COLORADO
Office of Behavioral Health
Department of Human Services

COACT Colorado Communities of Excellence Project Wide Report

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PREPARED FOR
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Above The Data

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Executive Summary

The Colorado Department of Human Services, Office of Behavioral Health, in partnership with the Office of Children, Youth and Families and other partners, has implemented a four-year initiative called COACT Colorado supported by the Substance Abuse and Mental Health Services Administration (SAMHSA) to expand the system of care approach for children and adolescents with serious behavioral health challenges and their families.

This report aims to document the results obtained by the 14 Communities of Excellence (COE) who began the initiative to summarize the project-wide outcomes.

Data for this report was collected through September 2016.

Additionally, some of the infrastucture improvements that have occurred in Boulder and Montrose counties will be highlighted as examples of community collaboration and practices that are intended to improve outcomes for children, youth and families. Boulder and Montrose were selected because they are examples of an urban and a rural community that have embraced the SOC philosophies and have enacted changes since the project onset.

Both Montrose and Boulder identified increased family participation and empowerment and trauma awareness as value-added components due to participation in the COACT Colorado initiative. Additionally, Montrose stated that cultural awareness and understanding were gained from participation. Boulder also identified increasing natural supports in the Wraparound team as a benefit to their community from COACT Colorado participation.

The COACT Colorado initiative enrolled 338 children/youth participants. Of those, 186 were discharged from services at the time of this report (September 2016). The remainder of children/youth were still engaged in services.

El Paso County served the most children/youth (78, 23.0% of the total), more than double the number served by any other community.

More participants were male (59.5%) and about half the participants were white (50.2%).

Greater than three-fourths (78.0%) of the children and youth were involved in two or more child serving systems at admission, demonstrating the complex nature of their needs.

In year two the COEs adopted four "Wildly Important Goals" (WIG). These goals focused on four areas: perception of care, school performance, crisis and correctional nights, and level of functioning. The goals were measured with items either on the National Outcome Measure (NOMs) (a self-report instrument completed by the youth or their caregiver) or the Colorado

Client Assessment Record (CCAR) (completed by a trained professional working closely with the child/youth and their family).

The goal for the initiative was to have 300 children/youth reach a predefined threshold of success on at least one of the four Wildly Important Goals. A total of 268 (89.3% of the goal) were deemed successful through September of 2016.

Three of four self-report measures of daily life and family functioning showed significant improvement between admission and discharge from SOC services. The two comparable professional rated measures both showed improvements. Only the Overall Level of Functioning domain reached the level of statistical significance. The Family Functioning domain did show improvement, but did not reach the level of statistical significance.

School performance also showed improvement on the self-report measure of "I am doing well in school" and the professional rated domain of School Performance (although this measure did not reach the level of statistical significance). The self-report rating of unexcused absences in the last 30 days did not improve.

Of the five substance abuse measures, the only one to show improvement was the self-report measure of "No alcohol use in the past 30 days," and the improvement did not reach the level of statistical significance.

The youth and caregivers' perception of social connectedness significantly improved from admission to discharge. The professionals' impression of social support also improved, but the change did not reach the level of statistical significance.

Professionals' ratings of overall Mental Health Symptom Severity significantly decreased from admission to discharge. Youth, caregivers', and professionals' report of depressive symptoms also decreased from admission to discharge, but this change did not reach the level of statistical significance.

Overall, of the 19 measures of child/youth outcomes, 15 (80%) showed improvement, with seven (37%) reaching the level of statistical significance. Only substance abuse measures did not show improvement from admission to discharge. It is important to note, however, that there were overall low levels of endorsement of substance use, and therefore less opportunity to observe change on these measures. This is unsurprising, given that the mean age at admission was only 13.6 years.

Introduction and Background

The Colorado Department of Human Services, Office of Behavioral Health, in partnership with the Office of Children, Youth and Families and other partners, has implemented a four-year

initiative called COACT Colorado supported by the Substance Abuse and Mental Health Services Administration (SAMHSA) to expand the system of care approach (SOC) for children and adolescents with serious behavioral health challenges and their families. This effort builds on the state and local system of care plans developed through the previous SAMHSA-supported expansion planning project which concluded on September 30, 2012.

COACT Colorado builds on numerous system of care-related initiatives in Colorado, including Cornerstone and BLOOM, which were also supported by SAMHSA funding. Other current efforts include the Behavioral Health Transformation Council, and the Collaborative Management Program (H.B. 04-1451) and S.B. 94 programs, managed by the Divisions of Child Welfare and Youth Corrections, respectively.

The system of care implementation grant allows Colorado to develop an integrative and sustainable system of care at the state and local levels to strengthen services and supports for children, youth, and families. The initiative is led by a System of Care Steering Committee. The Steering Committee consists of leaders of state and local service systems, family and youth representatives, and advocacy and provider organizations that touch the lives of vulnerable children and families.

The initiative is based on the system of care approach, which is defined as a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life. Care is coordinated through the High-Fidelity Wraparound approach.

This report aims to document the results obtained by the 14 Communities of Excellence (COE) who began the project to summarize the project-wide outcomes. Data for this report was collected through September 2016. In addition to the client-level data, some of the infrastucture improvements that have occurred in Boulder and Montrose counties will be highlighted as examples of community collaboration and practices that are intended to improve outcomes for children, youth and families. Boulder and Montrose were selected because they are examples of an urban and a rural community that have embraced the SOC philosophies and have enacted changes since the project onset. The next section of the report will focus on describing the children and youth served by the SOC across the state. Progress made on the Wildly Important Goals (WIGs) that were adopted by the COEs will be presented in the subsequent section. The final section describes the changes observed on both the National Outcome Measures (NOMS), a self-report measure, and the Colorado Client Assessment Record (CCAR) , a professional rated instrument, through the course of children and families' involvement with Wraparound services.

Examples of Communities of Excellence

Montrose, a rural community located on Colorado's western slope, joined the initiative at the beginning of the planning grant as a cohort A community in 2012. Boulder, an urban community on Colorado's front range, joined the initiative as a cohort B community two years later. Both Montrose and Boulder have served over 20 children/youth in High-Fidelity Wraparound (28 and 22 respectively) since joining the project efforts. Key informant interviews with members of each community, quarterly reports, site visit notes, and outcome data were reviewed for each of these communities to compile a picture of the impact that the SOC grant has had in each community.

Montrose originally applied for SOC grant funds because they wanted to expand already existing High-Fidelity Wraparound services in their community, particularly for children and youth with mental illness. They had an existing Interagency Oversight Group (IOG) formed through the Collaborative Management Program that embraced the addition of the SOC philosophies and framework. The IOG is a strong group of community partners who meet regularly and work together in a collaborative manner to serve the children and youth in their community. This group created an Individualized Services and Support Team (ISST) that is now the single point of entry for all youth who require support services in the community.

Montrose community members identified increased respect for families, trauma responsiveness, and cultural awareness as the most important system improvements resulting from participation in the COACT Colorado initiative. Due to the implementation of the system of care framework, families are now invited to the table with professionals to discuss their needs. Families are empowered to state and prioritize their needs and ultimately meet their own needs. Also, the introduction to trauma-informed treatment has changed the way the entire

*"Since becoming a part of the SOC we've stopped talking **about** families, now we have them in the room and talk **with** them." – Montrose Community Member*

JACOB'S STORY

When Jacob enrolled in the Wraparound process, he had been placed in two residential facilities and was facing commitment to the Division of Youth Corrections for crimes he had committed and multiple probation violations. Because of the work he did in collaboration with his Wraparound team, he just attended his final sentencing hearing. He received the lightest sentence possible: unsupervised probation with 120 hours of community service. His report card for this semester was all A's and B's, and he is playing on a sports team at school. He is no longer at risk for out of home placement.

community approaches service delivery. Prior to the grant involvement, few community members had the ability to recognize the role trauma can play in children, youth, and families' mental health. Montrose is a culturally diverse community that has had some history of conflict. The COACT Colorado initiative has provided training on how to deliver culturally responsive services and has increased awareness and openness around these issues. Community members acknowledged that there is more work to be done in this area, but they are proud of the progress that has been made in recent years.

Adopting the SOC framework and philosophies should translate to better outcomes for children, youth and their families. The COEs adopted four "Wildly Imprtant Goals" to monitor the success of the youth, in the SOC, on an ongoing basis. These goals will be discussed in more detail in a subsequent section of this report. Children and youth enrolled in the Montrose SOC have demonstrated a great deal of success on these measures. Nearly all (89.5%) of the children/youth discharged from the SOC achieved success as defined by the project. However, success was most commonly achieved on the Level of Functioning goal, and only 5% of Montrose children/youth had clinically elevated scores in this domain at admission. This means that very few children/youth entered the SOC in this community with major impairment of their overall level of functioning in daily life, so achieving success in this domain may not have required drastic changes. Overall, though, qualitative data indicate that these children, youth, and families showed meaningful improvement on other life domains that may not be directly measured by evaluation instruments. These are the individual achievements of children, youth and families who receive Wraparound services. The Montrose community reports several of these achievements in their quarterly reports. Examples of individual family successes include the closure of child welfare cases, obtaining sustainable housing, keep families together, finding appropriate supports for children with dual diagnosis of mental health and developmental disability, and successful completion of probation. It is clear that Montrose, as a community, is incorporating the key components of the SOC into their service delivery model. The impact of this adoption will need to continue to be monitored to determine the effects on indivuals, their families and the community.

Boulder entered the COACT Colorado initiative as a cohort B community in 2014. The focus of their Wraparound team is to serve older youth and young adults. The youth in Boulder have an average age at admission of 16.9 years, compared to the overall project average age of 13.6 years of age. Boulder had previously attempted to implement Wraparound services without grant funding and without support like the COACT Colorado initiative provides from the state level. Community members in Boulder credit the financial and technical assistance from the grant for much more successful Wraparound services currently in their community. Boulder already had strong infrastructure in place in the form of Boulder IMPACT, a collaborative group of agencies who blend and braid funding to serve children and youth from birth to age 24. The addition of the COACT Colorado initiative to this already established collaborative allowed for enhanced services at the older end of the continuum.

"COACT project leadership has provided a very clear vision of how best to deliver services to youth and families which has been helpful in the implementation of our Wraparound team." – Boulder Community Member

Like Montrose, Boulder also identified a greater family voice and more trauma awareness as strengths derived from being a part of the COACT Colorado project. Additionally, they identified the inclusion of natural supports on the Wraparound teams as a postive addition to service delivery. Wraparound teams have been expanded to include natural supports such as case workers from the family's past, extended family memebers, clergy, and even a campus monitor from a youth's school. Families now receive very individualized service plans that take into account their expressed needs and goals. Nearly 50 people in Boulder have received training on the effects of trauma both on youth and their families, as well as secondary trauma experienced by professionals providing services.

LEANNE'S STORY

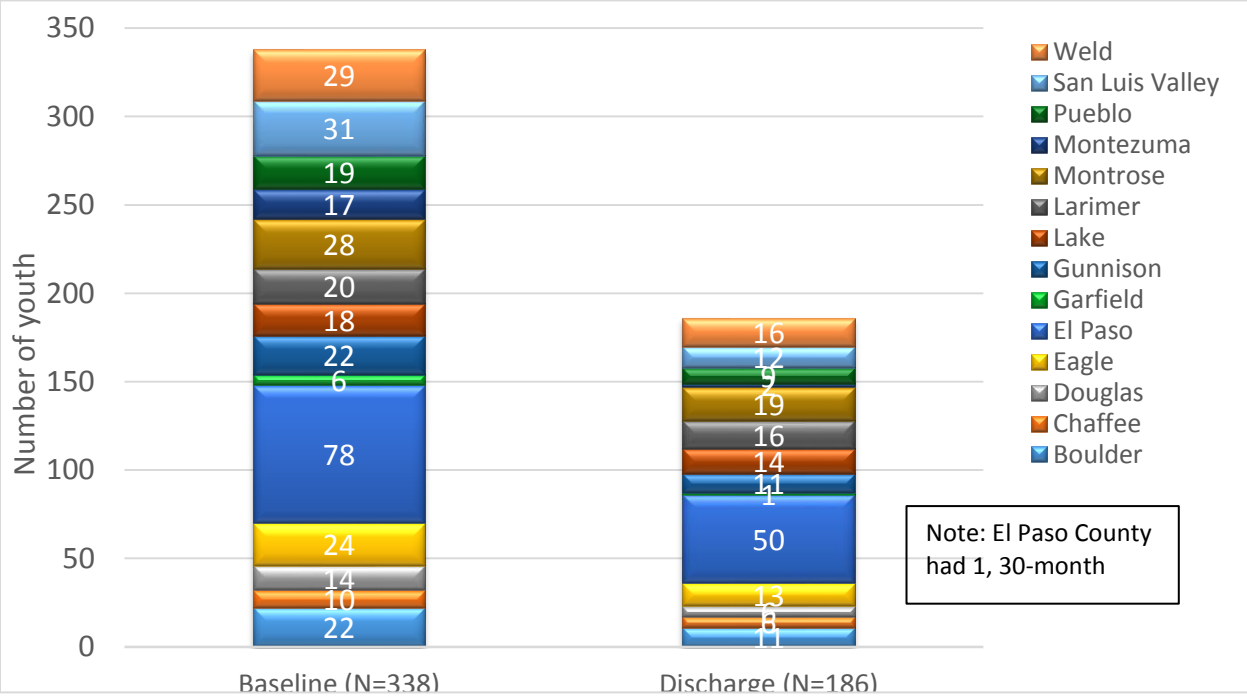
Leanne is a 17 year-old student who was referred to Wraparound in order to address concerns about her substance use, education, family relationships, and planning for independent living. When Leanne was referred to Wraparound, she was on Diversion and suspended from being on her high school campus because of several recent incidents where she was drunk and high while at school. Through Wraparound, Leanne has successfully completed Diversion, returned to attending school on campus full time, met all expectations of school behaviors, earned A's in all three of the classes she has taken for the summer block, successfully completed substance use therapy, and remained clean and sober on campus since her return.

Unlike the children and youth being served in Montrose, the youth entering the SOC in Boulder have more severe ratings on nearly every measure administered at admission. The participating youth have extensive system involvement with nearly all of them (88.1%) already receiving services from two or more systems. When measured at subsequent time points, Boulder youth show improvement in their ability to cope when things go wrong, depression symptoms, and social support. These differences were observed on youth self-report measures. However, none of the professional rated measures showed any statistically significant improvements, nor did self-report meausures of substance abuse or school performance. This lack of statistically significant improvement might be attributable to a relatively low number of youth (only 11 youth discharged). Therefore, it will be important to continue to evaluate the outcomes of youth as more complete Wraparound services. Boulder also reports several individualized successes that are not measured by the evaluation instruments, including completion of diversion programs, financial stability, sustainable housing, and maintainence of employment. Because the population served in the Boulder SOC is slightly older, the goals of the youth are also slightly different and may not be captured as well by the NOMs, which is designed for children and adolescents. This is another reason any ongoing evaluation may need to include additional measures of success for this community.

Participant Characteristics

The COACT Colorado project enrolled 338 children/youth participants. Of those, 186 were discharged from services in September of 2016. See figure 1 for a depiction of the individual community level participation.

Figure 1: Admission and Discharge by Community

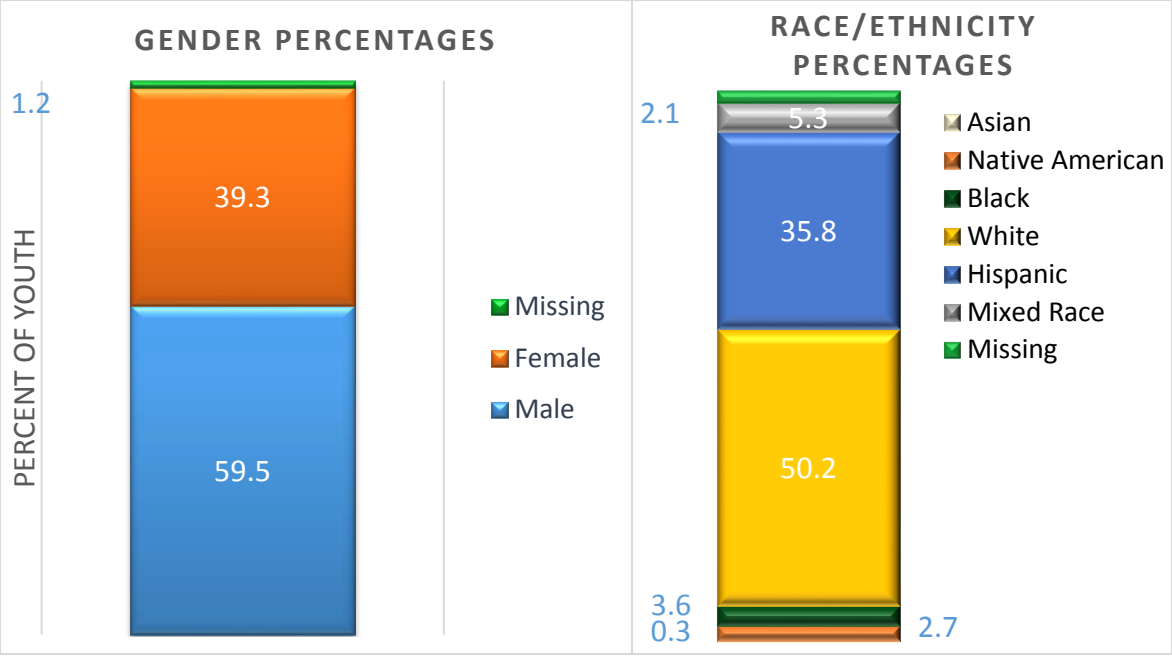


El Paso County served the most children/youth (78, 23.0% of the total), more than double the number served by any other community. In the second year of the initiative, El Paso County was chosen to be the pilot site for a Care Management Entity (CME) and was provided additional funds to do so.

Demographics

The majority (59.5%) of the participants were male and about half the participants were white (50.2%).

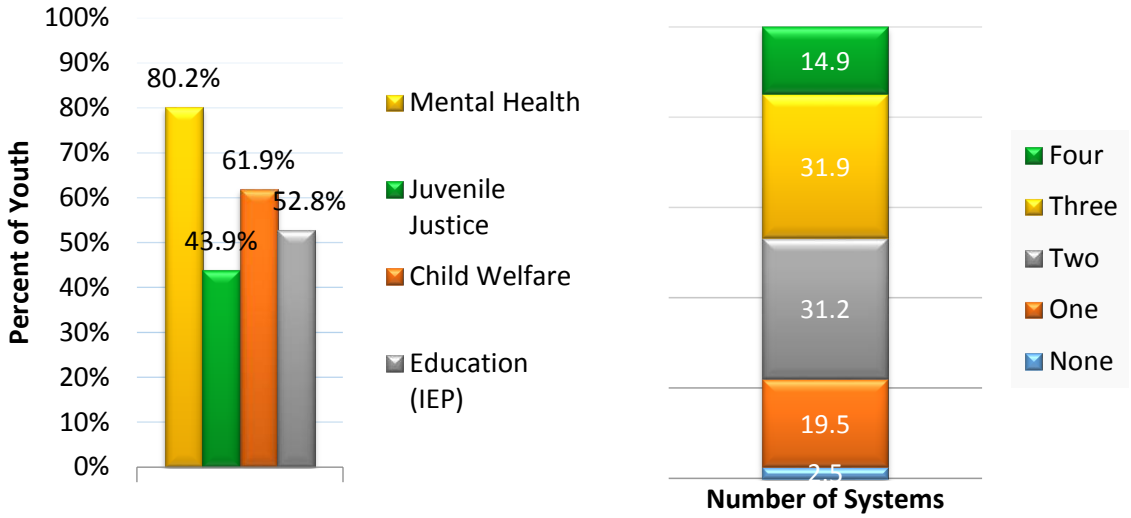
Figure 2: Demographics



System Involvement at Admission to the SOC

The goal of this project was to serve children and youth who were involved in multiple systems and provide High-Fidelity Wraparound services to coordinate and streamline the care plans and services from all systems to better meet the needs of the children/youth and their families. At the time of admission, data was collected to determine the system involvement of the children and youth. Children and youth were most likely to be involved in the the mental health system (80.2%), followed by child welfare (61.9%). Slightly more than half (52.8%) of the SOC particpants had an Individualized Education Plan (IEP) from the school system and under half were involved in the juvenile justice system (43.9%). Additionally, more than two thirds (78.0%) of the children and youth were involved in two or more systems at admission, demonstrating the complex nature of their needs.

Figure 3: System Involvement at Admission



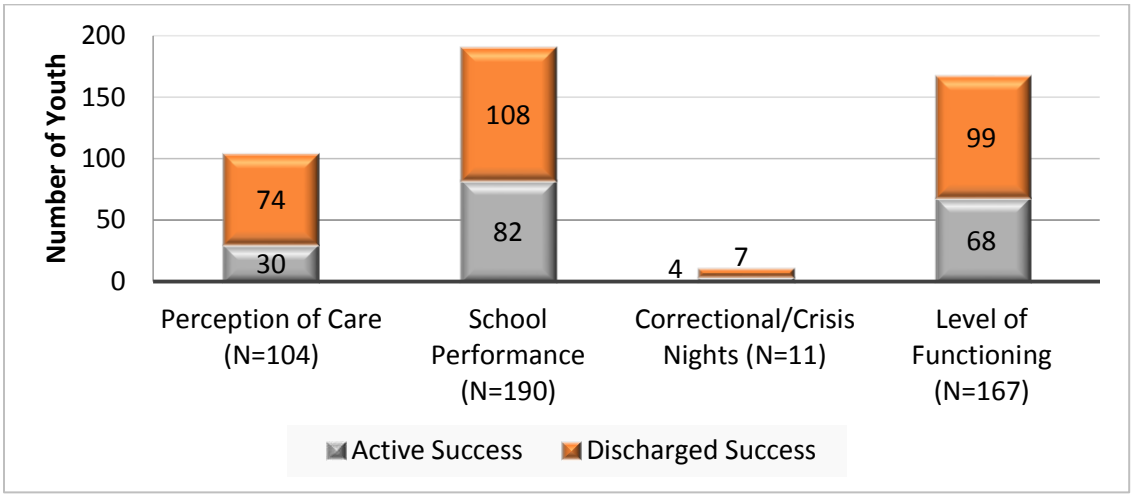
Wildly Important Goals

In year two, the COEs adopted four "Wildly Important Goals" (WIGs). These goals focused on four areas: perception of care, school performance, crisis and correctional nights, and level of functioning. The goals were measured with items either on the NOMs or the CCAR. Results of these goals are reported based on whether a child/youth reached success. Each COE picked at least one of these goals to focus on and track on a weekly basis. While the communities tracked their progress on goals on a weekly basis, the results presented here are based on NOMs and CCARs conducted at admission, interim follow-up interviews (at 6 month intervals), or at discharge from SOC servcies.

Each goal has a specific threshold for being considered a success. The perception of care measure was based on a NOMs item that asks the client to rate their staisfaction with services. To be considered a success on this measure, the client had to endorse a four or five on a five-point satisfaction scale at any follow up or discharge NOMS interview. School performance was also deemed successful if a rating of four or five was endorsed at any NOMs interveiw on an item that asked if the child/youth or their caregiver felt that they were doing well in school. The crisis and correctional nights measure was successful if there was a decrease from baseline in the number of nights (within the previous month) that the child/youth spent in these settings. Finally, the level of functioning measure is a clinician rated item on the CCAR. A score greater than five on a nine point scale is considered "clinically elevated," so a score of four or less is considered successful on this measure.

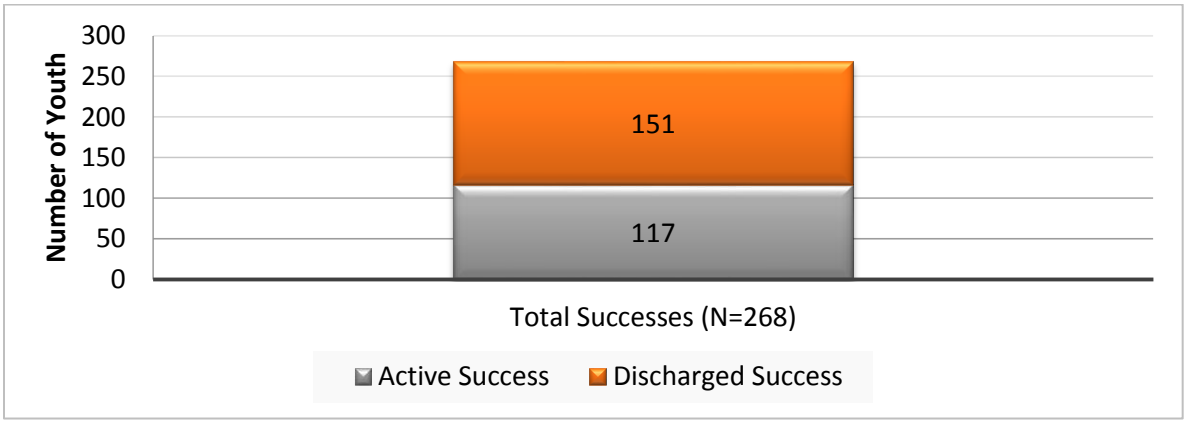
Success was measured both for children/youth still actively participating in the SOC and those who had been discharged. The number of successes is depicted for each measure in figure 4. A child/youth could be successful on more than one measure and thus be counted multiple times in figure 4. The greatest number of successes were recorded in the self-report school performance measure, followed by the professional rated level of functioning measure (see figure 4). There were very few successes in the crisis/correctional nights measure. It is likely that crisis and correctional nights did not show differences because there were very few children/youth who reported spending nights in crisis or correctional settings in the 30 days prior to admission, so there was very little opportunity to decrease this at subsequent NOMs interview administrations.

Figure 4: WIG Success by Measure



The goal of the project was to successfully serve 300 children/youth. Overall success was defined as reaching success on any of the aforementioned measures. Children/youth were only counted once in this overall success measure. Of the 338 participants in the SOC, 268 (79.3%) reached success on at least one of the four WIG measures (see figure 6).

Figure 6: Overall Succes on WIG Measures



NOMs and CCAR Outcomes

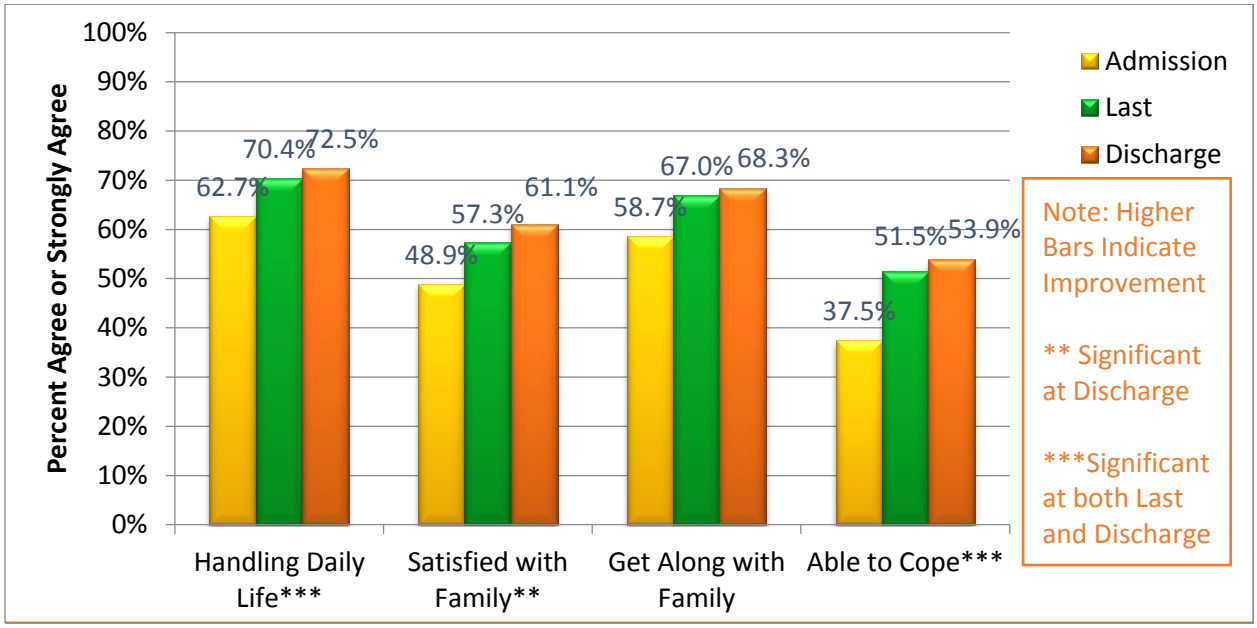
In many cases, the NOMs and the CCAR have analagous measures to assess similar contructs, however, they are from different points of view. The NOMs are a self-report measure completed either by the youth or their caregiver, if the youth is under the age of 11 or not available for the interview. The CCAR is a professional rated intstrument completed by a trained rater. In the case of the COACT Colorado project, the CCAR was most often completed by the Wraparound facilitator or the family support partner. In some cases CCARs were completed by a clinician at a community mental health center from which the child/youth was receiving services.

NOMs measures are reported at three time points: admission, the last interview whether this was a follow-up interview at on of the six-month intervals (for children/youth still active), or at discharge (for those who completed services), and discharge. CCAR measures are reported at two time points: admission and discharge from SOC services. Admissions include all admissions even if there was not a subsequent assessment for the child/youth.

Daily Life and Family Functioning

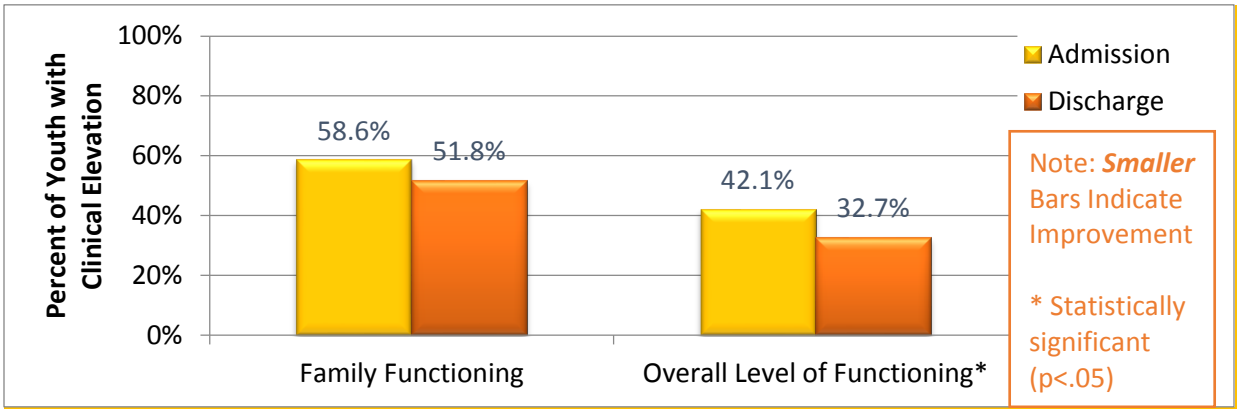
There are four NOMs items that measure family functioning and how well the youth is handling daily life. All four of the items had a greater level of endorsment at subsequent interviews than they did at admission. The improvement was significant for three of the four items, but only at discharge for the item "I am satisfied with our family life right now" (see figure 7).

Figure 7: NOMs Measures of Daily Life and Family Functioning



The CCAR also measures family functioning and daily life, but in a slightly different manner. On the CCAR, professionals involved with the child/youth are asked to rate the family's overall functioning as well as how well the child or youth is functioning in daily life. This is done on a nine point scale where ratings higher than a five are considered clinically elevated. Figure 8 below depicts the percentage of children/youth with clinically elevated CCAR scores on these two measures at both admission and discharge. Both the Family Functioning and Overall Level of Functioning domain show improvement (fewer children/youth with clincially elevated scores), however, only the Overall Level of Functioning domain had a statistically significant improvement from admission to discharge.

Figure 8: CCAR Measures of Daily Life and Family Functioning

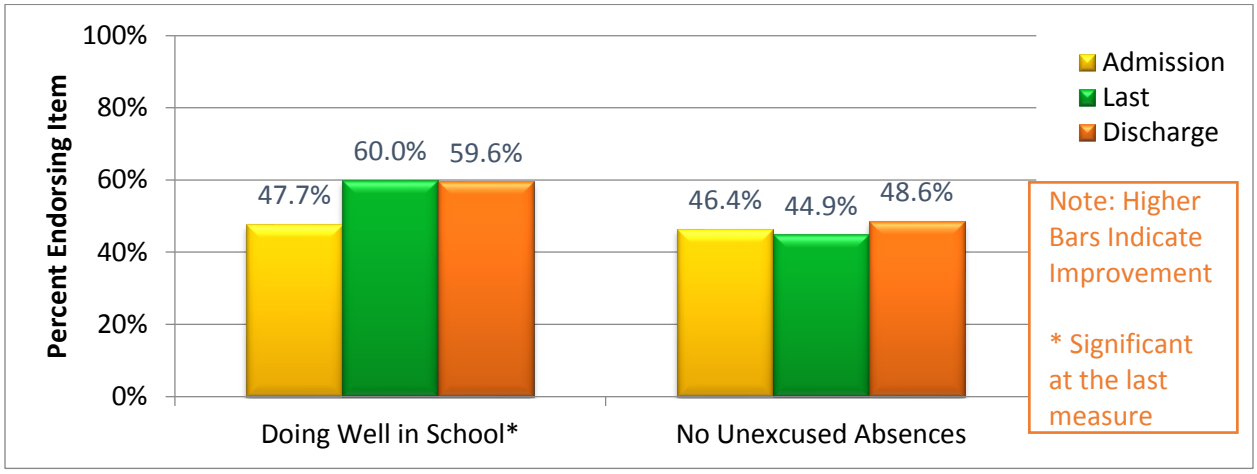


It appears that satisfaction with family life is among the more difficult domains to improve, and it may take more time to improve this measure. Both the youth and family (as indicated by the NOMs) and the professional (as indicated by the CCAR) still see some issues within the family relationship since the improvement on these measures was not significant across the course of SOC involvement. The change, however, was in a positive direction, and there was statistically significant improvement at discharge for the child- and caregiver-reported measure (the NOMs). Coping and Overall Level of Functioning both demonstrated significant improvement in the quality of life experienced by SOC participants and their families.

School Functioning

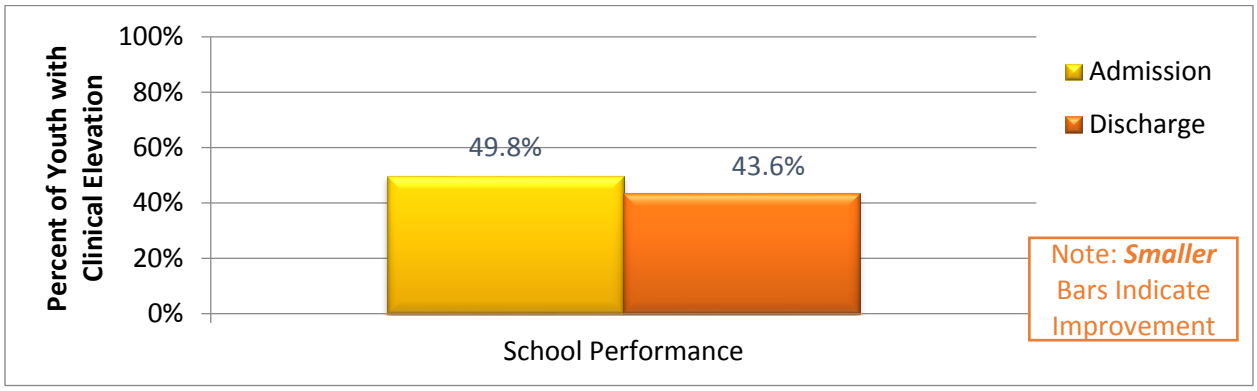
There are two NOMs measures that relate to school functioning. One asks youth or caregivers to rate statements that the child/youth is doing well in school, and the other asks if the child/youth has had unexcused absences in the last 30 days.

Figure 9: NOMs Measures of School Functioning



The CCAR measures school perfomance using the Role Performance domain. Professionals involved with the child/youth's care are asked to rate if there is any disruption in the client's ability to perform well in school due to behavioral health concerns. Figure 9 depicts the percent of children/youth who have clinically elevated scores on this domain.

Figure 9: CCAR Measures of School Functioning

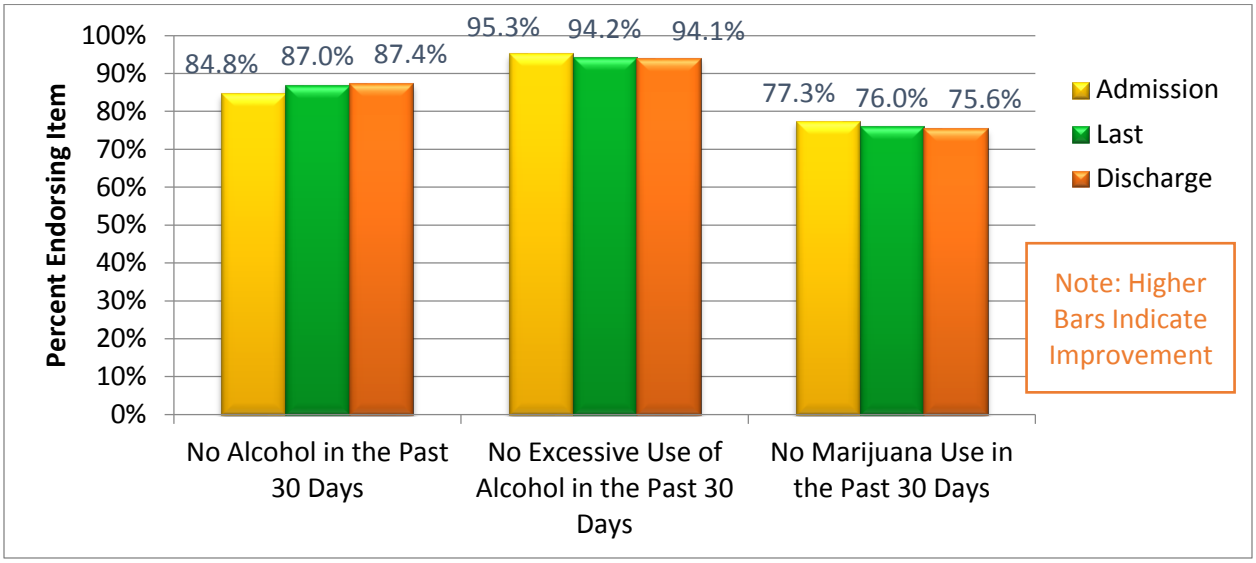


Only the self/caregiver report of school functioning showed a significant change post-admission to the SOC and only at the last NOMs administration. It seems clear that the school performance of children/youth with complex needs is being seriously impacted and is an area for continued focus of services and support.

Substance Use

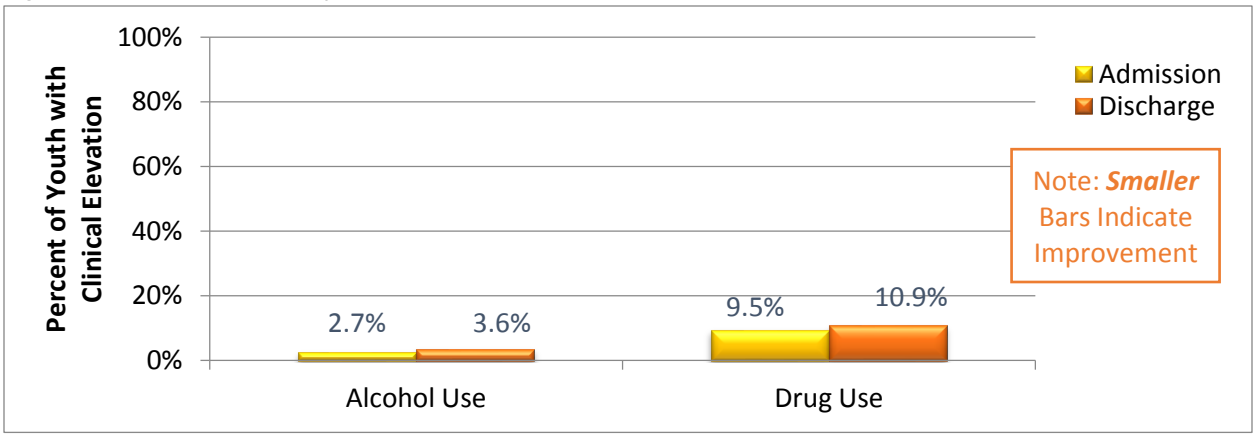
The NOMs ask about use of alcohol and marijuana in the 30 days prior to the NOMs interview. For the most part, youth and their caregivers are denying any use of alcohol and are only slightly more likely to endorse the use of marijuana (see figure 10). This is not surprising given that the mean age at admission is 13.6 years.

Figure 10: NOMs Measures of Substance Abuse



The Alcohol and Drug domains on the CCAR measure substance abuse issues. Again, it appears that there is very little endorsement of drug and alcohol use affecting the daily functioning of the children/youth enrolled in the SOC, even as rated by professionals.

Figure 11: CCAR Measures of Subastance Abuse



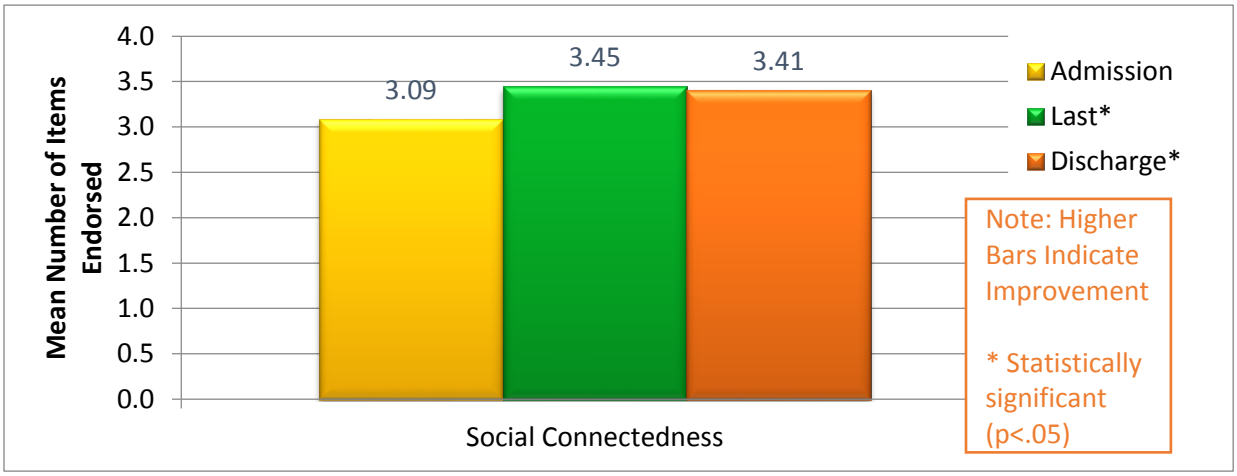
Due to the low levels of endorsement of substance use, there is very little room for change on these measures and no significant differences were found. These data indicate that substance abuse is not one of the major factors affecting the children/youth in this sample.

Social Connectedness

There are four items on the NOMs that address the domain of social connectedness. They ask the youth/caregiver to endorse the items on a five-point scale, with five being the most positive indicator of social connectedness. The items ask if the youth/caregiver feels like they have people who listen and understand, people they are comfortable talking about their problems with, they have family/friends who support them when in crisis, and if they have people they

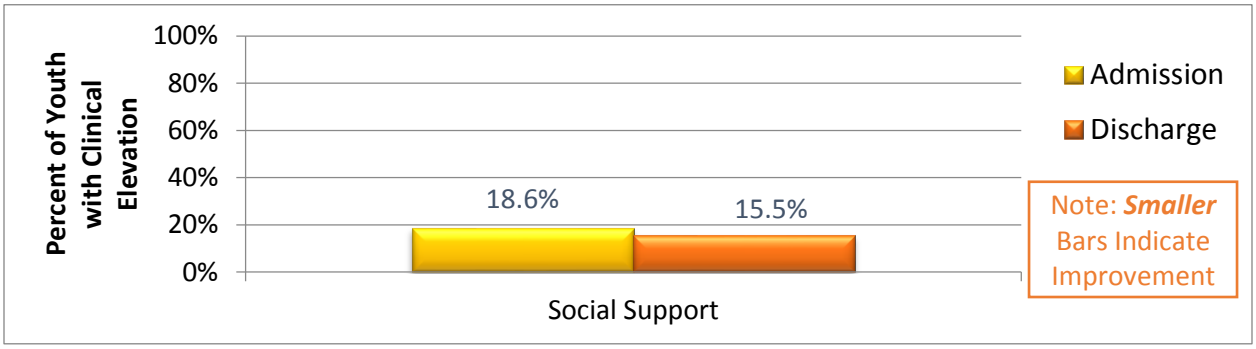
enjoy. The ratings on these four items were combined into a mean rating of social connectedness for each client at the same three timepoints as the previous measures.

Figure 12: NOMs Measures of Social Connectedness



The analagous CCAR measure is the Social Support domain, in which the professional is asked to rate the positive relationships in the child/youth's life. The percent of children/youth who had clinically elevated scores on this domain is depicted in figure 13.

Figure 13: CCAR Measures of Social Support

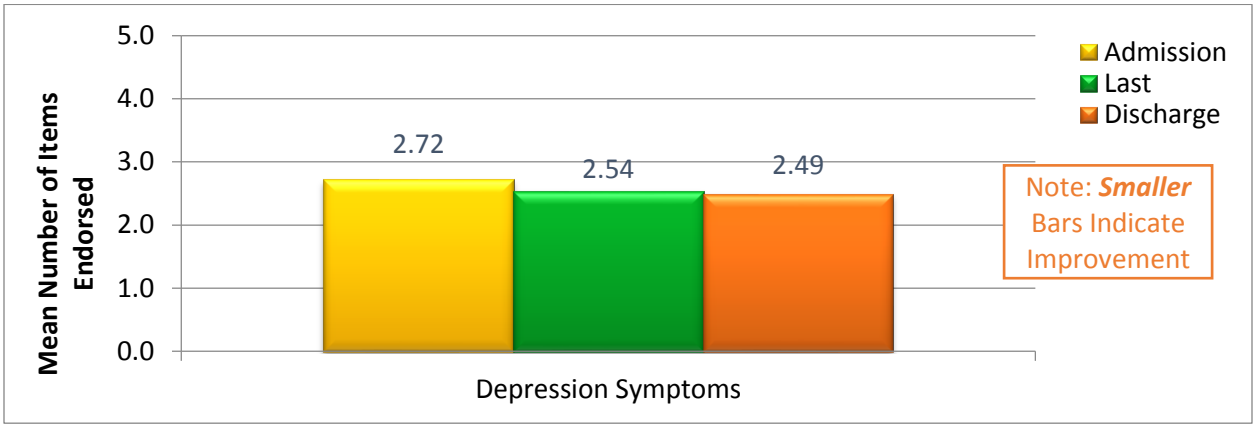


While the NOMs measures show significant improvement in social connectedness, the CCAR measure does not indicate a significant difference from admission to discharge from the SOC. There are very few children/youth who have clinically elevated scores in this domain at admission, so there is not a great deal of potential to measure change.

Depressive Issues

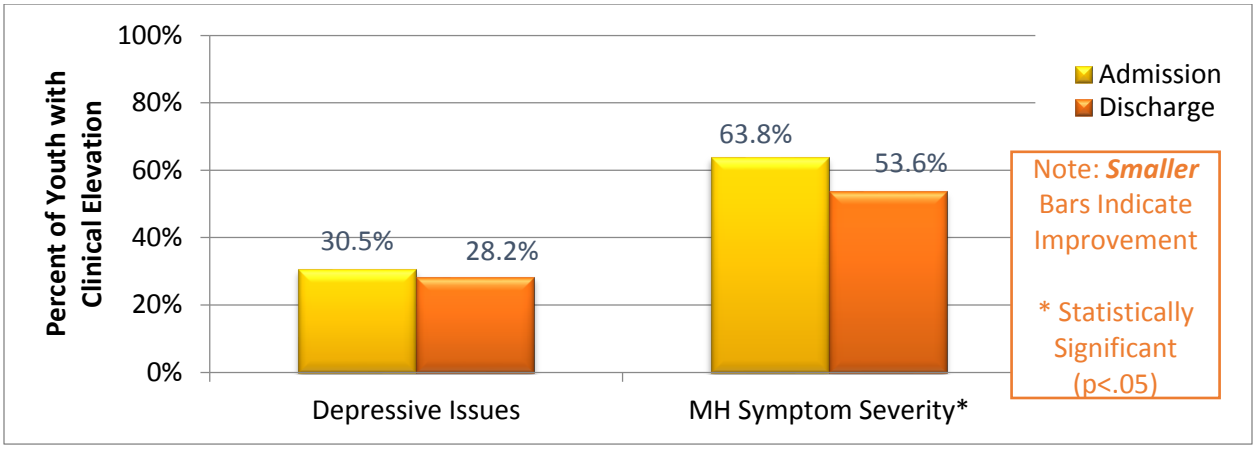
There are six items on the NOMs that describe depressive symptoms. They ask the youth/caregiver to endorse them on a five-point scale, with five being the most severe indicator of depressive symptoms. The items ask if the youth feels nervous, hopeless, restless, depressed, worthless, and if everything is an effort. The ratings on these four items were combined into a mean rating of depressive symptoms for each client at the same three timepoints as the previous measures.

Figure 14: NOMs Measures of Depressive Symptoms



The NOMs instrument has a limited array of questions focused on metal health, whereas the CCAR, being a more focused behavioral health assessment, has domains that include both depressive issues as well as an overall rating of Mental Health Symptom Severity. Figure 15 depcits the percent of children and youth who show clinically elevated scores in these domains.

Figure 15: CCAR Measures of Depressive Issues and Mental Health Symptom Severity



Comparing the ratings on these domains (see figure 15) demonstrates that fewer children/youth have clinicially elevated depression symptoms than have overall mental health symptoms. This indicates that depression may not be the primary mental health concern of the children served in the COACT Colorado initiative. It is not surprisng, therefore, that depressive symptoms are not showing signficant improvement, but it is important to note that overall mental health symptoms are significantly improving.

Conclusions and Recommendations

Nearly all of the outcome measures showed some improvement from admission to discharge. The most meaningful improvements may be in measures of the child/youth's daily life and mental health functioning. Three of four self-report measures of daily life and family

functioning showed significant improvement between admission and discharge from SOC services. The two comparable professional rated measures both showed improvements. Professionals' ratings of overall Mental Health Symptom Severity significantly decreased from admission to discharge. Also, school performance showed improvement on the self-report measure and the professional rated domain of School Performance (although the professional rated measure did not reach the level of statistical significance).

For about half (53.3%) of the measures, the improvement did not reach the level of statistical significance, in some cases due to lower severity at admission and less room for improvement. This is true for the substance use measures. A small sample size for some measures also limits the power of analyses to determine statistical significance. It is important to keep in mind that only 55% of the chilren/youth admitted were also discharged by the time this report was written, and still fewer had complete discharge NOMs and CCAR records. The results presented in this report are not matched at an individual level from admission to later time points; thus, evaluating change for individual youth using within-subjects analyses may present a clearer picture of the success of the initiative. Qualitative data from the participating communities suggests the initiative has provided a helpful infrastructure for serving families, and many children, youth, and families have achieved meaningful improvements in their lives as a result of integrated care through the High-Fidelity Wraparound process.

Given that the COACT Colorado project is expanding, it will be important to devote necessary resources to ensure an accurate and comprehensive evaluation. OBH intends to hire an internal evaluator rather than contracting for evaluation services. This position will be able to assist communities with complete and timely data collection to reduce the amount of missing data so individual change can be accurately evaluated. Future evaluation may also consider testing the validity of some of the measures used. A comparison between CCARs conducted by project staff and community mental health center staff is one possiblity to assess validity. Finally, because the High-Fidelity Wraparound process focuses on individualized family goals, standardized evaluation measures may not be reflective of all families' success. Project management may consider additional evaluation measures or the achievement of individualized family goals in order to capture some of the successes that communities indicate were not measured by the evaluation instruments in this report.

There are marked differences in the populations served and the implementation and delivery of services in the COEs across the state. As the project expands, future evaluation should measure the fidelity of the Wraparound process in individual communities and correlate fidelity to measures of success.

The key informant interviews with Boulder and Montrose pointed out that the child- and family-serving agencies are embracing the SOC philosophies. However, this adoption and the

resulting policy changes are not currently being measured in the evaluation. It might be beneficial to develop or adapt existing tools to measure the level of implementation of family voice, the utilization of natural supports, and culturally responsive and trauma responsive services.

Overall, the COACT Colorado initiative is showing promising outcomes. It will be critical to continue to monitor these outcomes in the new phase of the initiative. Furthermore, open discussions with each of the communities regarding their successes as well as their challenges based on the outcome data should help inform current practice and any modifications that should take place, including refining the assessment processes in communities to ensure that the children and youth with the most complex and severe needs are being served through the Wraparound process. It was noted by the two communities of focus that they appreciated the clear direction and guidance of the state level leadership and hope to see it continue in the next grant cycle.