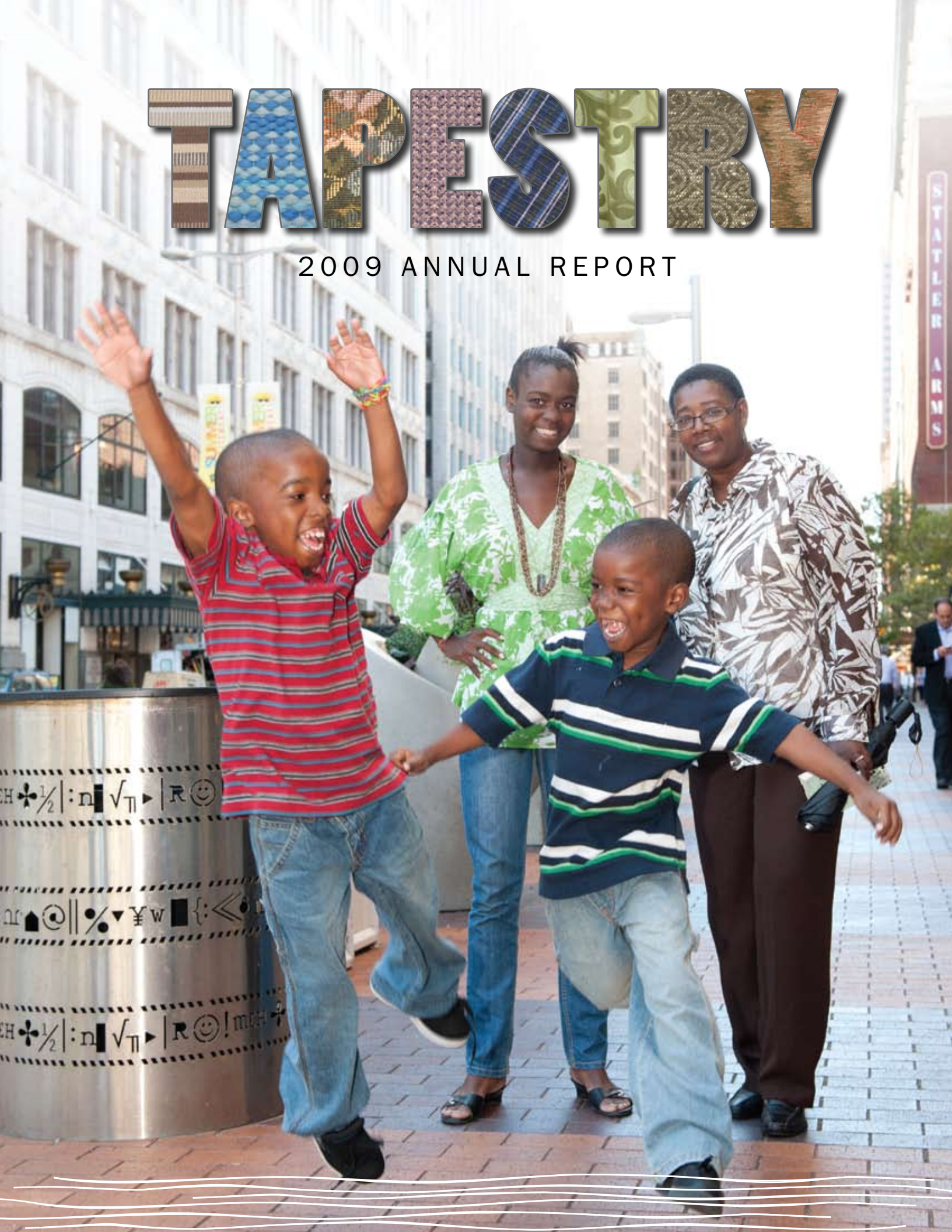


TAPESTRY

2009 ANNUAL REPORT





children and their families

solutions with

Support
Tendry
System of Care





EXECUTIVE SUMMARY

Cuyahoga Tapestry System of Care, or “Tapestry” as it is known by families, is delighted to share with you its 2009 annual report to the community. This past year has represented a time of transition for Tapestry and county government. The concept of transition can be best described as the movement, passage or change from one position, state, or stage to another. Within the Tapestry office several staff have moved on to other professional opportunities, and we have also welcomed new people to our team. And, our county is preparing to adopt a new government structure in January 2011. Likewise, the children and families touched by Tapestry face changes every day as they work to navigate the human service system and their lives.

In this report you will learn about our approach to doing this work and the families who have been touched by Tapestry. You will learn about our focus on fidelity through a continuous quality improvement process, and about our accomplishments. Never losing sight of the impact that our work has for children and families, we also invite you to take a look at our work through the eyes of a child.

I want to thank each of you for the part you play in nurturing our community’s system of care. I invite you to continue to be persistent in perfecting our system of care so that we can continue to make a difference in the lives of children, families and the community.



Catherine L. Lester
Director

The quilt pictured was created
by Tapestry families

Our Approach

OUR APPROACH

Cuyahoga Tapestry System of Care, “Tapestry” as it is called by families, continues to evolve in its goal of serving children with emotional difficulties and their families. Building on a grant received from the United States Substance Abuse and Mental Health Services Administration (SAMHSA) in 2003 to develop a system of care, Tapestry employs a community wraparound process which serves more than 600 families each year through both care coordination and family advocacy. In addition to care coordination and parent advocacy services, families enrolled in Tapestry can also access something called wrap supports. These wrap supports are available to help the family in accomplishing their Plan or Care and can include things like music lessons, respite, and camp.

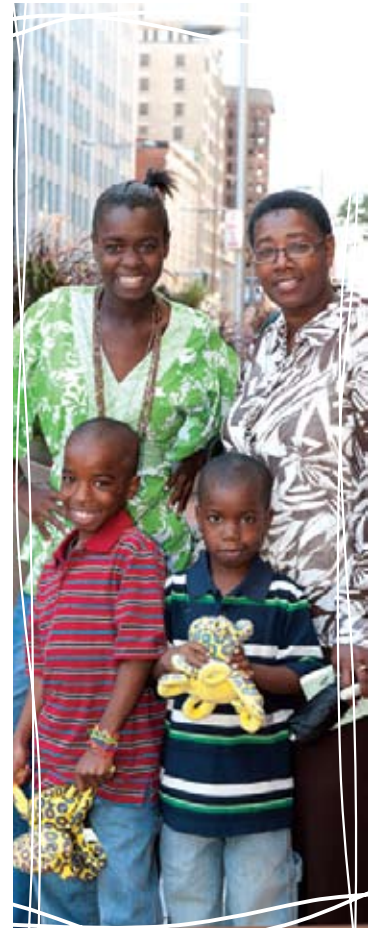
Using a community wraparound process, the focus in Cuyahoga County is on discovering the strengths, needs and culture of each individual family, while also tapping into close-to-home community services and natural supports that can sustain the family during the process and beyond. Families, along with their Care Coordinator and Family Advocate, develop a team of people who can address each family’s individual needs with innovative and non-traditional solutions. Tapestry serves children and youth who are involved in the child welfare or juvenile court systems as well as referrals

from Neighborhood Collaboratives which exist throughout the community.

Tapestry’s continued commitment is to improve the lives of children who are experiencing serious and complicated social and emotional issues, as well as their families. We work towards this commitment by investing our resources on the four core outcome goals:

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

The professional helpers that work with a family who is enrolled in Tapestry include a Care Coordinator, and a Family Advocate. The Care Coordinator is a mental health professional who can help the family in addressing their emotional needs. The Family Advocate is from a community-based agency and can help link the family with resources and supports that can help them during a crisis or in the future. The Family Advocate is also someone who has been through what the family is going through and can give a “real life” perspective about how to cope. Services are delivered in the community where the family lives, referred to as geographic “clusters”. Below are the partners with whom Tapestry contracts:



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>

Our Focus on Fidelity

OUR FOCUS ON FIDELITY

In planning for the 2010 Continuous Quality Improvement (CQI) process, measures were developed in collaboration with Tapestry partners relevant to contract deliverables, outcomes and fidelity to the wraparound model.

The CQI process includes quarterly data reports and site visits where priority measures are identified, and opportunities are provided for partners to present strengths, needs, and lessons learned, with an emphasis on strengthening existing collaboration and partnerships. Priorities were common across partners, and are outlined below for both the Care Coordination and Cluster agencies:

Care Coordination Agencies

- Timeliness of contacts
- Informal supports
- Plan of Care quality
- Successful graduation
- School attendance
- Length of service

Family Advocacy & Support Agencies

- Parent and Youth Advocates on strategies in the POC
- Informal supports
- Successful graduation



A goal of CTSOC is to link CQI with evaluation and outcomes. Significant attention and planning around CQI was the focus of much of 2009 and led to an informed 2010 CQI plan that incorporated a shared partnership of the process with contract agencies and an emphasis around linking the process with the County's performance-based contracting priorities. It is the intention that this process be monitored, adjusted as needed and used to compliment overall outcome evaluation efforts as well as inform future planning and investments.

Site visits included the implementation of individual action plans addressing each of the identified focus areas. These action plans are to be completed by each agency and will be used to inform continuous quality improvement and follow up site visits. The CQI core categories in 2010 are:

- 1) **Access and Capacity** (# of youth enrolled, disenrolled, served, etc.)
- 2) **Timeliness** (families seen in timely manner, plan of care submission, etc.)
- 3) **Family and Natural Supports Involvement** (tracking of welcome meetings, percentage of informal supports on teams, etc.)
- 4) **Engagement Phase** (time of 1st contact, contacts during phase, etc.)
- 5) **Planning/Implementation Phase** (contacts during phase, plan of care quality, etc.)
- 6) **Transition Phase** (contact during phase, # of months in transition, etc.)
- 7) **Disenrolled** (status at disenrollment, school attendance, etc.)
- 8) **Administrative** (fiscal information, length of stay, etc.)
- 9) **Compliance** (release of information on file, data submitted as requested, etc.)
- 10) **Activities/Group Meetings/Events** (support groups, advocacy, annual events, etc.)

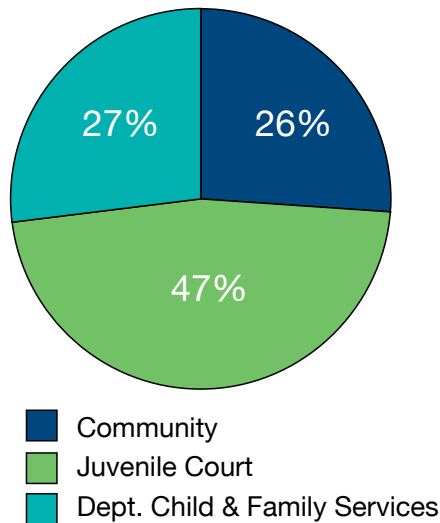
Our Children & Families

OUR CHILDREN & FAMILIES

In 2009, well over 1000 youth, many in crisis situations, received care coordination, family advocacy and much needed community-based wrap supports.

Tapestry receives referrals from many sources in the community but the greatest number comes from Tapestry's partnership with Cuyahoga County Juvenile Court. Other referrals come from the Department of Children and Family Services (DCFS) and the community.

Referral Populations Served in 2009 (n=1328)



The children and youth served by Tapestry are more likely male (60%) and African American (78%). The average age is around 14 years when referred from DCFS and 15 years when referred from Juvenile Court.

For those youth served and disenrolled in 2009, the average length of services was less than one year. It is important to recognize that every youth progresses differently based on an individualized plan of care with a unique set of needs, strengths and challenges. Some may be enrolled for a few months while others may take more than a year.

A common question is whether or not the youth has to have a mental health diagnosis to be enrolled in tapestry. The answer is NO. However, over 80% of the youth served by Tapestry have a mental health diagnosis. The most common diagnoses are:

- Conduct disorders (55%)
- Attention disorders (39%)
- Depressive disorders (21%)
- Mood disorders (19%)



"Tapestry helped me understand the value of life."

~ Tapestry family

Family Support

A critical part of Tapestry is the family support services that are provided by the agencies in each of the four clusters of neighborhood settlement house agencies. Building off the Neighborhood Collaboratives, established through the Family to Family Initiative, the four clusters provide advocacy and supportive services in partnership with the care coordinator.

Over 2,000 family support services have been provided by parent and youth advocates, also referred to as Family Advocates, during the first half of 2010, and more than 100 support groups have occurred.

The most common support services documented by parent and youth advocates are:

- Discussing challenges and updates to the family's plans of care
- Helping parents and caregivers find ways to relieve their stress
- Sharing information about community resources which can support the family
- Learning about the family's history and culture including their strengths and needs



Referral Source	Westside Cluster	Northeast Cluster	Central Cluster	Southeast Cluster	Total
Community	101	102	81	56	340
Juvenile Court	202	177	98	142	619
Child Welfare	103	94	31	117	345
Total	406	373	210	315	1,304



*“What else could I do?
I needed something else
– and Tapestry was that
something else. I see a
difference in my daughter.”*

~ Tapestry family

Our Achievements

OUR ACHIEVEMENTS

Outcome #1: Improved youth and family functioning

Improved functioning of children and youth, as well as their families, is a major goal for Tapestry. This goal is measured using a tool called the Ohio Scales which looks at both changes in problem severity and overall functioning. The Ohio Scales includes three assessment tools: one completed by the care coordinator, one completed by the parent or caregiver, and one completed by the youth.

Documented levels of problem severity on the Ohio Scales **decreased on average 13 to 17 points** for community referrals, and 6 to 10 points for those youth referred by DCFS and Juvenile Court.

Documented levels of **functioning increased by 8 to 13 points** for community referrals, and 3 to 8 points for those youth referred by DCFS and Juvenile Court.

These results are statistically significant across care coordinator, parent/caregiver, and youth assessments. Clinical change is considered significant at 10 points or more on the problem severity and 8 points or more on the functioning scales.

“Today I know how to deal with a crisis and know where to get help.”

~ Tapestry family

Outcome #2: Reduced recidivism in juvenile court

According to a national report on juvenile offenders there is no national recidivism rate because there is so much variance across states and methodologies. However, the lead author estimates that 56% of youth ages 10 to 17 years who are referred to juvenile court will return on a new referral by the time they are 18 years of age¹.

On average about **24%** of the youth involved with Tapestry have a repeat encounter with juvenile court post enrollment with Tapestry. This represents a significant decline in recidivism.

Outcome #3: Reduced recidivism in child welfare

Many of the youth involved with Tapestry have experienced trauma because of abuse and/or neglect. Fifty-four percent of youth that were served by Tapestry in 2009 had some instance of substantiated maltreatment that has been documented with the Department of Children and Family Services prior to being enrolled with Tapestry.

In addition to the repeat maltreatment, Tapestry is also concerned about the stability in the living situation of the youth. An important role of Tapestry is to support the goal of keeping youth in their homes or returning them to their community with a focus on the least restrictive setting.

Of those youth with a placement during their enrollment with Tapestry:

- **38%** had a decrease in the restrictiveness of their placement (i.e. step down or back at home)
- **49%** stabilized or stayed the same
- **13%** were placed in a more restrictive placement



¹ Source: Snyder, Howard N., and Sickmund, Melissa. 2006. Juvenile Offenders and Victims: 2006 National Report. Washington, DC: U.S. Department of Juvenile, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Outcome #4: Increase efficiency & effectiveness

To highlight the impact that Tapestry makes with families as well as our community, we want to share Andrea's journey.

Andrea² was born in the fall of 1994. When she was two years old a relative took legal custody of her as a result of a referral to the public child welfare agency. When Andrea turned three, the relative could no longer care for her and she was placed in foster care. About a year later Andrea was placed in her second foster home before being reunited with her biological mother just before her fourth birthday.

The child welfare agency would become involved again to investigate allegations of neglect and physical abuse after Andrea turned nine, but these allegations were not proven. When Andrea turned 11, she was charged with a level four misdemeanor for domestic violence, and following Andrea's 12th birthday, the child welfare agency was called again to investigate another allegation of neglect as well as an allegation of sexual abuse.

In addition to the child protection and juvenile delinquency issues, Andrea has a history of drug use, and received services from a secure treatment center. Diagnosed with bipolar disorder, Andrea takes medication for her aggression and has a history of psychiatric hospitalizations.

The Probation Officer that was assigned to work with Andrea after her domestic violence charge made a referral to Tapestry. While enrolled with Tapestry, a Care Coordinator worked with Andrea and her family, convening a wrap team who worked to identify and coordinate various supports based on the strengths and needs of Andrea and her family. Andrea's team consisted of professional helpers, family members, and natural supports. Examples of some of the support that Andrea received include mentoring, anger management classes, enrichment activities, and medication assistance. Additionally, Andrea's mother was matched with a parent support partner, also known as a Family Advocate. The parent support partner is another parent who has experienced some of the same challenges as Andrea and her family were experiencing. The parent support partner assisted by connecting the family to support groups and other resources, helping model stress reduction techniques, assisting with finding employment, and helping navigate the public system.

Like many families served by Tapestry, Andrea's family is under significant economic stress which has added to some of Andrea's social and behavioral health challenges. However, through Tapestry, Andrea and her family learned how to manage Andrea's behaviors and were connected to resources in their community. Andrea successfully graduated from Tapestry, and she is doing well at home, in school and in the community, and has not had any more involvement in the juvenile court or child welfare systems.

COST COMPARISON

Traditional:

The cost of *foster care services* for children involved with the child welfare system averages \$20.11 per day. For Andrea, this equaled \$6,756 for the time that she actually spent in foster care. The cost would have exceeded this amount had she remained in, or returned to foster care.

The cost of *alcohol and drug treatment services* for Andrea, including *psychiatric hospitalization* at a local provider, was \$29,503 for roughly four months of services. The cost would have exceeded this amount had she remained in, or returned to a treatment facility.

The cost of services for youth *adjudicated for a violence offense* would have been \$26,400 at the time that Andrea was involved with the juvenile justice system.

Total cost of services provided in a traditional framework = **\$62,659**

System of Care:

The cost of services provided to Andrea during her involvement with Tapestry was \$8,336. This includes the cost of wraparound care coordination as well as flexible wrap services and supports.

Total cost of services provided in a system of care framework = **\$8,336**
= savings of \$54,323

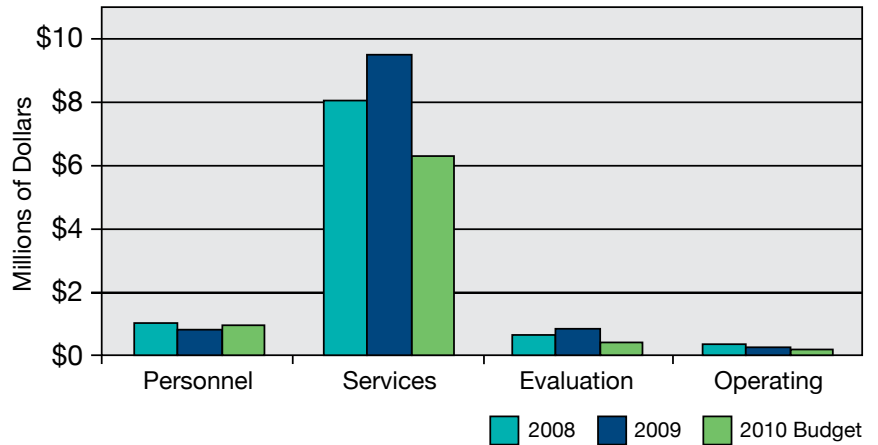
² Names have been changed for confidentiality reasons.

Our Investments

OUR INVESTMENTS

Tapestry's revenue in 2009 was \$11,737,462 and actual expenditures at the end of the year totaled \$11,359,269. Health and Human Service Levy funds were the primary funding sources for Tapestry; federal funds from the Substance Abuse Mental Health Services Administration (SAMHSA) provided additional revenue. Below is an account of our expenditures in 2009 as well as a comparison of expenditures over the past three years:

Category	Total Expenditure	Percentage
Personnel	\$847,541	7%
Services	\$9,508,917	84%
Evaluation	\$834,323	7%
Operating	\$168,488	1%
Total	\$11,359,269	100%



Our Future

OUR FUTURE

Tapestry has made a difference in the lives of so many children and their families, yet there is still so much to be done. A major priority in 2011 will be on continuing to perfect our work while effectively managing the changing face of our community. More specifically, here are some of the things that Tapestry will be focused on in the upcoming year:

- Using the continuous quality improvement process to define practice improvement, skill development and investment priorities
- Increasing the fidelity of the practice model including a focus on clinical and fiscal areas
- Nurturing the relationship between clinical and community partners around shared goals
- Engaging local and state stakeholders on strategies to infuse system of care and wraparound within the child serving system
- Enhancing the capacity for data tracking, sharing and evaluation
- Showcasing Tapestry as a local and national model as well as an expert resource



“There are still days that are rough and problems arise, but now we have the tools to handle them.”

~ Tapestry family

Mission Statement

We exist to enhance the lives of children with significant behavioral needs, who are involved in multiple systems, through family-focused, child-centered, strength-based, and culturally competent care in the community.

Vision

Weaving solutions with children and their families



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