



TAPESTRY



Cuyahoga Tapestry System of Care

**Site Visit:
Franklin Center of Beaver County**

**Cleveland, OH
March 15, 2011**



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Objectives:

1. Overview of Cuyahoga Tapestry System of Care
 - **Understanding Cuyahoga County and development of SOC**
 - **What makes CTSOC unique**
 - **Funding and other resources**
2. Evaluation, CQI, Data Systems and Training
 - **Demographic and outcome data**
 - **Key elements outside of direct services**
 - **Accomplishments and current priorities**
3. Dialogue: Making the System of Care work
4. Questions & Answers



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Our Vision:

Weaving solutions with children and their families

Our Mission:

The Cuyahoga Tapestry System of Care exists to enhance the lives of children with significant behavioral needs who are involved in multiple system through family-focused, child-centered, strength-based and culturally competent care in their community.

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Background:

- 2009 Census for Cuyahoga County: 1,275,709
- People are leaving the City of Cleveland. The population of Cleveland was 414,534 in 2005; a 13.4% decrease from 2000 (this number will likely be significantly lower with 2010 data).
- On average, 14% of families in Cuyahoga County live below poverty; individual poverty levels are approximately 17%.
- Cleveland is historically one of the poorest big cities in America.
- Cuyahoga County is Ohio's largest County.





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Background:

- Cuyahoga County received a grant from the Federal Substance Abuse and Mental Health Services Administration (SAMHSA) in 2003 to develop a “system of care”.
- SAMHSA defines a system of care as a coordinated network of community-based services and supports that are organized to meet the challenges of children and youth with serious mental health needs and their families.
- System of Care is not a program but a philosophy about how care should be delivered in a family focused, child centered, strength-based, and culturally competent manner.
- Wraparound is the process used to provide services.



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Background:

- The initial scope of CTSOC was to increase capacity of the local mental health system with a focus on the integration of clinical and community-based services.
- Initial target included serving 240 children identified by Settlement House agencies in the community who were served in partnership with a mental health provider.
- Local funding and support in 2006 allowed CTSOC to expand services to include referrals from child welfare and juvenile court; expanded target included an additional 1,000 children.
- Each year CTSOC serves approximately 1,000 children and their families.

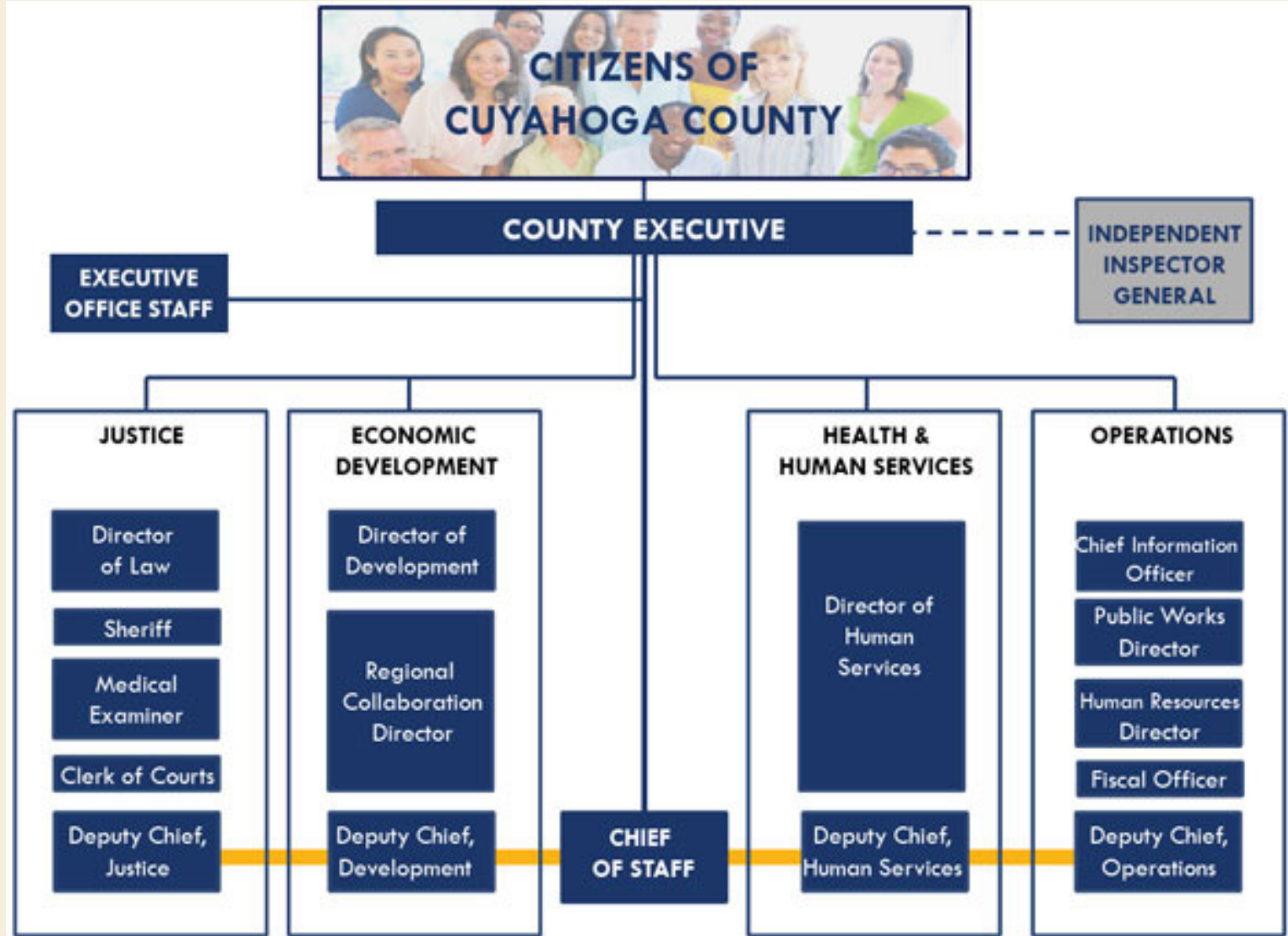


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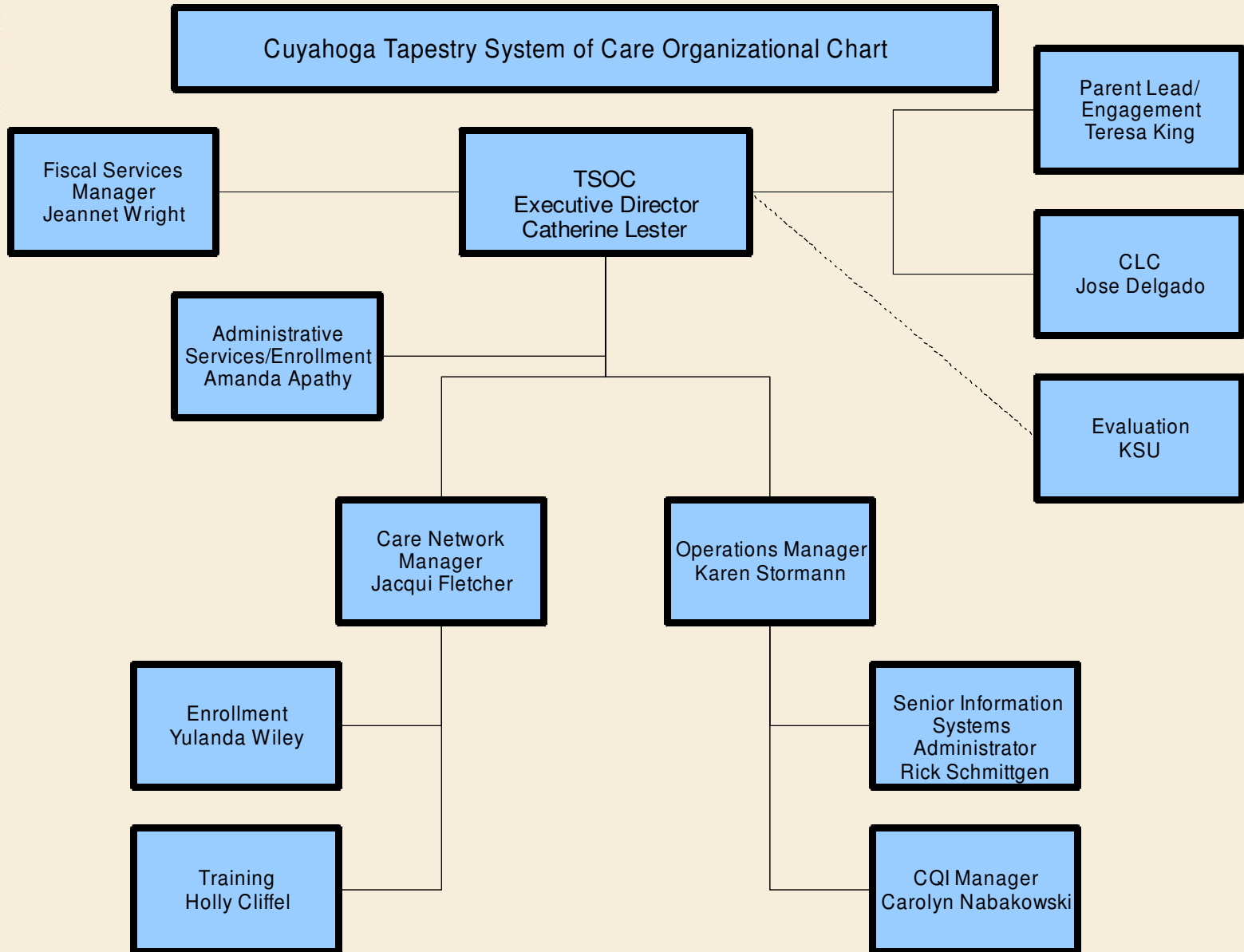
Background:

- CTSOC service delivery includes:
 1. Care coordination using a wraparound model
 2. Family & youth support and advocacy
 3. Flexible wrap supports
- Other elements include data systems, training and technical assistance, evaluation, continuous quality improvement and social marketing.
- The CTSOC team includes 11 full time employees, 10 service contracts, and more than 30 vendors providing flexible wrap supports. More than 80% of budget is dedicated to direct services.

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Clusters	Care Coordination	Parent Advocacy
Northeast	Catholic Charities	St. Martin de Porres (lead) <i>Partners: Euclid YMCA, East Cleveland Neighborhood Center, and Center for Families & Children</i>
Southeast	Beech Brook	East End Neighborhood House (lead) <i>Partners: Murtis H. Taylor Multi-Service Center, Harvard Community Services Center, and Word of Righteous Family Life Center</i>
Central	Applewood Centers, Inc.	University Settlement House (lead) <i>Partners: Friendly Inn Settlement House and Cleveland UMADAOP, Inc.</i>
Westside	The Cleveland Christian Home, Inc.	West Side Community House (lead) <i>Partners: Parma Area Collaborative Family Services and Lakewood Collaborative/City of Lakewood Division of Youth Services</i>

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Background:

- Tapestry is funded primarily by the Cuyahoga County Health and Human Services Levy.
- Our 2011 annual budget is \$7,641,782; the breakdown is:
 - 68.1% covers Direct Services
 - 12.4% covers Personnel Costs
 - 12.0% covers PSN Expenditures
 - 5.6% covers Evaluation
 - 1.9% covers Operating costs
- This is a reduction from the 2010 budget of \$9,371,348.





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Background:

- Direct services are contracted out.
- CTSOC current contracts were procured by a Request for Proposal (RFP) that covers a three year period.
- CTSOC contracts with four agencies for Care Coordination services (CCP) and four agencies for family and youth support & advocacy (Clusters).
- CCP's are paid a per diem rate of \$22.89 per day.
- All contract providers use Synthesis (automated program and fiscal data system) for invoicing.



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What makes CTSOC unique?

- Marriage of settlement house agencies with clinical mental health agencies to provide services to children and families. Promotion of “*family voice & choice*” value in the partnership between community and clinical agencies.
- Data driven and evidenced-based service delivery; using data as the primary tool for continuous quality improvement in practice, competency building, and financial investments.
- Establishment of an Administrative Service Organization (ASO) to coordinate and manage the system of care.
- Significant funding support and involvement from key county stakeholders including child welfare, juvenile court, behavioral health and the non-profit sector.



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Demographic Data:

- The children and youth served by CTSOC are most often male, and also tend to be African American.
- The majority of referrals are from Juvenile Court, followed by Children and Family Services and then the community.
- On average, the children and youth served by CTSOC are between the ages of 11 and 15 years.
- Prevalent diagnosis of the young people involved with CTSOC are: conduct disorders, attention disorders, and depressive disorders.



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Outcome Goals:

1. Improved family and youth functioning
2. Reduced recidivism in juvenile justice
3. Reduced recidivism in child welfare
4. Increased effectiveness and efficiency



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Outcome Data:

Outcome Goal	Data (*)
Improved family & youth functioning	<ul style="list-style-type: none">- 80% improved functioning- 80% decreased problem severity
Reduced recidivism in juvenile justice	<ul style="list-style-type: none">- 24% recidivism post disenrollment
Reduced recidivism in child welfare	<ul style="list-style-type: none">- 3.4% repeat maltreatment- 90% of youth had stability in their placement
Increased effectiveness & efficiency	<p>80% youth showed decrease in problem severity compared to the state wide benchmark of 52% (as documented by ODMH for large counties)</p> <p>Average cost per child is about \$10,000.</p> <p>Almost one third of families using a sustainable support network at graduation.</p>

(*)- This data is reflective of the CTSOC 2009 Annual Report.



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Other Important Elements:

- CQI Process
 1. Developed in collaboration with partners relevant toward contract deliverables, outcomes and fidelity to the wraparound model.
 2. Priority measures were identified and opportunity was provided for partners to present strengths, needs, culture, lessons learned and discovery, with an emphasis on strengthening existing collaboration and partnership
- Data systems (i.e. Synthesis)
 1. Web-based case management system
- Training Institute
- Evaluation (KSU)



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Accomplishments:

- Graduated SAMHSA site that served as a peer consultant to other SOC sites in Ohio and across the country. Recognized nationally for family involvement, social marketing and evaluation efforts.
- Increased system integration and capacity for community-based services to children by building on the Family-to-Family initiative.
- Partnered with Juvenile Court in closing the Youth Development Center (YDC) in Hudson, OH.
- Implemented a comprehensive continuous quality improvement (CQI) process as strategy for performance-based contracting.

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Current Priorities:

- Enhance the continuous quality improvement process with a focus on: 1) field fidelity and 2) enrollment & engagement.
- Nurturing the community/clinical partnership, using the SOC value of cultural and linguistic competency as a strategy for building awareness of cultural differences and similarities.
- Heightened focus on sustainability of supports for families during and post involvement with CTSOC.
- Skill development through training and in-the-field coaching as a strategy for ensuring model fidelity.
- Leveraging opportunities to embed SOC and wraparound within the child serving system.



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Dialogue:
Making the System of Care Work



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Questions & Answers

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