SPECIAL CARE CHILDREN AND YOUTH IN FOSTER CARE: ISSUES OF PLACEMENT AND SERVICE INTERVENTIONS

Prepared for the
Central California Welfare Directors

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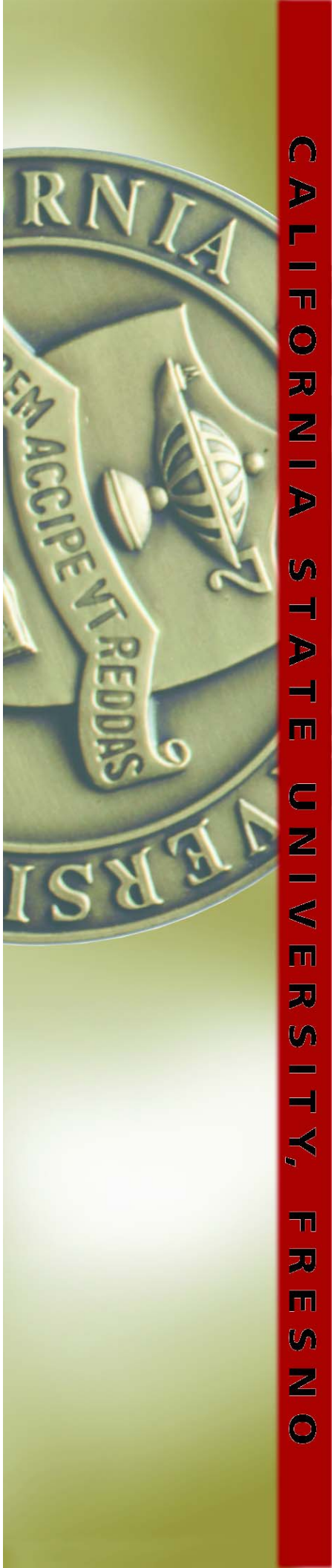
Prepared by
Salvador Montana, M.S.W.
Director, Children's Institute

Edited by
Virginia Rondero Hernandez, Ph.D.

The College of Health and Human Services



Central California Children's Institute
Central California Center for Health and Human Services
College of Health and Human Services
California State University, Fresno
1625 East Shaw Ave., Ste. 146
Fresno, CA 93710-8106
Tel: (559) 228-2150
Fax: (559) 228-2168
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http://www.csufresno.edu/ccchhs/CI/pubs.html

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Introduction

The Central California Welfare Directors established the Central California foster care ad hoc committee during November 2001 to examine and develop recommendations on *special care children and youth* in foster care. The phrase *special care children and youth* was coined by the Central California foster care ad hoc committee to describe foster children whose emotional and developmental needs are not being met in foster care. As a result of their needs not being met, these children experience chronic placement instability during their stay in foster care. The Central California foster care ad hoc committee first assembled during February 2002, and its membership consists of county representatives from Fresno, Kern, Kings, Madera, Merced, San Joaquin, San Luis Obispo, Santa Barbara, Stanislaus, and Tulare counties, and representatives from the California Department of Social Services (see appendix). To support the efforts of the ad hoc committee, California State University, Fresno was asked to research practices that are both effective in caring and providing better outcomes for foster children. This report highlights some promising approaches, best practices, and evidence-based practices that may assist communities in Central California with caring for special care children and youth.

Problem Statement

The State of California, like the nation as a whole, faces significant challenges in the design and delivery of Child Welfare Services (CWS). CWS are publicly legislated programs designed to provide investigative, supportive, remedial, and foster care services for children and families who have experienced child maltreatment. These challenges are evidenced by the number of reform or redesign efforts occurring nationwide (Child Welfare Stakeholders Group, 2002). In California, this is characterized by the CWS Stakeholder Group, a massive statewide effort to address the large and complex issues of CWS. CWS issues are particularly acute in the Central California region, defined as Fresno, Kern, Kings, Madera, Merced, San Joaquin, San Luis Obispo, Santa Barbara, Stanislaus, and Tulare counties, because of the region's high poverty and unemployment rates. According to data obtained from the U.S. Census (2000), the eight counties of the San Joaquin Valley of Central California (excluding San Luis Obispo and Santa Barbara) averaged 20.5 % of people living below the poverty level in the year 1999. Unemployment averaged 12.3 % for calendar year 2001 (State of California, 2002). Social science literature correlates high poverty and unemployment with higher incidences of child maltreatment and foster care placement (English, 1998; Little Hoover Commission, 1999).

Because of the enormity, complexity, and sometimes chaotic nature of CWS, efforts at reforming and improving the system seem daunting. However, many communities are committed to initiating new programs and reforms in an attempt to improve their CWS systems. One area needing attention for many communities is limited placement resources for foster children with mental, developmental, emotional, and behavioral problems. These children sometimes wait in county facilities pending foster care placement. Until recently some children were housed in unlicensed facilities during these waiting periods. These

problems result from the lack of stable long-term placements that meet the emotional and developmental needs of these children, who often experience multiple placements during their foster care experience.

One of the significant discussions on how to care for this group of foster children occurred at a meeting held in Fresno County during November of 2001. This meeting was called by Fresno County Human Services System and was hosted by California State University, Fresno. Regional county human services directors from Kern, Kings, Madera, Merced and Tulare Counties, their staffs, and representatives from the California Department of Social Services gathered to discuss this issue. At this meeting, frustration was expressed over the following issues:

- Proper state and county roles
- Constricting statutory rules and funding streams that inhibit solutions to the issue
- The lack of identified best-practice approaches to manage these children
- The lack of available placement facilities that can clinically treat these children

Ultimately, out of this frustration came a renewed commitment to developing solutions to the problem. This was the basis for forming the Central California foster care ad hoc committee, which has met monthly to develop recommendations on this issue for the Central California Welfare Directors.

County Data: Profile of Special Care Children and Youth in Foster Care

At the onset of discussions, the ad hoc committee faced an immediate problem of adequately describing these foster children beyond the collective experience of not being able to find adequate placements and services. Many experiential and anecdotal descriptions were provided. Although useful in defining the scope of the problem, it soon became apparent that the committee was discussing a wide variety of foster children. These children ranged from developmentally delayed children, children with severe mental diagnosis, to children with a host of severe behavioral and emotional problems. Because the committee could have easily been overwhelmed by the enormity of need, it was decided to focus on foster children experiencing behavioral and emotional difficulties resulting from stress, trauma, separation, and loss. While other foster children have very legitimate needs, taking on such a broad spectrum of placement issues would have diluted the ability of the group to make any significant impact on the issue. Members of the committee were aware of several severely distributed children who were experiencing difficulties with placement and who were well known to treatment and service providers in their communities. The foster care ad hoc committee identified these foster children as special care children and youth, because of their higher service and treatment needs.

In January 2002, counties provided data on their special care children and youth in foster care. The data were problematic because of different definitions used by counties, data collection resources, local placement resources, and other county nuances and differences. However, a descriptive summary of the data is useful, despite the limitations of the data:

- Of the seven counties reporting, the average age of children being special care children and youth was 13 years of age.

- Males outnumbered females at a ratio of about 3:1.

- The average age at entering the system was 8 and the average length of stay was 5-6 years. This suggests children entering the foster care system are essentially being reared in the system.

- Four counties reported high incidences of runaway behavior and recoded juvenile delinquency episodes at an average of 27.5%. This percentage was skewed by low incidence in one county's data. After removing this county's data, the average increased to 36%.

- Attempts at reunification between child and natural parent(s) averaged about 34% (high 66% to low 18%), perhaps, indicating the severity of the child abuse incident and variation in community norms regarding reunification.

- Placement history indicated at least one placement with relatives. Most counties (five) reported at least one group home placement per child, but the reporting average was 2.5 group home placements. One county reported an average of 8 group home placements.

- Five counties reported high recent utilization of mental health services (ranging from 31% to 100%), hospitalization (range12% to 58%), and "wraparound services" (32% to 75%).

Again, caution should be exercised in interpreting the data as these data were county self-report data and were not collected for purposes of scientific research.

Literature Review: Profile of Special Care Children and Youth in Foster Care

A review of the literature finds better descriptors of special care children and youth. A good descriptor of these children was provided by Lynne Marsenich (2002), in her timely publication entitled, *Evidence-Based Practices in Mental Health Services for Foster Youth.* Marsenich described these children as "revolving door" foster children, and her publication is a must read for communities looking for solutions to this issue. In addition to identifying evidenced-based mental health practices for revolving door children, her description of these

children can help nonclinical professionals understand the experiences of these foster children and why they are difficult to reach, treat, and manage. Drawing from past research, Marsenich (2000) identified these children as possessing externalizing mental health disorders which are "characterized by the children's failure to control their behavior to meet the expectations of adults, peers, teachers, and/or legal authorities; these disorders are characterized by non-compliance, aggression, destructiveness, attention problems, impulsivity, hyperactivity and delinquent behavior" (p. 25). These external mental health disorders and the inability to manage and treat these disorders contribute to higher rates of placement instability.

The publication, *Reexamination of the Role of Group Care in a Family-Based System* (State of California, June 2001), stated that group care has become the primary placement option for foster children exhibiting behavioral and emotional problems. The publication reported three-fourths of children in group care as being 12 years and older, lacking age appropriate social skills, exhibiting externalizing behaviors, and being verbally and physically abusive. A study cited in the report by the California Association of Services for Children (1996-98), an association of foster care providers including group care, indicated similar behaviors.

In research related to juvenile delinquent foster children with severe behavioral and emotional problems, Chamberlain (1994) described them as possessing "established patterns of anti-social behavior . . . with high rates of noncompliance and an abrasive style of interacting with others" (p. 2). These youth learn "high-amplitude coercive strategies to maximize short-term gains" (p. 2), that, when combined with other factors, lead to disruptions in placement. She cited the term *deviancy drift* to describe the rejection process experienced by antisocial children. Clearly special care children and youth in foster care are best characterized by their behavioral and emotional problems resulting from the inability of their natural families and foster care serving agencies to meet their emotional and developmental needs.

Literature Review: Intervention for Special Care Children and Youth in Foster Care

One of the sentiments expressed by the regional foster care ad hoc committee is that group care for many foster children with severe behavioral and emotional problems appears not to work. It seems that many group home providers are ill prepared to care for foster children with serious needs. As a result, many disturbed children are reportedly "ejected" from placement multiple times or are not accepted into group home facilities in favor of children with less problematic issues. Given the dearth of group care resources in most communities, these reported practices appear to exacerbate the issue of locating placement and treatment services for these children. However, recent research suggests differently.

Barth (2002) implied that treatment for disturbed children can occur in less restrictive settings. Barth found that children in group care do not have worse behaviors than children in other less restrictive settings. Using the 2002 National Survey of Child and Adolescent

Well-Being, Barth concluded that children in group care do not appear to have higher clinical scores in behavioral and cognitive ranges than children who reside in kinship or non-kinship care. Barth found no evidence that the overall quality of care in group homes is better than lesser levels of care; however, the cost of group home care is many times the cost of less restrictive levels of care. Marsenich (2002) also stated that research does not support the notion that group home interventions produce better outcomes for severely disturbed children. Other research suggests that group care promotes the type of anti-social behaviors and poor emotional responses that social workers, treatment providers, and others try to address. For example, The Child and Adolescent Violence Research (2002) at the National Institute of Mental Health takes the position that current policies and practices that place troubled youth in congregate care may be employing the wrong approach. The negative influences of peers in group care have a strong effect on many youth, which may lead to more aggressive and antisocial behaviors.

Given county staff experiences with group homes, and the growing body of literature suggesting mixed and poor results for many foster children in group care, the obvious question is, "what does work?" Marsenisch's (2002) research on this issue provided good information on what works. Marsenich reviewed the literature to identify interventions that provided evidence for the effectiveness of programs in the treatment of foster children. She cites these interventions and strategies as "evidence-based practices." The term "evidence-based" has become popular in the last ten years and represents the evaluation of treatment or intervention outcomes based on experimental scientific research. In addition, evidence-based uses stringent research guidelines and protocols, and exceed often-used standards of practice wisdom or best practices. Marsenich cites two evidence-based interventions that are effective for working with foster children with severe emotional and behavioral problems:
Wraparound Intervention and Treatment
Foster Care.

Wraparound Interventions

Marsenich (2002) found only one evidence-based wraparound intervention: the Fostering Individual Assistance Program (FIAP) developed by Hewitt Clark and associates at the University of South Florida. Researchers found children assigned to the FIAP program changed placement less often and showed greater improvement in behavioral and emotional adjustment than children in the standard practice (control) group (Clark, Lee, Prange, & McDonald, 1996). However, other literature has indicated promising results with wraparound services. Burns, Goldman, Faw, and Burchard (1999), in *Promising Practices in Wraparound for Children with Serious Emotional Disturbance and Their Families,* reported that wraparound is seen as a promising approach to addressing the mental health needs of children with severe behavioral and emotional problems and their families, especially in a community context. Burns et al. (1999) reported the research results of wraparound programs in nine states based on varied research methods and designs. These studies suggest preliminary evidence of wraparound effectiveness. However, Burns et al. (1999) expressed

concern that more and more services are being called wraparound services, thereby diluting the principals, ideals, elements, requirements, and ultimately the success of these programs.

Skiba and Nichols (2000), in their work titled *What Works in Wraparound Programming*, suggested that institutional youth receiving wraparound are more likely to transition to less restrictive levels of care and have more stable permanent living arrangements. Also, youth showed improved functioning in behavioral adaptations and emotional functioning. Similar to Burns et al. (1999), Skiba and Nichols stated that there is still great confusion and inconsistency in the definition of wraparound, no standards that qualify as wraparound, and a variety of services identified as wraparound. These issues make wraparound difficult to operationalize, resulting in diluted or cavalier approaches to wraparound services. This often produces a false panacea for working with troubled youth.

Treatment Foster Care

Treatment Foster Care (TFC), developed primarily by Patricia Chamberlain and her colleagues at the Oregon Social Learning Center and supported by the National Institute of Mental Health, is cited in several literature sources as an effective intervention for children with severe behavioral and emotional problems (Barth, 2002; Kluge, Alexander, & Curtis, 2000; Crane, 1998). Built on a parent-mediated intervention model, foster parents are recruited, trained, and supported as primary interventionists for emotionally disturbed and conduct disordered children and youth. Clinicians provide training, support, and 24-hour consultation for foster parents. TFC has been used with three populations: adolescents with chronic delinquency and conduct problems, adolescents with severe emotional problems, and latency age and preschool children. Barth (2002) stated that TFC is consistent with the principles of human service of caring and promoting individual well-being in the least restrictive environment.

A good, comprehensive and in-depth description of the TFC model is contained in the publications *Family Connections* (Chamberlain, 1994) and *Intensified Foster Care: Multi-Level Treatment for Adolescents with Conduct Disorders in Out-Of-Home Care* (Chamberlain, 1996). *Family Connections* described the "nuts and bolts" of the Monitor Program (a Treatment Foster Care program) targeted at delinquent youth with severe behavioral and emotional problems. The Monitor Program used specialized and concentrated approaches to foster parenting, case management (including schools), clinical treatment and work with biological and adoptive parents. The publication *Intensified Foster Care* provided a briefer description of TFC, which is characterized as a family-centered, adult-mediated approach (as opposed to the peer culture approach of group care). This article cautioned against using only one element of the model at the exclusion of other key services, an adaptation which experience has shown not to be successful. Chamberlain stated that TFC is appealing because it minimizes the influence of peers with similar problems and is more cost effective. She also indicated that many group home operators have converted to the TFC model.

The Family to Family Initiative

A reform foster care effort receiving national attention for addressing "the crisis" of foster care is the Family to Family initiative begun and supported by the Annie E. Casey Foundation. The Family to Family initiative is currently present in three Central California counties, San Luis Obispo, Santa Barbara and Stanislaus, and is supported by California's Stuart Foundation. The Family to Family initiative can be described as a broad-based, comprehensive community approach, which proposes appropriate reforms in policy, resources, programs, and family foster care (Annie E. Casey Foundation, 2002). Among other elements, it emphasizes a strong culturally sensitive and neighborhood-based, family foster care setting designed to reduce institutional or congregate care. More detailed and descriptive information on the Family to Family initiative is available on-line from the Annie E. Casey Foundation web site at http://www.aecf.org. The web site also offers free publications, which provide an overview of the initiative and detailed descriptions of the initiative's major components.

Because the Family to Family initiative takes a broader approach to reconstructing child welfare, its focus is on all children in foster care versus specifically targeting children with behavioral and emotional problems. However, its underlying premise is that many children, including children with behavioral and emotional difficulties, can be cared for in neighborhood, family-like settings. Like TFC, the Family to Family initiative views foster parents as an integral piece of the initiative's work with foster children, but their program description does not describe foster parents as being "primary interventionist." Instead, the initiative's literature on foster parenting emphasizes recruitment strategies and support for foster parents. The initiative recommends no specific curriculum for training, although it does recommend subjects to be covered, such as behavioral management and emotional problems of children, which differs from TFC. TFC provides for child specific training and child team members (case manager, clinical staff, etc.) are viewed as specialists who possess specific expertise in working with behaviorally and emotionally disturbed foster children.

An evaluation of the Family to Family initiative was conducted by the Research Triangle Institute and the Jordan Institute for Families, University of North Carolina at Chapel Hill (1998) in five states (Birmingham, Alabama; Albuquerque, New Mexico; Cincinnati and Cleveland, Ohio; Baltimore, Maryland; and Philadelphia, Pennsylvania), from the period between 1994 and 1996. A quasi-experimental design using nonequivalent control groups was used to evaluate the program and incorporate baseline comparisons across multiple years between demonstration and comparison sites. The evaluation looked at four major evaluation domains: public policy, program management and structure, program operations, and program impact. For the purposes of this report, the program impact domain is the most relevant. Program impact defined quality of care using the following outcomes:

- Placement Closer to Their Family
- Less Disruptive Care
- Shorter Lengths of Stay
- Better Chance of Reunification or Permanence
- Less Chance of Reentering Care

The most consistent finding was for the outcome of less disruptive care. Across all sites there was a reduction in the number of placements experienced by the children involved in the study. Reduction in placements was defined as children leaving care after 1 year, but before 2 years, who had experienced three or more placements. One site measured a 38% improvement in placement reduction. Other sites also showed improvement, but outcomes were less dramatic. There was variation in the outcome of shorter length of stay. Generally, most sites experienced an increase in length of stay. This was attributed to the Family to Family initiative's in-home services targeted at less risky families, which resulted in more children remaining at home. More children remaining at home from low risk families had the effect of reducing the number of children who traditionally stayed shorter in foster care. The increase in length of stay reflected children with more serious needs who continued to penetrate the system and tend to stay longer in foster care.

Some sites reported an increase in reunification, with one site going from a 64% to a 81% reunification rate over a 6-year period. Data limitations affected the analysis of permanence and insufficient data affected the analysis of proximity of placement, making it difficult to assess of these outcome areas. Reentry rates remained largely unchanged in most sites, probably a result of children with serious needs consistently penetrating the system. Other patterns noted in the evaluation were expanded use of kinship care as a placement resource and increased use of same-relative guardianship once custody was terminated. Lastly, the Family to Family initiative sites experiencing the most success were generally located in areas with stable and supportive political and social leadership, versus sites with recent changes in leadership or sites caught in local political upheaval.

Multisystemic Therapy

Another intervention effective in treating youth with externalizing behaviors is Multisystemic Therapy (MST). MST has its origins in the early 1980s and is a short-term, integrative, family-based treatment targeted at adolescents with serious antisocial behavior. Burns, Schoenwald, Burchard, Faw, and Santos (2000) stated that traditional services have not taken into account that behavioral problems stem not only from factors associated with the youth, but are also the result of factors related to family and the community where the youth resides. MST strives to equip the youth and family with the skills to more adequately function in their environment so that the need for out-of-home care is reduced or eliminated (Henggeler, 1997). MST differs from wraparound services in that MST provides home-based clinical services grounded in specific treatment modalities. Wraparound emphasizes individualized care based on nonclinical community and agency services and resources, although clinical services can be part of the wraparound package.

Traditionally, MST programs and studies have been directed at youth in the juvenile justice system, but one MST program with child maltreating families was studied. Proponents of MST believe that youth should be kept from deviant peer groups, such as children found in group care (Henggeler, 1997). They also maintain that no scientific evidence exists showing the effectiveness of group care. More effective treatment of antisocial youth is found within the youth and family context utilizing neighborhood and community supports. MST treatment sites are located in the field, such as home, school, or other locations in the neighborhood. MST uses an intensive case management and treatment approach. Generally the length of service is 3 to 5 months, with accessibility to program services 24 hours a day, 7 days a week. Treatment staffs are masters-level personnel who work with four to six families at a time. All systems that interact with the youth and family are used for treatment and support. Peers, school, neighborhood, and indigenous networks are engaged in a case management plan to promote positive change.

Henggeler and his colleagues at the Medical University of South Carolina have been conducting research on the effectiveness of MST since 1986 (Burns et al., 2000). Study designs have included quasi-experimental, randomized clinical trials, and pre and posttest. Results have been favorable, with reduced incidences of delinquency behaviors (rearrest, reoffending, drug use, etc.) and problem behaviors among program participants (Burns et al., 2000; Henggeler, 1997; Multisystemic Therapy Services, 2000; Underwood, 2002). Brunk and associates conducted a study in Memphis, Tennessee in 1987 on families referred to MST as a result of child abuse and neglect. They noted decreases in severity of identified problems and improved youth and parent interaction (Nelson, 1997). Although most MST studies have been conducted on delinquent youth, there appears to be implications for youth and families in child welfare. This approach suggests less reliance on out-of-home care and more attention to improving youth and family functioning. More MST research with child abuse and neglect families is needed to validate these assumptions.

Summary

Because of the difficulties of conducting well-controlled experimental research in the field (Chamberlain, 1994; Rubin & Babin, 2001), the literature on evidence-based approaches to working with foster children is sparse (Marsenich, 2002). Through the work of other researchers seeking to ask the proverbial question of "what works," this report identified interventions that have demonstrated success or have shown promise in working with special care children and youth in foster care. It does appear that successful interventions can be applied to this population of children to help stabilize their foster care placement. The issue then becomes, how can these interventions be replicated in the Central California region? Replication is no easy task. There is a tendency by communities to transport pieces or part of a successful intervention for the sake of expediency or because of shortages in resources. Doing this could spurn failed or less successful outcomes. Successful approaches to replication employ a more holistic approach, incorporating the treatment and service philosophy and its principles and values that underpin the intervention.

Recommendations

The foster care ad hoc committee was formed to explore a regional solution to placement dilemmas for foster children. The committee began to focus on severely behaviorally and emotionally disturbed children, however, a specific regional solution to placement never materialized. This was due to a number of factors including the following: complexity of the issue, absence of consensus, differences in how the issue impacts counties, inability of counties to commit resources to a regional approach, and pressing need to immediately address the issue locally. Despite these factors, several broad recommendations were endorsed by the foster care ad hoc committee that may be useful in future work on this issue.

Intervention Recommendations for Special Care Children and Youth in Foster Care:

1. Along with the state and group home providers, counties should work toward placing these children in family foster care setting, with the appropriate level of service support, as an alternative to group care. This is based on the growing body of literature demonstrating that outcomes for children in group care are either mixed, no better than in less restrictive settings, or results in poorer outcomes.
2. Financial incentives and flexibility should be developed that allow for adequate reimbursement to care providers. For example, foster care payments should be attached to the child reflecting the level of care and services provided by the care provider to maintain the child in the least restrictive setting.
3. State and counties should develop more neighborhood-based family foster home resources in those communities where children are removed.
4. State and counties should support and develop broader community-wide interventions to prevent placement in foster care and for caring for foster children, versus an exclusive emphasis on individual and family casework.
5. Work with behaviorally and emotionally disturbed children should be viewed as a specialty area of practice that requires the use of evidence-based interventions or promising practice based on research. Since this specialization requires higher skill and expertise among case managers, clinicians, and others working with these children, specialized training and education should be developed and provided.
6. Foster parent recruitment, support, and training should be specialized to support foster parents as "primary interventionists" for these children. Recruitment and training should be child specific, and support for this group of foster parents should be more expansive and accessible.
7. Intervention should incorporate work with natural families even if a child has experienced many years of placement in long-term foster care. Closely related, reunification of these foster children with natural parents or extended families should be reevaluated, especially for youth who will soon be transitioning out of foster care.
8. For children who cannot be placed in a family foster home setting, state licensing should strongly promote and encourage programs, treatments, and services that better meet the needs of foster children requiring temporary restrictive levels of care. In addition, state licensing and oversight should reflect local and regional input,

recommendations, and concerns on type of foster care settings, treatments, and services needed for these children.

9. The state and counties should explore the feasibility of replicating evidence-based interventions and strategies and promising practices in the Central California region to better serve severely behaviorally and emotionally disturbed children.
10. The Central California region should partner with universities or other institutions to collect and analyze data on this needy population of children and evaluate the effectiveness of evidence-based and promising practice interventions applied in the Central California region.

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APPENDIX

Central California Foster Care Ad Hoc Committee

Central California Counties

Child Welfare Services

Ann Hirose	Kern County	Linda Berg	Merced County
Pam Holiwell	Kern County	Denny AhTye	San Joaquin County
Fern Mills	Kings County	Charlene Reid	San Luis Obispo County
Patty Poulsen	Fresno County	Bill La Rocco	Santa Barbara County
Kathy Wagner	Fresno County	Egon Stammler	Stanislaus County
Kelly Woodard	Fresno County	Ken Jensen	Tulare County
Susan Arteaga	Madera County		
Jeanne Welton	Madera County		

Mental Health

Lola Aguiniga	Fresno County
Juanita Fiorello	Fresno County
Joanne Brazil	Madera County

State of California

Duane Matsubara	Community Care Licensing – Fresno
Lisa Slusher	Community Care Licensing – Fresno
Patricia Aguilar	California Department of Social Services
James Brown	California Department of Social Services
David Dodd	California Department of Social Services

California State University, Fresno

Terry Luna	Central California Child Welfare Training Academy
Salvador Montana	Children's Institute
Petra Smith	Children's Institute