systems (e.g., child dependency, mental health, juvenile justice), the educational system, community provider agen-

cies (e.g., adoptive parent support groups), and community service organizations (e.g., Big Brothers/Big Sisters), or through the use of flexible funds (Dollard, Evans, Lubrecht, & Schaeffer, 1994).

Follow-along Supports and Services

This wraparound model encouraged FSs to link children and families to natural supports, whenever possible, within their homes, schools and community settings. Although a FS might initially have hired a Big Brother for an adolescent who needed more recreational involvement and mentoring, this role often was shifted to a cousin or uncle as the child moved into a permanency setting in closer proximity to his extended family. The use of natural supports involved situations in which the FSs gradually were able to establish a biological parent as the child's case manager who could then deal with issues such as the child's therapy, school, or transportation needs. As the FSs and the FIAP teams were successful in addressing critical life-domain needs, children moved to a maintenance versus active case status. However, during maintenance, the FSs continued regularly scheduled tracking and monitoring of these children and families in attempts to prevent or remediate new or recurring serious problems.

Evaluation

The FIAP study used a repeated-measures between-groups design, with at-risk foster children who were randomly assigned to: (a) continue in standard practice foster care (SP group) or (b) participate in the Fostering Individualized Assistance Program (FIAP group). The children of both groups were exposed to the care and treatment practices that were usual to foster care, with the FIAP group receiving intensive case management and services. The research data were collected across a number of important domains and from multiple sources. Information was systematically gathered by trained interviewers from the children, caregivers (i.e., foster parent, biological parent, adoptive parent, or agency staff), foster care case records and placement payment records, delinquency and incarceration records, and school student records.

Placement Settings and Change Rates

The out-of-home placement history and ongoing placement information were available through the foster care payment record system used

for placement payments. Placement days for each child were tracked across settings, such as foster homes, group homes, group emergency shelter facilities, residential treatment centers, and psychiatric hospitals. Time spent living alone or with adoptive families, relatives, and parents was collected by the interviewers when the children and caregivers (or foster caseworkers) were interviewed or when they were contacted to schedule interviews.

A placement change was defined as movement from one provider to another or as an extended runaway of more than 30 days (a shorter runaway was not logged as a placement change). The days during which a child was on an extended runaway or was incarcerated were excluded from the calculations of the annualized rate of placement changes since a child was not available for a change in placement during these periods.

Runaway Status

The number of runaways and days on runaway status also were logged in the foster care payment record. When calculating the annualized rate of all runaways and days on runaway, the time during which a child was incarcerated was excluded since it was unlikely that this event was a possibility from secure facilities of detention, jail, corrections, and prison (and, if a runaway occurred, it would not have been logged on the foster care payment record).

Incarceration

The time during which a child was incarcerated was not logged specifically on the payment record but, rather, included under an "other" notation. The interviewers secured information regarding these notations through their interviews or contacts with foster care caseworkers.

RESULTS

Rate of Placement Changes

The mean annualized rate of placement change is shown in Fig. 1 for both FIAP and SP for the pre period (from entrance into foster system to entrance into study) and the post period (from entrance into study to approximately 2¹/₂ years later). As is evidenced by the second bar of each pair, the intervention with the FIAP group resulted in a decrease during the post period, whereas the SP group increased the rate of placement

changes per year. Using an alpha level of .05 for this and all subsequent statistical tests, a one-way ANOVA found the two groups to be significantly different on the number of annualized post placement changes, $F(1, 130) = 4.42, p = .04$. A repeated measures ANOVA conducted on the pre and post placement change rates yielded a marginal significance for the Group \times Time interaction, favoring the FIAP group, $F(1, 130) = 3.15, p = .08$.

Runaway Status

Thirty-nine percent of all children (FIAP = 33%, SP = 42%, *ns*) had run away from placement at least once. For this subset of 51 children with any history of runaways, the mean number of runs per year for the 18 FIAP children decreased from 2.2 pre to 1.5 post. A similar, but slightly smaller, pre/post change occurred for the 33 SP children, with a decrease from 2.1 to 1.6 runs per year. A Group \times Time repeated measures ANOVA was not significant, $F(1, 49) = 1.44, p = .24$.

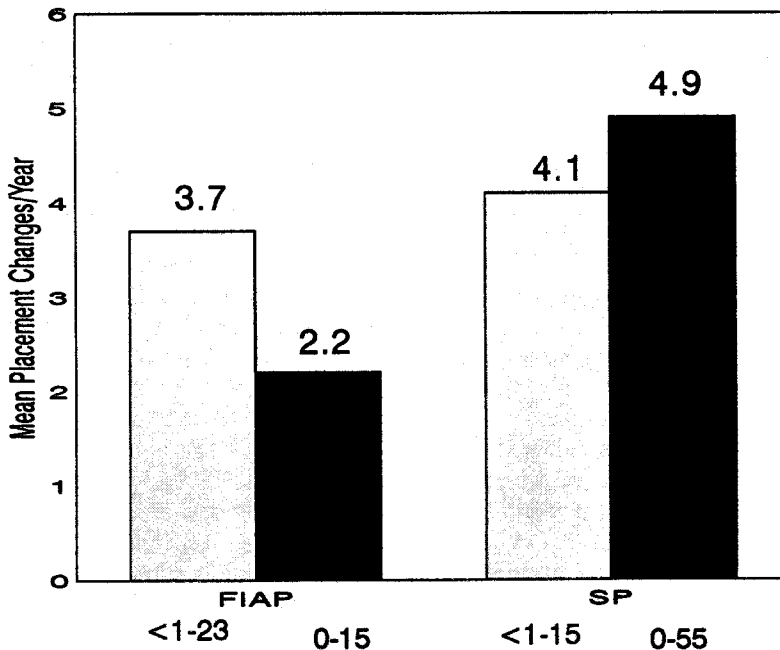


Fig. 1. The mean number of placement changes per year for the FIAP and SP groups during the pre period (gray bars) and the post period (black bars) are shown. The ranges for annualized placement changes are listed below each bar.

As shown in Fig. 2, these two subsets were significantly different in the length of time spent on runaway (days AWOL from designated placements). A Group \times Time repeated measures ANOVA on these pre/post data yielded a significant difference, suggesting greater improvement among the FIAP children, $F(1, 49) = 10.43, p = .002$. During the post period, only 2 FIAP children were on runaway for more than 100 mean days per year, while 12 SP children were on runaway for that length of time or more (Odds Ratio = 4.6, $p < .05$).

Incarceration Status

Ten percent of the children had spent time incarcerated in detention, jail, correctional centers, or adult prisons during the pre or post periods or both. For this subset of 23 children (10 FIAP, 13 SP), their mean number of days of incarceration per year are shown in Fig. 3. In a repeated measures ANOVA, time incarcerated was found to be significantly greater in

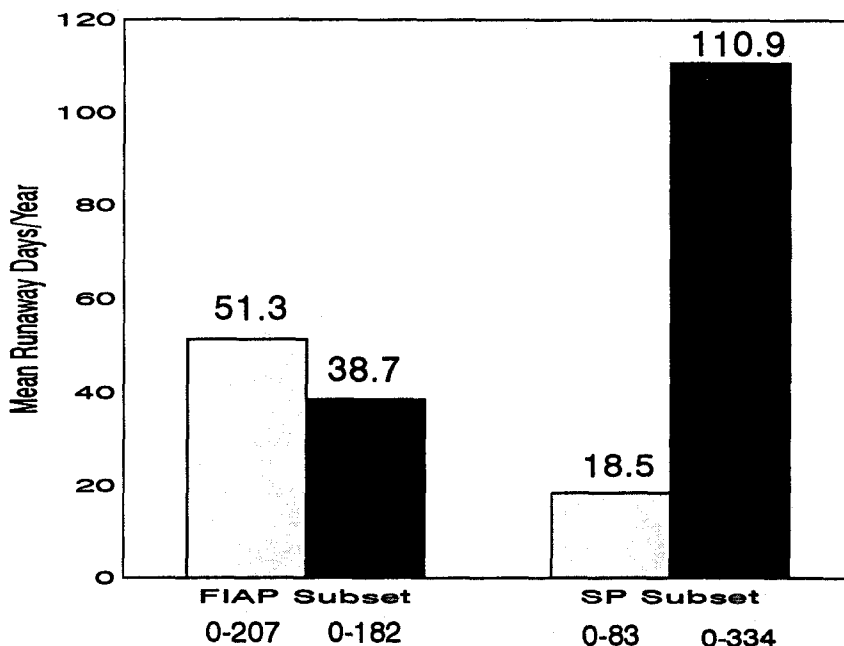


Fig. 2. The mean number of days per year on runaway status for the subset of 18 FIAP children and the subset of 33 SP children who had any history of runaway are shown (pre period = gray bars; post period = black bars). The ranges are listed below each bar.

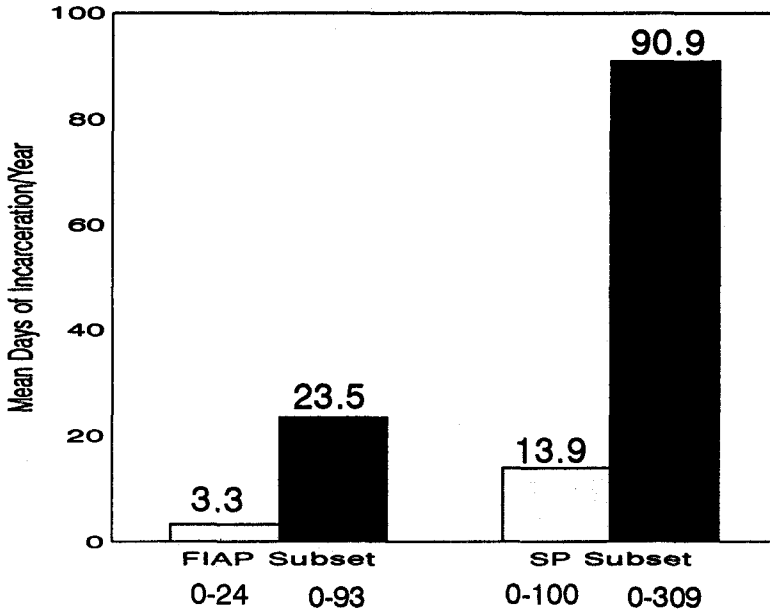


Fig. 3. The mean number of days of incarceration per year for the subset of 10 FIAP children and the subset of 13 SP children who had any history of incarceration in detention, jails, correctional centers, or adult prisons (pre period = gray bars; post period = black bars). The ranges are listed below each bar.

the post period, $F(1, 21) = 5.68, p = .027$; and an initial main effect for Group was nearly significant, $F(1, 21) = 4.13, p = .055$. With these effects removed, the Group \times Time interaction did not reach significance. However, during the post period, none of the FIAP children averaged as many as 100 days incarcerated per year, while four SP children averaged over 200 days per year incarcerated. Thus, a youth in the SP subset was 1.6 times as likely as the FIAP subset to have been incarcerated for more than half the time after entry to the study.

Permanency Placements

At the start of this study, all of the children were in regular foster care or shelter care. Examination of the placements of children, based on interviews or placement payment records as of summer 1994 (Fig. 4, black bars) and winter 1994/95 (Fig. 4, striped bars), suggested some interesting patterns. A FIAP child was significantly more likely than a SP child to

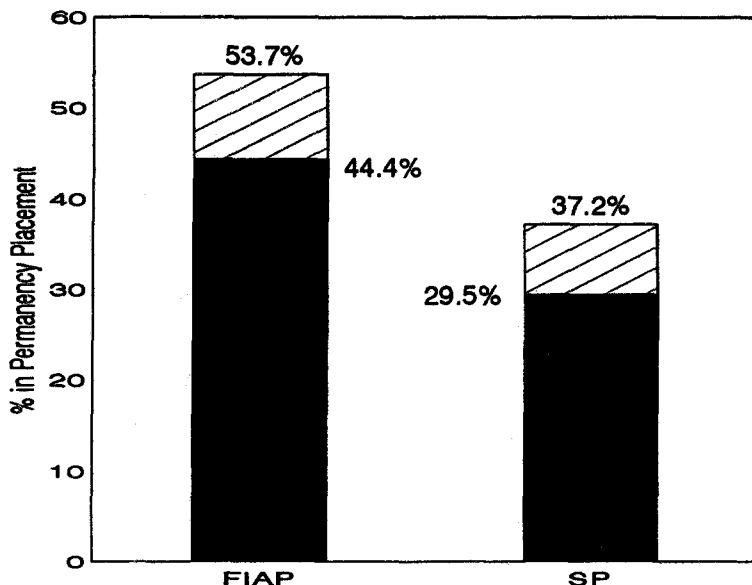


Fig. 4. The percent of children in permanency type placements, such as living with natural, relative, or adoptive families, or living independently as of summer 1994. The black bars represent the percentage of children in permanency within the FIAP group (44.4%) and the SP group (29.5%) as of the summer of 1994. The additional striped section of both bars represents the percent of children in permanency placements as of the winter of 1994/95.

have been placed in a permanency home; summer 1994: Odds Ratio = 2.3, $p < .05$, and winter 1994: Odds Ratio = 2.0, $p < .05$.

DISCUSSION

The findings suggest that the FIAP wraparound process holds some promise for improving placement outcomes for children with emotional/behavioral disturbances who are lost within the foster care system. The mean rate of placement changes averaged 4.0 per year across the two groups during the pre period and then, during the post period, the two groups differed significantly, with the FIAP children changing placement substantially less and the SP children slightly more than their pre period rate. For the subset of children who had any history of running away, the mean number of runaways per year decreased, although not significantly, for both

FIAP and SP. However, the mean number of days of runaway per year was found to be significantly different for the two subsets, with the FIAP children on runaway status during the post period for less than half the days of their pre period and the SP children on runaway for almost three times more days than during their pre period. During the post period, the number of days of incarceration in detention, jail, correctional centers, or adult prisons shows a marginally significant increase for both groups, with the FIAP subset increasing to a mean of approximately 23 days per year and the SP subset increasing to a mean of about 91 days per year. There was a significantly greater likelihood that a FIAP versus a SP child would achieve a permanency placement in a natural, adoptive, or relative home, or independent living.

The results regarding the rate of placement change and permanency in less restrictive settings have implications for an individual's overall adjustment. In a recent study regarding child and family mobility, it was found that children (6 to 17 years old) who moved six or more times over their lifetimes were 35% more likely to have repeated a grade and 77% more likely to have four or more frequently occurring behavioral problems than children who had never or infrequently moved (Wood, Halfon, Scarlata, Newacheck, & Nessim, 1993). This study, which isolated the effects of mobility from other factors such as poverty, race, socio-economic status and family constellation, supports previous findings that also related frequent mobility to lower school achievement, increased dropout rates, poorer psychological adjustment, and adverse effects on maintenance of friendships (Haggerty, Roghman, & Pless, 1975; Stokols & Shumaker, 1982). Regarding out-of-home placements, children with behavior problems have longer stays (Lawder, Poulin, & Andrews, 1986), and the number of placement changes is linked to emotional/behavioral disturbances (Cooper, Peterson, & Meier, 1987). Further, the more extended the out-of-home placements, the more externalizing types of problems are displayed, and the lower the probability of reunification (Goerge, 1990; Landsverk, Davis, Ganger, Newton, & Johnson, 1995).

These findings suggest that the children in the FIAP study are being exposed to a serious risk factor in the placement changes that are imposed on them at a rate of four to five per year. Some preliminary FIAP school data for the pre period suggests that approximately 80% of the children were changing schools one or more times per year, with some children experiencing up to five and six school changes per year while in the custody of foster care. The rates of change in residence and school, in combination with other risk factors associated with being adjudicated dependent (e.g., history of abuse, family disruption, sibling loss) would seem to place these children in serious jeopardy.

In an earlier paper on this project, we reported that the trends and statistical differences across measures of emotional/behavioral adjustment suggested that both groups (i.e., FIAP and SP) were showing improvement over time, with FIAP displaying slightly greater improvement in adjustment on some subscales (Clark et al., 1994). It was particularly interesting to find that the subset of FIAP children in permanency home settings showed significantly better emotional/behavioral adjustment than did the subset of SP children in similar settings.

Other recent controlled studies also have shown similar improvements over time in emotional/behavioral adjustment with little or no differential effects between the individualized wraparound group and the standard practice comparison group (e.g., Bickman, Heflinger, Lambert, & Summerfelt, in press; Cauce, Morgan, Wagner, & Moore, 1995). The exception to these findings is the multisystemic therapy approach to conduct disordered youth and their families in the community with a differential impact between the groups favoring the wraparound strategy on both emotional/behavioral adjustment and a community adjustment indicator of arrests (Henggeler, Melton, Smith, Schoenwald, & Hanley, 1993; Scherer, Brondino, Henggeler, Melton, & Hanley, 1994). It appears that Henggeler and his colleagues have ensured the integrity of the delivery of their individualized intervention to a greater extent than any of the other individualized wraparound services studies to date. This may partially account for the superiority of their findings across *both* categories of outcomes.

In contrast to the multisystemic therapy studies which have primarily targeted conduct-disordered youth who reside at home, our study included children who had been removed from their homes due to child abuse and neglect and were in out of home settings for an average of 2.6 years at entry to our study. Additionally, they have experienced an average of four placement changes per year. The nature of these individuals' psychopathologies may not be as amenable to change as with conduct-disordered individuals.

Our findings lend some support to the superiority of individualized strategies of service delivery for children with the severest of emotional/behavioral disturbances and their families. As encouraging as these outcome results are, the magnitude of the effects would suggest that not all the children are reaching the levels of clinical significance that would indicate that they were treated adequately (Cunningham-Howard, 1994). However, some of these initial small effects are somewhat understandable in light of the fact that the field is still defining and refining the wraparound process and children's systems of care strategies for these extremely challenging children and their families.

From a research perspective, the FIAP study has the advantage over many others in that it was a controlled investigation with children at risk for emotional and behavioral disorders. Nevertheless, the descriptor "controlled" did not guarantee that the FIAP study was exempt from sources of confound, such as: (a) the fidelity of the intervention varying due to the wraparound process having to be modified over time as we found weaknesses in our original model; (b) the fidelity of the intervention weakened, at times, due to variations across the family specialists and their supervisor; (c) the increase in caseworker turnover due to the state foster care system's reorganization and the unanticipated delays in securing permanency plans through the foster care system and the courts; and (d) the filing of a lawsuit which brought the governor and legislature to appropriate millions of new dollars to the foster care and adoption system midway through our study, thus enhancing "standard practice."

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