ANNUAL REPORT

FISCAL YEAR 2022

(July 1, 2021- June 30, 2022)

100 North First Street, W-101
Springfield, Illinois 62777-0001
877/541-2772
217/524-1529 (fax) www2.illinois.gov/CRSA

LETTER OF TRANSMITTAL

Governor JB Pritzker
Members of the General Assembly
State Agency Directors and
State Superintendent of Education
Springfield, Illinois

Dear Governor Pritzker, Members of the General Assembly, State Agency Directors and Superintendent of Education:

On behalf of the membership of the Community and Residential Services Authority, I transmit herewith the FY 2022 Annual Report in accordance with the requirements as set forth in Ch. 122, Sec. 14-15.01 of the Illinois School Code.

Respectfully submitted,

Matt George
Chairperson

LEGISLATIVE MEMBERS AT THE CLOSE OF FY 22

Senator Christopher Belt
Senate Education Committee
Carie L. Johnstone, Designee*

Senator Sue Rezin
Senate Education Committee
Matt George, Designee*

Representative Michelle Mussman
House Committee on Elementary & Secondary Education
Dr. Seth Harkins, Designee

Representative Avery Bourne
House Committee on Elementary & Secondary Education
Dr. Kathy Briseno, Designee**

STATE AGENCY DESIGNEES

Kristine Herman*
Department of Healthcare and Family Services
Kristen Kennedy *- alternate*

Keith Polan*
Department of Children and Family Services

Kimberly Pinckney
Department Human Services
Division of Rehabilitation

Barb Moore*
State Board of Education
Sherry Bochenek *- alternate*

Lisa Betz
Department of Human Services
Division of Mental Health
Sarah Schroeder *– alternate*

Department of Corrections/Juvenile Justice
Michelle Bradley *- alternate*

Joy Decker
Department of Human Services
Division of Developmental Disabilities
Alicia Robinson *– alternate*

Judith Levitan
Attorney General's Office

Julie Stremlau
Department of Human Services
Division of Family and Community Services
Nathan Roth *– alternate*

GOVERNOR'S APPOINTEES

∗Two vacancies

Dr. Robert Bloom

Dr. Andrew Beaty

Merlin Lehman

Neal Takiff

TABLE OF CONTENTS

ABOUT CRSA	**PAGES 1**
CRSA BOARD	**PAGE 2**
POWERS AND DUTIES	**PAGE 3-5**
OPERATIONS	**PAGE 5-6**
FISCAL YEAR 2022 EXPENDITURES	**PAGE 7**
FY 2022 MEETINGS AND GOALS	**PAGE 8-10**
REFERRALS AND INTERVENTIONS	**PAGE 10**
CRSA DEMOGRAPHICS	**PAGE 11**
CRSA CASE ACTIVITY	**PAGE 13-22**
SUMMARY	**PAGE 22**
DEFINITIONS	**PAGE 23**

ABOUT THE CRSA

The Community and Residential Services Authority (CRSA) is an interagency group created by the State Legislature in 1985. The CRSA is responsible for identifying and addressing barriers facing parents, professionals and providers when trying to get needed services and programs for youths with a behavior disorder or a severe emotional disturbance and their family. We work directly with parents and families of the most at-risk children in Illinois. CRSA serves the entire state of Illinois. It is not an overstatement to say that the children that the CRSA become involved with are impacted by significant challenges, engage in severe behaviors, and often have the most difficultly in accessing the current existing supports and services available to Illinois youth.

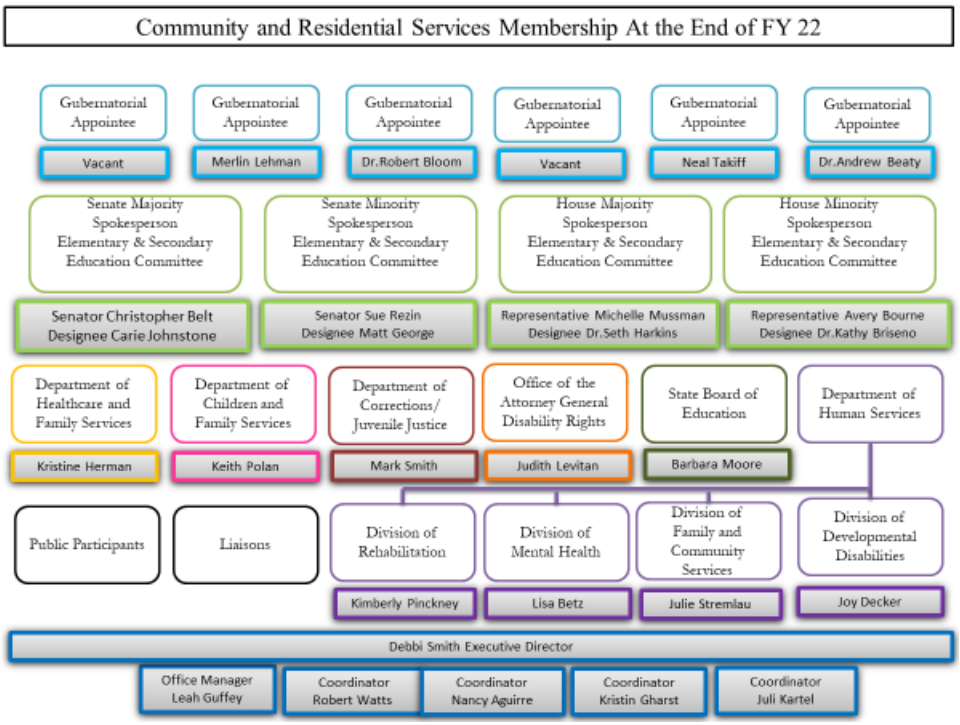
Children who exhibit multiple impairments/disabilities, including behavior disorders or severe emotional disturbances, historically present challenges to Illinois' state service system as agencies and schools try to address the diverse service needs of this population. Many of these children do not clearly fit the eligibility criteria or funding streams of state and local public agencies and therefore, go un-served or are underserved by the very systems established to help them.

THE CRSA MISSION is to promote a network of resources for Illinois youth with social and emotional health conditions to receive timely and appropriate access to the services they deserve.

THE CRSA VISION is that every youth in Illinois shall be socially and emotionally healthy and will have the opportunity to achieve their fullest potential and participate in developing their identity and role in society.

THE CRSA BOARD consists of representatives of the youth-serving state agencies, members of the legislature and persons appointed by the Governor. The board meets regularly to address systems gaps and persistent barriers to accessing services for youth with emotional disabilities.

The CRSA has nineteen members: nine representatives of child-serving state agencies, six public and private sector gubernatorial appointees and four members of the General Assembly or their designees. The CRSA employs an Executive Director who operates with the assistance of four expert Regional Coordinators and one support professional to fulfill the CRSA's statutory mandates.



CRSA BOARD MEMBERS

- Representatives of the House and Senate Elementary and Secondary Education Committees (4)
- Governor's Appointees (6)
- Attorney General's Office Disabled Persons Advocacy Division)
- Department of Children and Family Services
- Department of Healthcare and Family Services
- Illinois State Board of Education
- Department of Juvenile Justice
- Department of Human Services
  - Division of Mental Health
  - Division of Developmental Disabilities
  - Division of Rehabilitation Services
  - Division of Family and Community Services

CRSA STATUTE

(105 ILCS 5/14-15.01) (from Ch. 122, par. 14-15.01)

Sec. 14-15.01. Community and Residential Services Authority.

(a) (1) The Community and Residential Services Authority is hereby created and shall consist of the following members:

A representative of the State Board of Education;

Four representatives of the Department of Human Services appointed by the Secretary of Human Services, with one member from the Division of Community Health and Prevention, one member from the Division of Developmental Disabilities, one member from the Division of Mental Health, and one member from the Division of Rehabilitation Services;

A representative of the Department of Children and Family Services;

A representative of the Department of Juvenile Justice;

A representative of the Department of Healthcare and Family Services;

A representative of the Attorney General's Disability Rights Advocacy Division;

The Chairperson and Minority Spokesperson of the House and Senate Committees on Elementary and Secondary Education or their designees; and

Six persons appointed by the Governor. Five of such appointees shall be experienced or knowledgeable relative to provision of services for individuals with a behavior disorder or a severe emotional disturbance and shall include representatives of both the private and public sectors, except that no more than 2 of those 5 appointees may be from the public sector and at least 2 must be or have been directly involved in provision of services to such individuals. The remaining member appointed by the Governor shall be or shall have been a parent of an individual with a behavior disorder or a severe emotional disturbance, and that appointee may be from either the private or the public sector.

(2) Members appointed by the Governor shall be appointed for terms of 4 years and shall continue to serve until their respective successors are appointed; provided that the terms of the original appointees shall expire on August 1, 1990. Any vacancy in the office of a member appointed by the Governor shall be filled by appointment of the Governor for the remainder of the term.

A vacancy in the office of a member appointed by the Governor exists when one or more of the following events occur:

(i) An appointee dies;

(ii) An appointee files a written resignation with the Governor;

(iii) An appointee ceases to be a legal resident of the State of Illinois; or

(iv) An appointee fails to attend a majority of regularly scheduled Authority meetings in a fiscal year.

Members who are representatives of an agency shall serve at the will of the agency head. Membership on the Authority shall cease immediately upon cessation of their affiliation with the agency. If such a vacancy occurs, the appropriate agency head shall appoint another person to represent the agency.

If a legislative member of the Authority ceases to be Chairperson or Minority Spokesperson of the designated Committees, they shall automatically be replaced on the Authority by the person who assumes the position of Chairperson or Minority Spokesperson.

(b) The Community and Residential Services Authority shall have the following powers and duties:

(1) To conduct surveys to determine the extent of

need, the degree to which documented need is currently being met and feasible alternatives for matching need with resources.

(2) To develop policy statements for interagency

cooperation to cover all aspects of service delivery, including laws, regulations and procedures, and clear guidelines for determining responsibility at all times.

(3) To recommend policy statements and provide

information regarding effective programs for delivery of services to all individuals under 22 years of age with a behavior disorder or a severe emotional disturbance in public or private situations.

(4) To review the criteria for service eligibility,

provision and availability established by the governmental agencies represented on this Authority, and to recommend changes, additions or deletions to such criteria.

(5) To develop and submit to the Governor, the

General Assembly, the Directors of the agencies represented on the Authority, and the State Board of Education a master plan for individuals under 22 years of age with a behavior disorder or a severe emotional disturbance, including detailed plans of service ranging from the least to the most restrictive options; and to assist local communities, upon request, in developing or strengthening collaborative interagency networks.

(6) To develop a process for making determinations in

situations where there is a dispute relative to a plan of service for individuals or funding for a plan of service.

(7) To provide technical assistance to parents,

service consumers, providers, and member agency personnel regarding statutory responsibilities of human service and educational agencies, and to provide such assistance as deemed necessary to appropriately access needed services.

(8) To establish a pilot program to act as a

residential research hub to research and identify appropriate residential settings for youth who are being housed in an emergency room for more than 72 hours or who are deemed beyond medical necessity in a psychiatric hospital. If a child is deemed beyond medical necessity in a psychiatric hospital and needs residential placement, the goal of the program is to prevent a lock-out pursuant to the goals of the Custody Relinquishment Prevention Act.

(c) (1) The members of the Authority shall receive no compensation for their services but shall be entitled to reimbursement of reasonable expenses incurred while performing their duties.

(2) The Authority may appoint special study groups to operate under the direction of the Authority and persons appointed to such groups shall receive only reimbursement of reasonable expenses incurred in the performance of their duties.

(3) The Authority shall elect from its membership a chairperson, vice-chairperson and secretary.

(4) The Authority may employ and fix the compensation of such employees and technical assistants as it deems necessary to carry out its powers and duties under this Act. Staff assistance for the Authority shall be provided by the State Board of Education.

(5) Funds for the ordinary and contingent expenses of the Authority shall be appropriated to the State Board of Education in a separate line item.

(d) (1) The Authority shall have power to promulgate rules and regulations to carry out its powers and duties under this Act.

(2) The Authority may accept monetary gifts or grants from the federal government or any agency thereof, from any charitable foundation or professional association or from any other reputable source for implementation of any program necessary or desirable to the carrying out of the general purposes of the

Authority. Such gifts and grants may be held in trust by the Authority and expended in the exercise of its powers and performance of its duties as prescribed by law.

(3) The Authority shall submit an annual report of its activities and expenditures to the Governor, the General Assembly, the directors of agencies represented on the Authority, and the State Superintendent of Education.

(e) The Executive Director of the Authority or his or her designee shall be added as a participant on the Interagency Clinical Team established in the intergovernmental agreement among the Department of Healthcare and Family Services, the Department of Children and Family Services, the Department of Human Services, the State Board of Education, the Department of Juvenile Justice, and the Department of Public Health, with consent of the youth or the youth's guardian or family pursuant to the Custody Relinquishment Prevention Act.
(Source: P.A. 102-43, eff. 7-6-21.)

OPERATIONS

The State of Illinois provides an extensive array of services to its children and adolescents, but like many other states, has encountered difficulty connecting various public and private services. Children and adolescents who are labeled severely emotionally disordered or behaviorally disordered have multiple service needs. They frequently require a blend of educational, social, psychological, and other support services that may not clearly fit the service eligibility criteria or funding patterns of public agencies. These circumstances may create confusion and occasional disputes between state and local human service agencies, schools and or between agencies and parents. The CRSA assists all parties in obtaining the overall objective regarding the best interest of the child on our caseload. When that cannot happen in a collaborative agreement at the Regional Coordinator level, the CRSA board can review the case in a Dispute Resolution meeting.

The Community and Residential Services Authority (CRSA) has been able to identify social service barriers for children in Illinois with complex mental health challenges. In FY 22, four CRSA Regional Coordinators facilitated complex service planning for 323 youth with severe behavioral/emotional disabilities and or complex educational needs who faced barriers accessing the Illinois public and or private services.

The following is a description of the operational structure of CRSA when receiving a referral:

Intake

- Intake involves receiving, establishing eligibility for CRSA services, documenting and processing the issues, complaints or questions from an individual, or from an individual on behalf of an organization.
- Personnel implementing Intake: CRSA has a designated Intake Coordinator.

Implementation

- Implementation involves general information gathering, making referrals, specialized resource acquisition, coordination with public and private organizations regarding a common plan of care.
- Personnel: CRSA employs four Regional Coordinators statewide to implement these objectives.

Dispute Resolution

- Dispute resolution occurs when there is a disagreement between a parent/guardian and an agency represented on the Authority regarding a plan of services; or a disagreement between two or more member agencies regarding implementation of a plan of services. The Authority has a mandate "to develop a process for making determinations in situations where there is a dispute relative to a plan of service for individuals or funding for a plan of service". While each state agency has its own internal review processes, Illinois needed a statewide process to resolve multiple-agency disputes, so it was built into the CRSA legislation.
- Personnel: The CRSA Executive Director and Board Chairperson determine the dispute resolution team, which consists of relevant board members.
- Process: Staff and members collaborate to explore voluntary solutions to complex multi-agency, multi-systems issues regarding a plan of care. During FY 22, all but one potential dispute resolution cases were resolved through informal consults with relevant agency board members which did not require full board authority intervention.

FY 2022

APPROPRIATION/EXPENDITURE SUMMARY

FY 2022 APPROPRIATION	**$650,000.00**
*** FY SUPPLEMENTAL**	**$50,000.00**
FY 2022 EXPENDITURE	**$636,411.89**
LAPSED FUNDS	**$63,588.11**

TYPE OF EXPENDITURE	ALLOTMENT	EXPENDITURE	BALANCE
PERSONNEL EXPENSES			
Salary	$520,000.00	$495,254.00	$24,746.00
Social Security	$15,000.00	$14,512.02	$487.98
Retirement	$20,000.00	$19,812.61	$187.39
Retirement Reserve	$30,000.00	$29,544.19	$455.81
Contractual Services	$40,000.00	$36,526.25	$3,473.75
TRAVEL			
Staff	$20,000.00	$4,270.01	$15,729.99
Board	$5,000.00	$690.97	$4,309.03
TRAINING			
Staff Training	$3,000.00	$130.00	$2,870.00
Board Training	$2,000.00	$0.00	$2,000.00
OPERATING EXPENSES			
Facility Lease	$25,000.00	$17,939.10	$7,060.90
Equipment & Office Supplies	$10,000.00	$9,201.15	$798.85
Phones, Postage & Supplies	$10,000.00	$8,531.59	$1,468.41
	$700,000.00	**$636,411.89**	**$63,588.11**

**** Supplemental was requested to cover retirement expenses, cross training of the Executive Director and additional Personal Service Contractor expenses.***

FY 2022 MEETINGS AND GOALS

The CRSA board held six out of the six scheduled board meetings during FY 22. The board focused on promoting and implementing the CRSA strategic objectives to best serve the CRSA population.

Meetings: Most CRSA board meetings were successfully held by WebEx due to Covid-19 protocols restricting in-person meeting, however due to the restrictions being eased, CRSA's last meeting of the fiscal year allowed a hybrid in-person and Webex.

INTERAGENCY CRSA COMMITTEE TO ADDRESS THE LACK OF THERAPEUTIC RESOURCES

A survey was submitted to the CRSA and partners which asked:

Q1: As a CRSA board member, do you agree that Illinois' youth with complex behavioral health conditions need timely and appropriate access to vital intensive psychiatric hospitalization and or therapeutic residential treatment delivered by credentialed well trained psychiatric professionals?
12 responses - 12 yes

Q2: As a CRSA board member, do you agree that Illinois' youth with complex behavioral health conditions need timely and appropriate access to vital intensive psychiatric hospitalization and or therapeutic residential treatment delivered by credentialed well trained psychiatric professionals?
12 responses - 12 yes

Q3: Would you be willing to sit on an intergovernmental CRSA committee to explore this problem and to propose solutions?[1]
9 yes

FY 2022 Goal 1: the CRSA board continued to discuss how relevant public entities could have the resources, methods and means to timely and appropriately place youth who are treatment resistant in facilities that match the youth's level of need. CRSA voted to have the Executive Director seek support for a single case agreement option. Single Case Agreements or One-Off Agreements can supersede traditional contracts that may limit access. This would have required the creation of an interagency agreement to support cooperation among agencies.
Disposition: The Single case agreement did receive support however after reconsideration by DHS and the Governor's office of education, the CRSA Director was asked to request the sponsors of the legislation not move it forward. The Governor's office was in the process of creating the Children's Behavioral Health Transformation Initiative[2] to evaluate and redesign the delivery of behavioral health services for children and adolescents in the State of Illinois. The CRSA Director contacted the legislative sponsor, and the CRSA Single Case Agreement legislation was pulled due to this request.

FY 2022 Goal 2: One State Psychiatric Hospital and one state residential treatment facility for youth. Continued from FY 21, the CRSA board voted then to promote and or support legislation that would

[1] Intergovernmental Committee name changed to Interagency Sub-Committee
[2] https://www.illinois.gov/news/press-release.24652.html

allow an approved state agency to create one state funded hospital (SOF) with an attached residential treatment facility. The objective would be for the facility to be a no decline, state operated psychiatric hospital and residential treatment facility that would professionally and ethically treat, evaluate and advocate for youth who were under-served due to the severity of their mental and/or behavioral health conditions. Hospitalization at a SOF could stabilize a youth to step down to less restrictive treatment settings or home with intensive supports arranged through community linkage agreements that would ensure appropriate discharge and not allow children to exceed medical necessity in private psychiatric hospitals.
Disposition: The CRSA Director met with a legislator interested in this concept last fiscal year. Language was developed by the legislator which is on hold at the time of this report.

FY 2022 Goal 3: Development of an Interagency Sub Committee. The CRSA board supported the convening of a subcommittee to work on further developing goals 1 and 2 as well as interagency coordination and new CRSA legislation to develop a research hub. The committee also discussed the possible revival of the CRSA multi agency resource pool[3] aka MARP.
Disposition: Goals 1 and 2 disposition mentioned above. The MARP discussion was tabled. The committee developed a work plan, a grid of updated residential facilities nation-wide, and procedures to implement what became known as "The Hub" [4] to comply with the legislative additions to CRSA. The committee was given permission by the board at the end of FY 22, to continue with the subcommittee goals of implementing the Hub procedures as written however will go up for a formal vote at the August FY 23 board meeting.

Following electronic footnoted attachments hard copies available upon request from CRSA 877-541-2772

REFERRALS AND INTERVENTIONS

CRSA Regional Coordinators:

- Are quick to respond to calls for help for youth who have emotional difficulties and behavioral disabilities and are personally accessible to assist in coordinating a plan of care.
- Collaborate to ensure that services are planned in association with all appropriate child-serving systems in the youth's natural environment when possible.

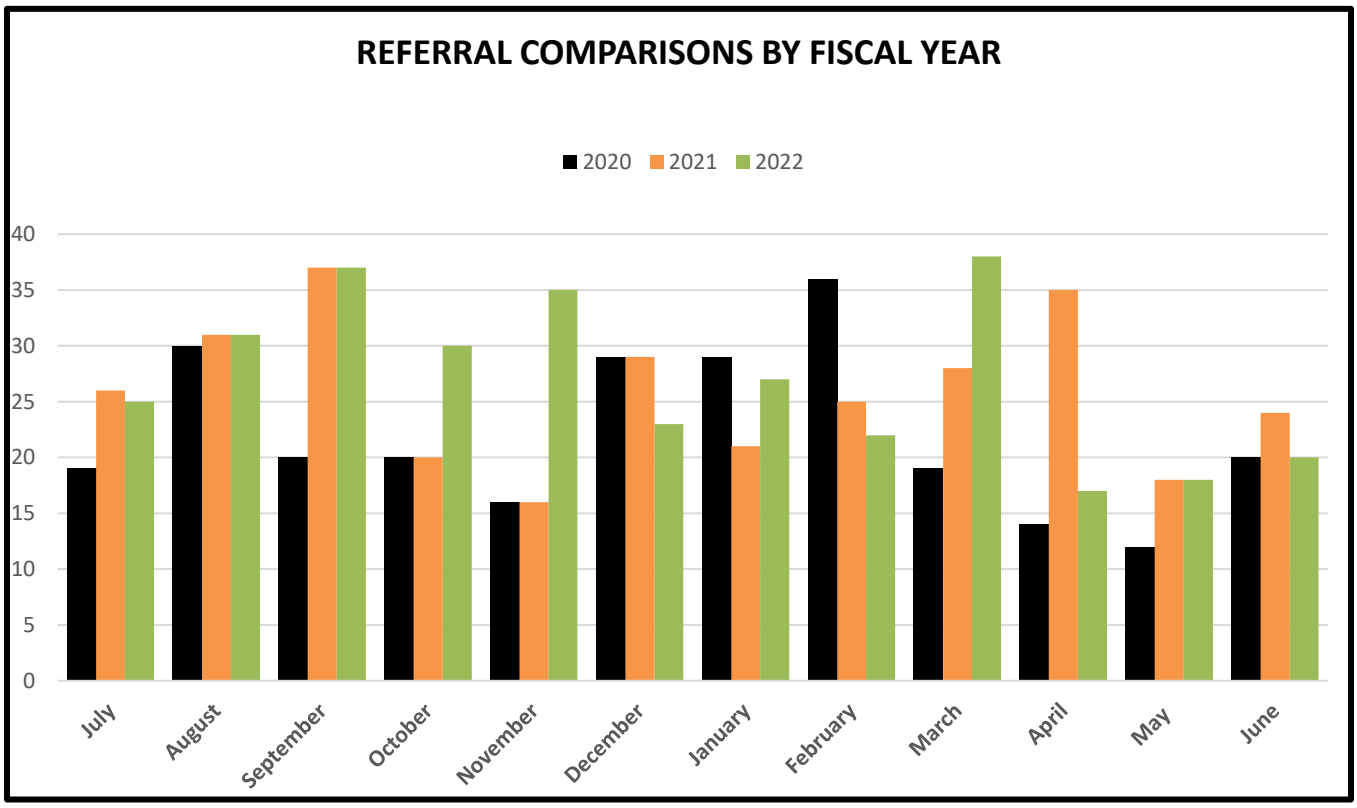
MARP.pdf

3

Procdrl

4 GuidelinesTHE HUB (1

- Promote family-focused/child-centered services that are developmentally appropriate, strength based, child specific and meet the individual needs of the youth and family.
- Are respectful regarding the behavior, ideas, attitudes, values, beliefs, customs, languages, rituals and practices characteristic to the family's cultural group.
- Have integrity and protect participant confidentiality. They deal honestly with the public, participants and with one another.
- Are reliable to assist in the reduction of barriers to mental health and educational services for CRSA participants.
- Are successful in working with partner agencies and communities to find solutions to complex barriers that otherwise could prevent youth with social and emotional disabilities from getting the services they need.

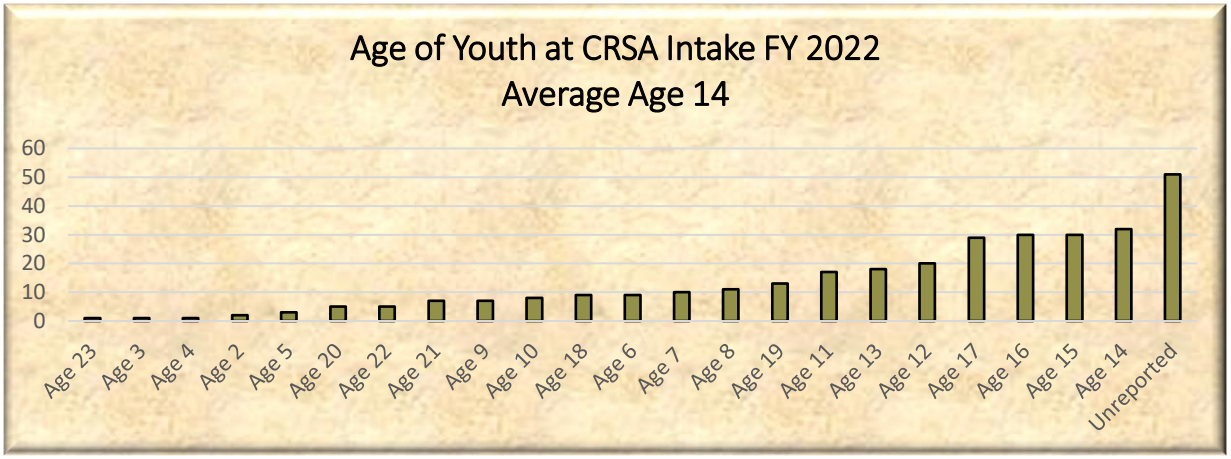


CRSA DEMOGRAPHICS:

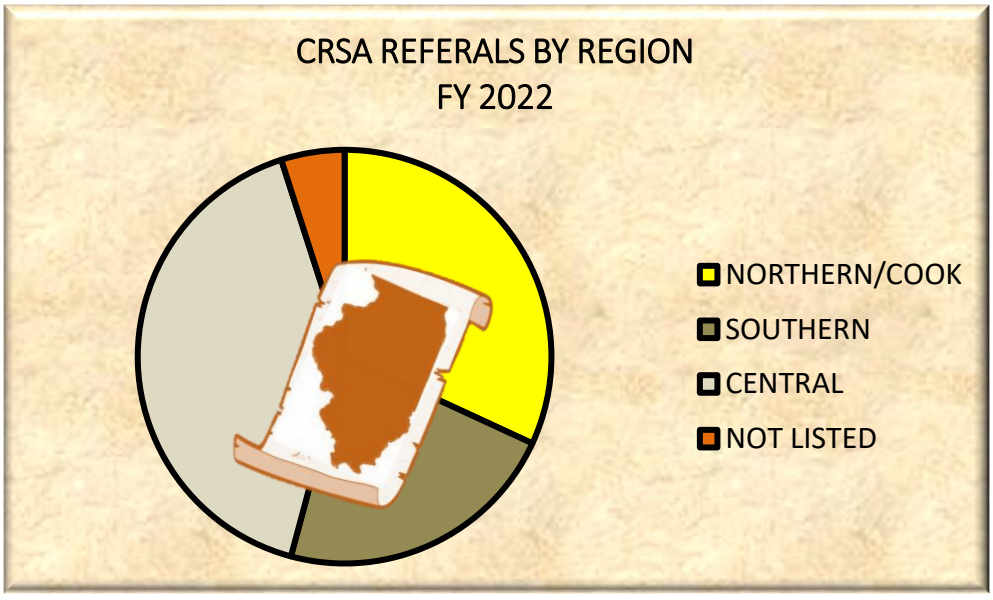
For FY 2022 CRSA Regional Coordinators responded to 323 calls for assistance. This exceeded last year's total of 280 which is a 14% increase. The following is a breakdown of the CRSA referred youth's age, region, gender, ethnicity, referral expectations at intake, medical coverage, diagnosis, and difficulty of care factors, barriers to educational, mental health, developmental disability service needs, and how those barriers are minimized with CRSA intervention. In addition, if the barriers fall short of remaining barriers to service, these issues are targeted as services gaps that may need CRSA board action.

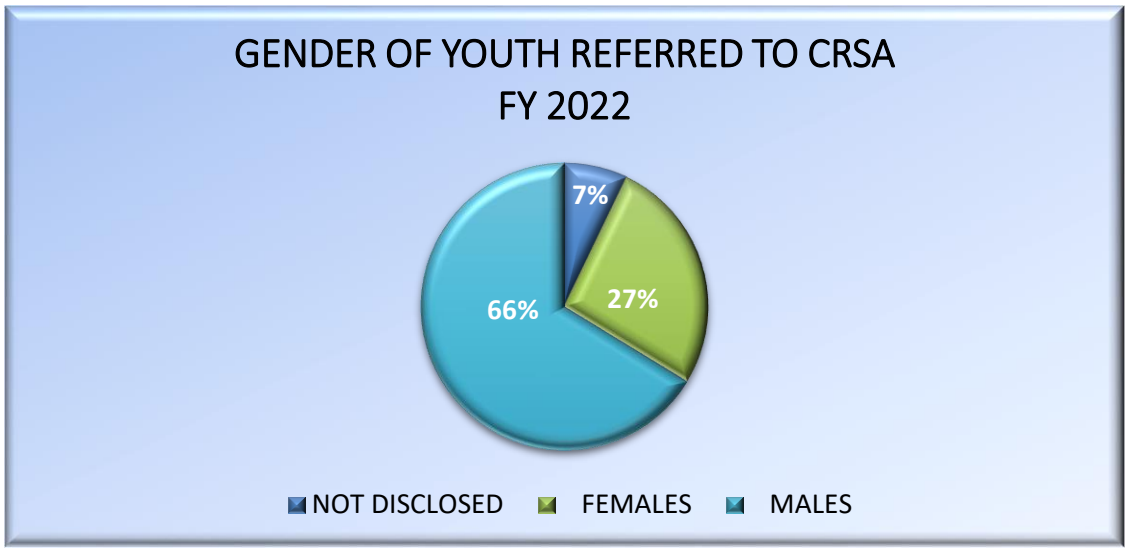
Regions: CRSA serves all regions of Illinois. Most of the youth served were in the Central and Northern Regions of Illinois. Some referents for information only do not provide their location information.

Age: CRSA served ages 2 to 23. The average age of youth referred to CRSA in FY 2022 was age 14. This is one-year difference from last fiscal year which was age 13 however consistent with FY 19 and FY 21. Typically, CRSA serves youth up to the age they graduate from high school however we do receive "information-only" calls on older youth in transition which are not included in the average. Several cases this year were from professionals who had questions regarding systems navigation for the youth they served. These referents do not report the age of the youth unless a formal referral is made.

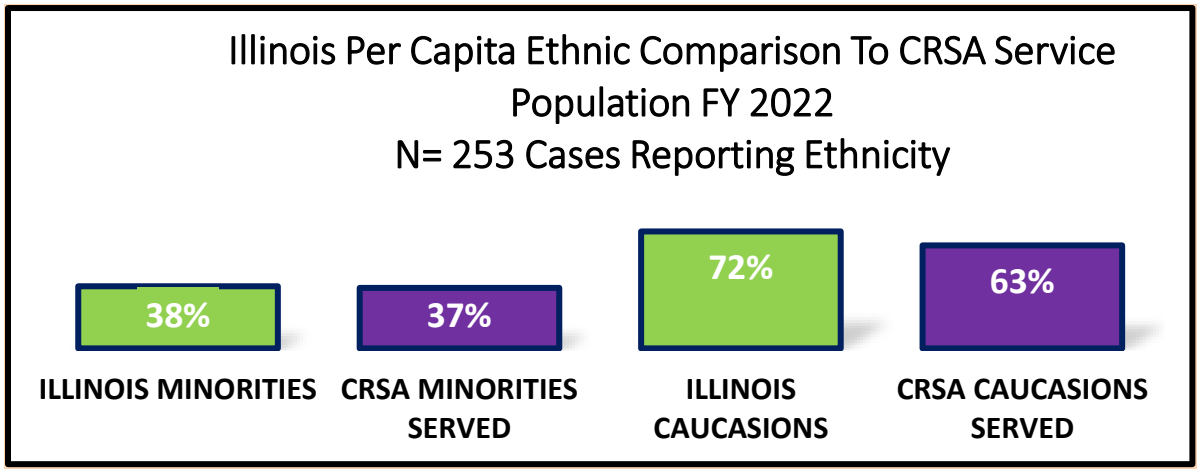


Gender: CRSA served 214 males and 86 Females this year and 23 youth did not disclose gender.





Ethnicity: Out of the 253 cases that reported ethnicity, CRSA served 159 Caucasian youth, 46 African American, 27 mixed race youth, 14 Hispanic youth, 2 Native American and 5 Asian American youth in FY 2022. About 71.53 % of the Illinois population are Caucasian, CRSA served 63% Caucasian youth and 37% minority youth. The non-Caucasian[5] Illinois population is as follows: Black or African American: 14.20%, Other race: 5.93%, Asian: 5.47%, Two or more races: 2.57%, Native American: 0.26% and Native Hawaiian or Pacific Islander: 0.04%.

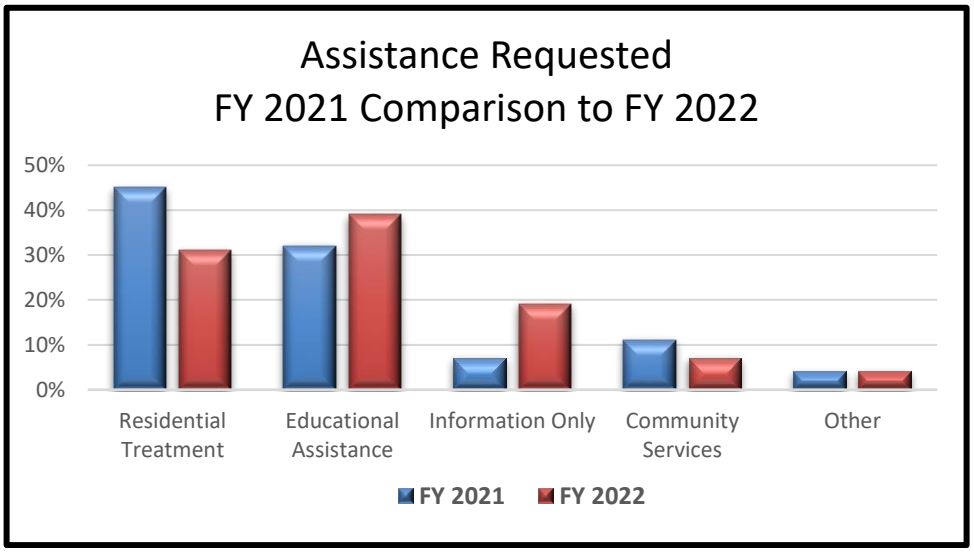


CRSA CASE ACTIVITY

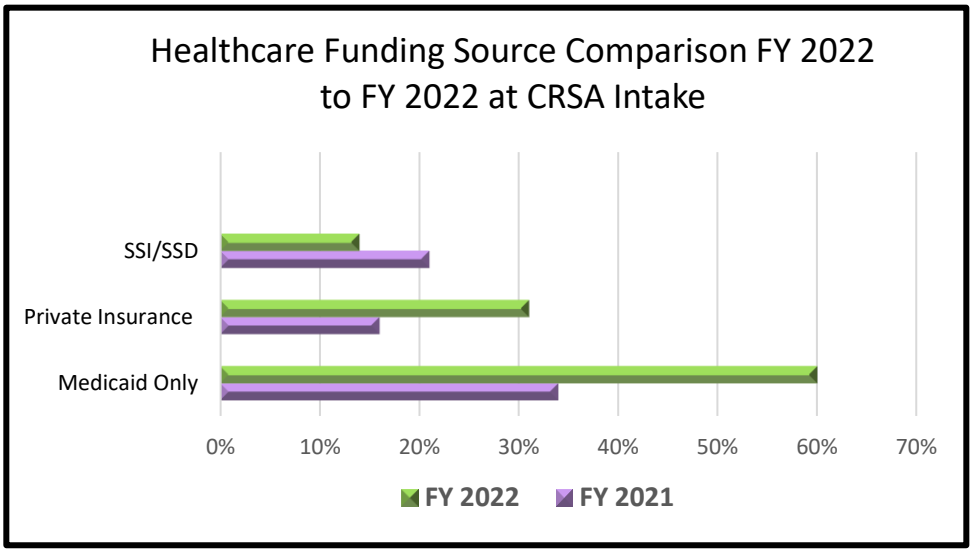
Assistance requests at intake: This fiscal year showed a flip in the assistance requested at CRSA intake.

[5] https://worldpopulationreview.com/states/illinois-population
https://www.census.gov/quickfacts/IL

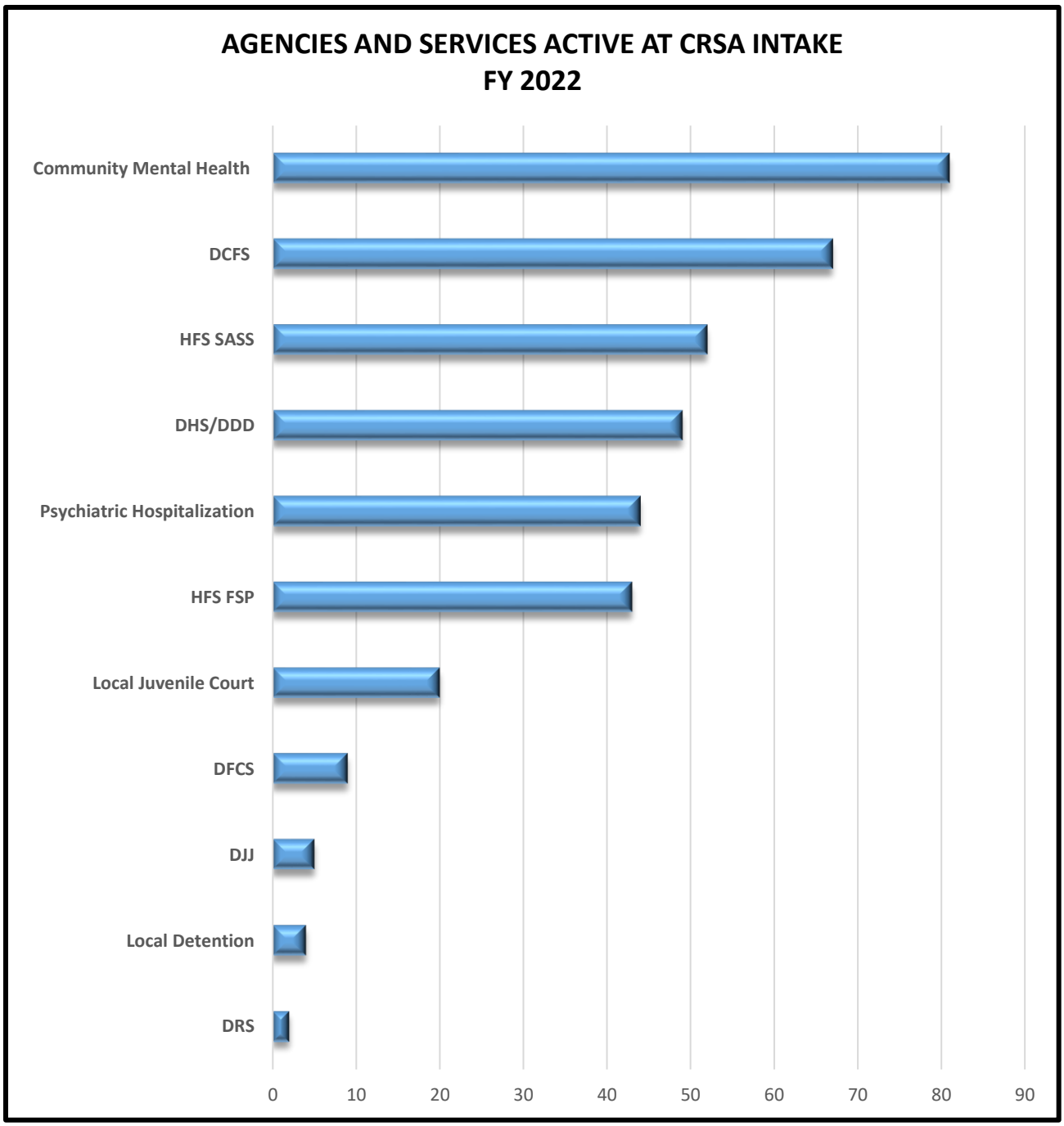
There were more requests for help with educational issues than requests for help with navigating the public system for youth in potential need for residential treatment. Almost 2 years into the pandemic affected educational and social emotional objectives for youth with individual education plans. Many parents reached out to CRSA requesting guidance in navigating the best possible educational outcomes for their youth with severe emotional disabilities.



Medical coverage: Most of the youth referred to CRSA had Illinois Medicaid as medical coverage. For FY 2022, 184 youth had Medicaid only, 102 youth had private insurance only and 47 youth had SSI/SSD. For some youth, SSI/SSD also had Medicaid. These categories are not mutually exclusive. This fiscal year shows a trend of more youth with Medicaid as a funder as well as more youth with private insurance than last fiscal year.

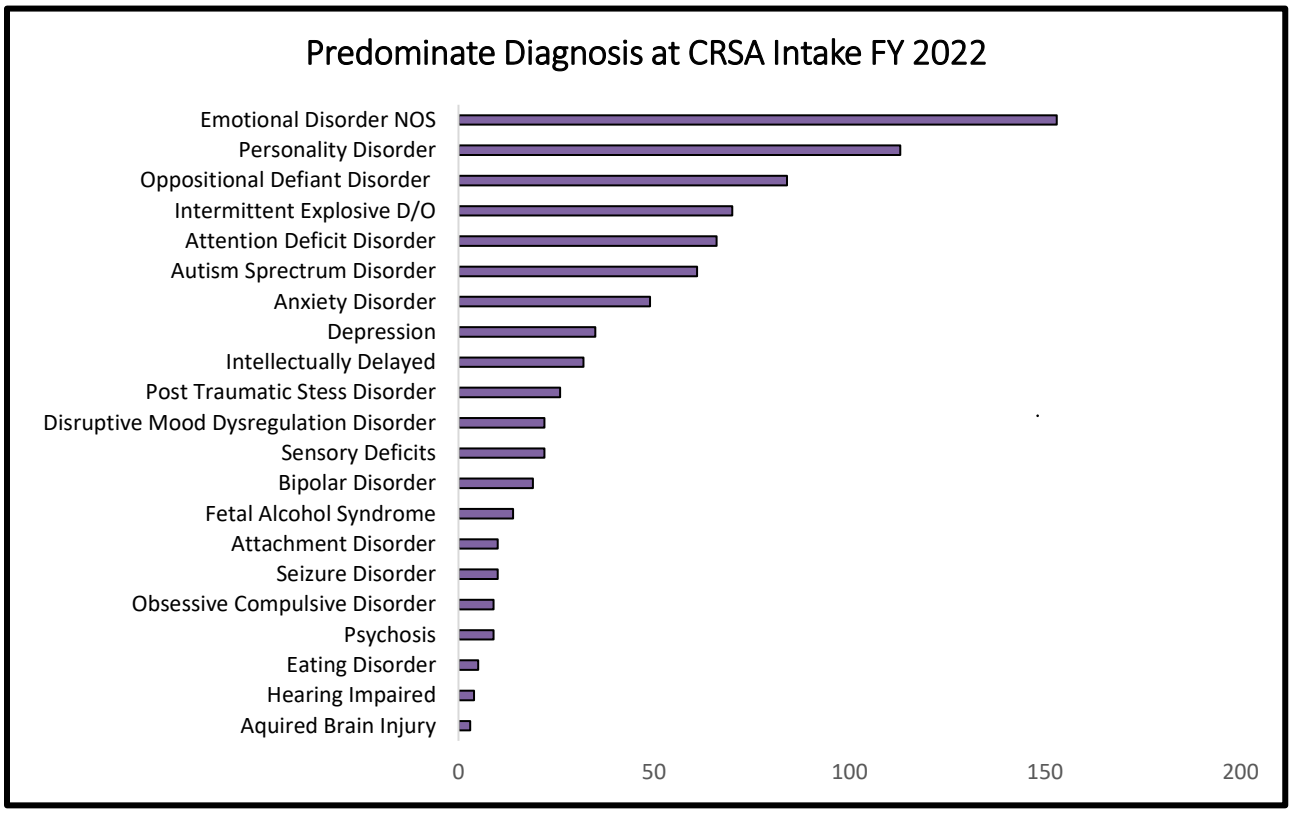


Services at intake: CRSA tracks the type of services youth are currently receiving at the time of referral and services to best navigate linkage plans and increased mental health and educational supports.

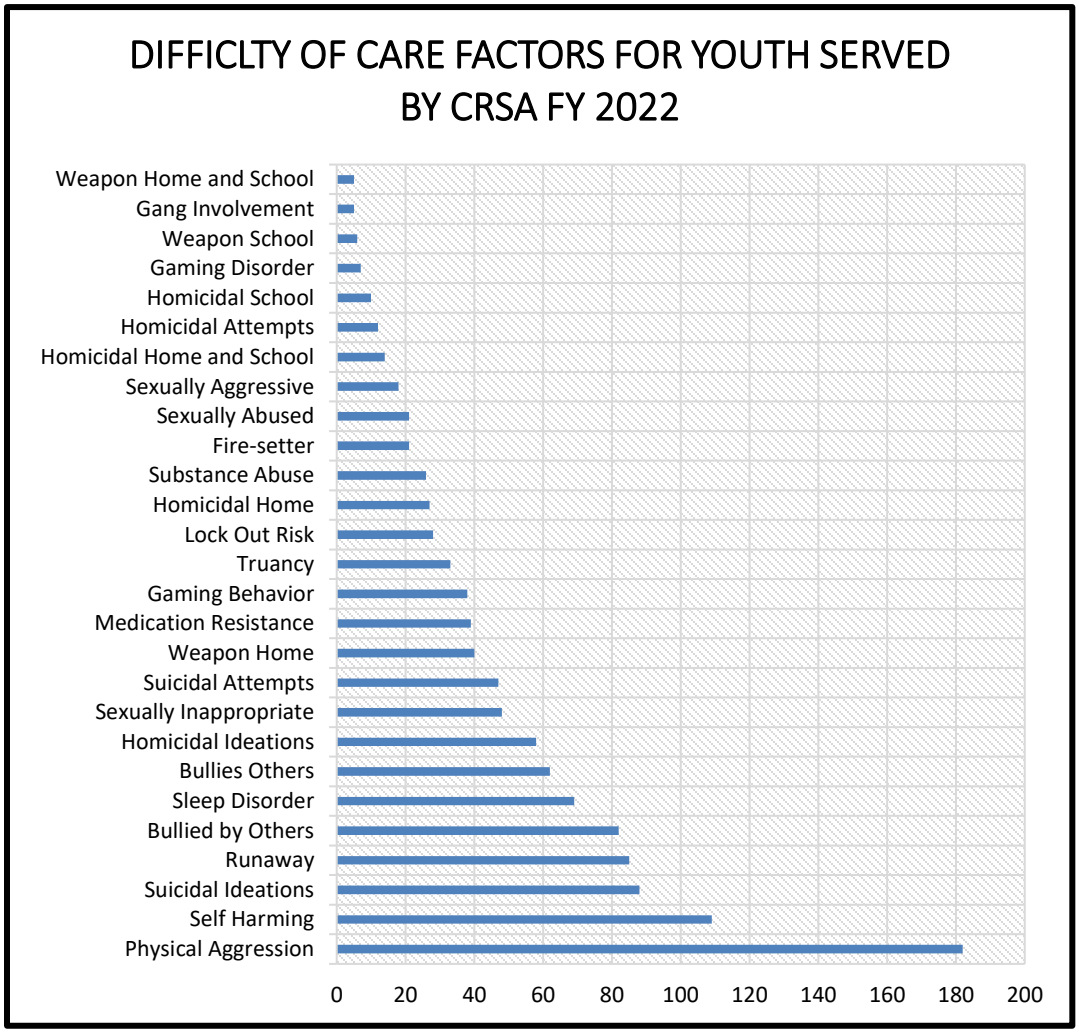


Diagnosis at intake: Emotional, Personality and Oppositional Defiant disorders were the presenting predominant diagnoses at intake in FY 2022. It is common for children and young adults referred to CRSA to have between two to five diagnosed disabilities and to exhibit four or more diagnoses at the time of referral. These multiply diagnosed individuals often had service needs for which two or more-member state agencies had overlapping service and funding responsibilities.

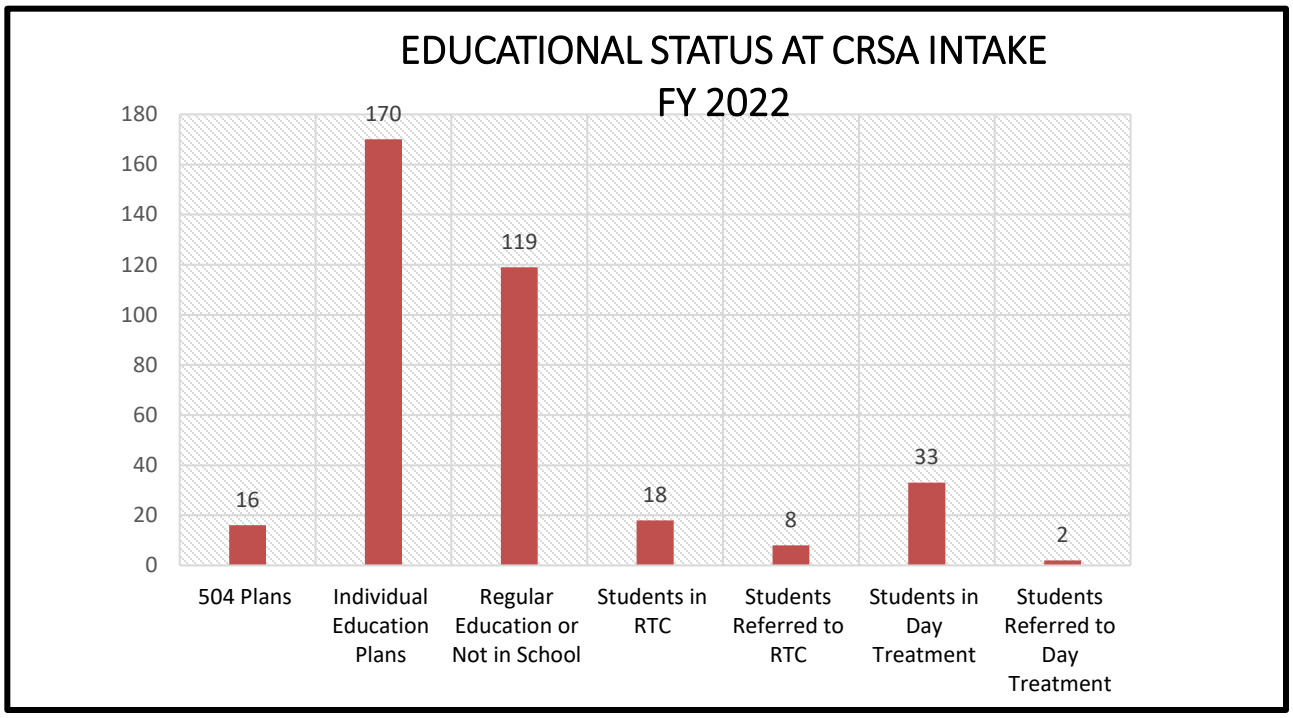
CRSA records all diagnoses reported by the referral source. Again, any one child could have more than one condition or diagnosis. The following charts reflect a youth's predominant diagnoses and difficulty of care factors when they are referred to CRSA.



Difficulty of care: Behavioral factors are important when assessing the level of services that youth with mental health or behavioral conditions may need. According to the Mayo Clinic: "*...Mental health disorders in children are generally defined as delays or disruptions in developing age-appropriate thinking, behaviors, social skills or regulation of emotions. These problems are distressing to children and disrupt their ability to function well at home, in school or in other social situations."* CRSA tracks these difficulty of care factors that impact social service delivery and wellness outcomes. Most youth referred to CRSA have more than one difficulty of care factor. As it has been for several years, physical aggression is the most significant factor impeding a youth's stabilization at home school and their community. Out of 323 referrals, 56% of the youth served by CRSA were reported to be physically aggressive. The following chart lists several of these factors.

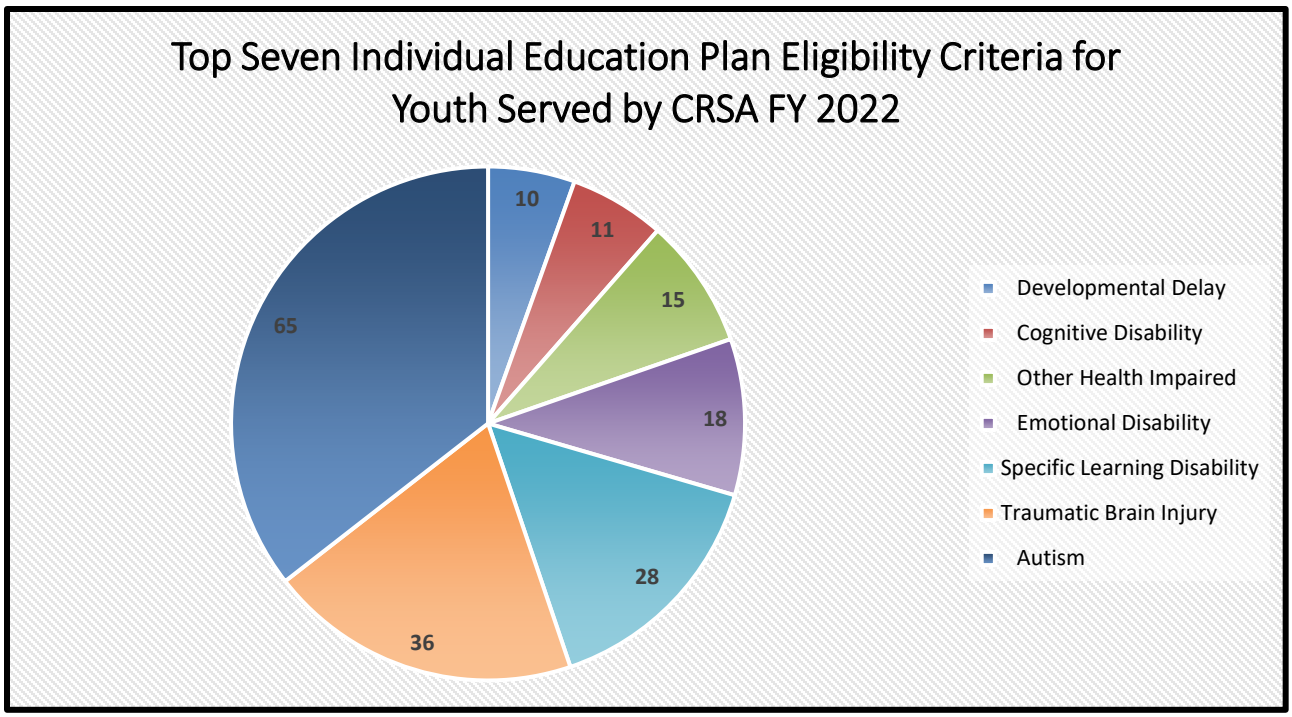


EDUCATION



Education services at intake: Most youth referred to CRSA are enrolled in an educational program and already receiving special education services through an IEP [6]. Educational classifications are selected based on what most impacts a child's learning. Youth in regular education and youth with American's with Disabilities Act 504[7] plans encompass the other educational status of youth at referral. When educational barriers to accessing educational services occur, CRSA staff can assist parents and districts in forming a strategy to obtain an educational plan in the best interest of their child. Charts provided are not mutually exclusive information because some students may fit more than one data set.

[6] https://www.isbe.net/Pages/Special-Education-Individualized-Education-Program.aspx
[7] https://www2.ed.gov/about/offices/list/ocr/504faq.html#introduction



CRSA legislative duties include offering technical assistance to parents, service consumers, providers, and member agency personnel regarding statutory responsibilities of human service and educational agencies, and to provide such assistance as deemed necessary to appropriately access needed services.[8] In addition to assisting families, CRSA tracks trends and barriers related to educational calls for help and the effectiveness of our interventions.

Most youth were referred because their parent/guardian believed that the Individual Education Plan (IEP) needed adjustments help them achieve their full educational opportunity goals.

MENTAL HEALTH SERVICES

Local community mental health stabilization services available to youth correlates with the amount of youth presenting for residential treatment. Long waiting lists, fewer in person counseling sessions and lack of mental health professionals employed in local mental health centers were among some of the most significant issues noted again this fiscal year. The Department of Human Services website states the following: "According to some estimates, Illinois has only 13.8 behavioral health care professionals for every 10,000 residents which translates to over 4.8 million Illinois residents living in a Mental Health Professional Shortage Area. This shortage has real effects on Illinoisans. It threatens access to care, increases hospital stays, and contributes to an overuse of the legal system."[9]

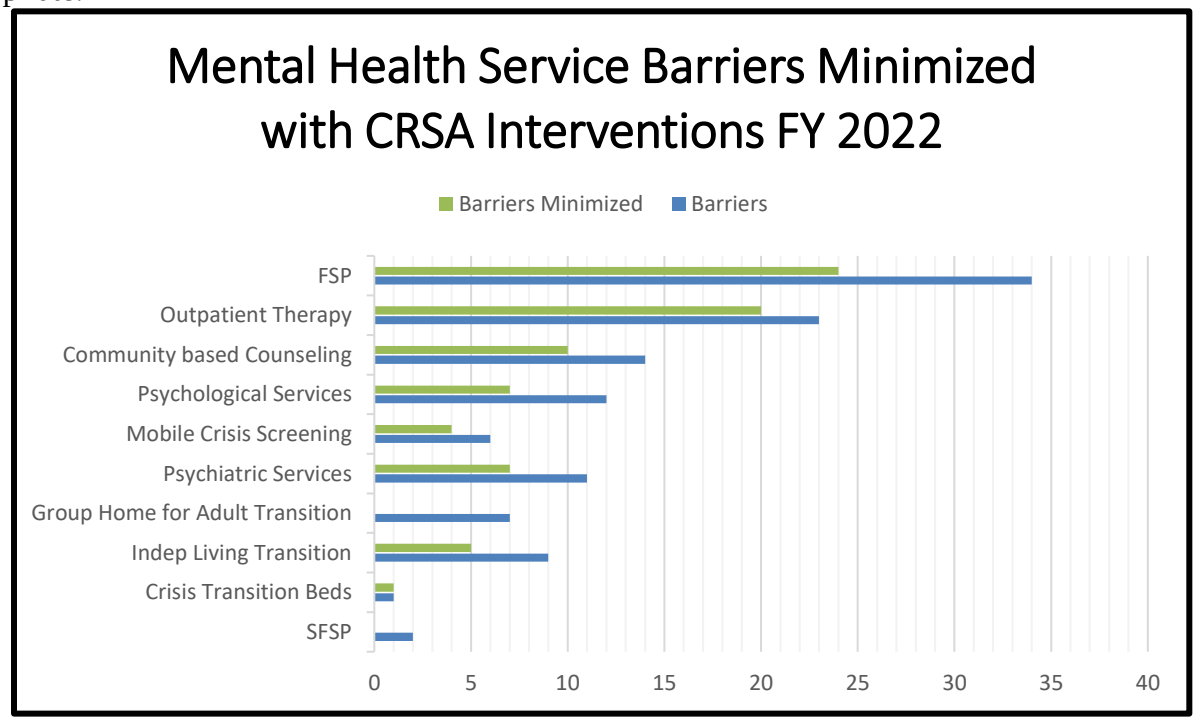
The lack of child and adolescent psychiatrists and outpatient counselors are two areas listed as an ongoing problem in Illinois and surrounding states. The number of behavioral healthcare professionals needed to

[8] https://www.ilga.gov/legislation/ilcs/documents/010500050K14-15.01.htm
[9] https://www.dhs.state.il.us/page.aspx?item=137782

remove the shortage designation in health professional shortage areas is high in all states surrounding Illinois, especially in rural areas.[10]

This next fiscal year looks promising for an initiative Healthcare and Family Services HFS named Pathways to Success. When implemented it is anticipated that youth will be served more efficiently at the local level according to their presenting issues and ultimately stabilized decreasing their overdependence upon psychiatric hospitalization and residential treatment.

The following chart represents the CRSA interventions for youth requiring mental health services who encountered information or access barriers to receiving those services. Most often the interventions the CRSA regional Coordinators offered were assistance navigating the mental health system to get the desired positive outcomes for their youth with a severe emotional disability. The chart uses the acronym of FSP SFSP which stands for the Family Support Program[11] and the Specialized Family Support Program[12]. These are an array of behavioral healthcare services offered by HFS to qualifying youth with behavioral health conditions. The goal of the FSP is to support eligible youth and their families by strengthening family stability, improving clinical outcomes, and promoting community-based services.[13] In addition the FSP Program will pay for mental health related residential treatment if deemed clinically appropriate.



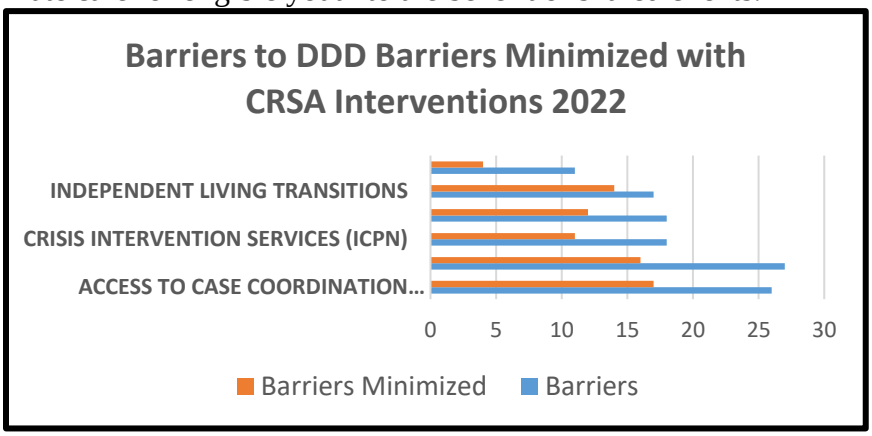
DEVELOPMENTAL DISABILITY SERVICES

[10] HRSA Data Warehouse
[11] https://www2.illinois.gov/hfs/SiteCollectionDocuments/AbouttheFamilySupportProgram.pdf
[12]https://www2.illinois.gov/hfs/MedicalProviders/behavioral/sass/Pages/sfsp.aspx#:~:text=%E2%80%8BThe%20Specialized%20Family%20Support,Public%20Act%2098%2D0808).
[13] https://www2.illinois.gov/hfs/MedicalProviders/behavioral/Pages/icg.aspx

CRSA serves youth with Intellectual Developmental Disability (IDD) when they present with an educational a co-existing emotional disorder. DHS DDD has a process to determine eligibly for services for this population. Eligibility will require an application called PUNS or the Prioritization of Needs application. If eligible, local Independent Service Agencies aka ISC's assess the level of assistance a youth may require. The Department of Developmental Disabilities (DDD) in Illinois operates the Home and Community Based Services Waiver Programs called the Home and Community Based Services Support Waiver for Children and Young Adults with Developmental Disabilities. The waiver is for children and young adults with developmental disabilities ages four through 21 who live at home with their families and are at risk of placement in an Intermediate Care Facility for persons with Developmental Disabilities. Support services teams (SST) through the Illinois Crisis Prevention Network are typically available to children who have already been chosen to receive the Children's In-Home Support waiver[14]. SST Services are intensive and assist in stabilizing youth with developmental disabilities in their homes and community. Parents that contact CRSA for help with their child with a developmental disability and a severe emotional disorder are often not aware of the avenues to seek these intensive services. As in previous years, the DHS DDD administration has been extremely helpful to eligible youth allowing them to receive SST services when contacted by CRSA on the child's behalf.

In FY 22 the Illinois Legislature and Governor Pritzker added $170M to DDD in FY 2022.
In FY 22 Governor Pritzker signed, a budget for Fiscal Year (FY) 2023 that provides $209M in new funding towards I/DD services. 100 children's Home-Based Support PUNS pulls will happen in FY 23. This is the first time in 12 years DHS has been able to do expand PUNS services to more children.[15]

CRSA Regional Coordinators rely strongly upon collaboration with the Illinois Service Coordination Centers who coordinate care for eligible youth to the benefit of shared clients.



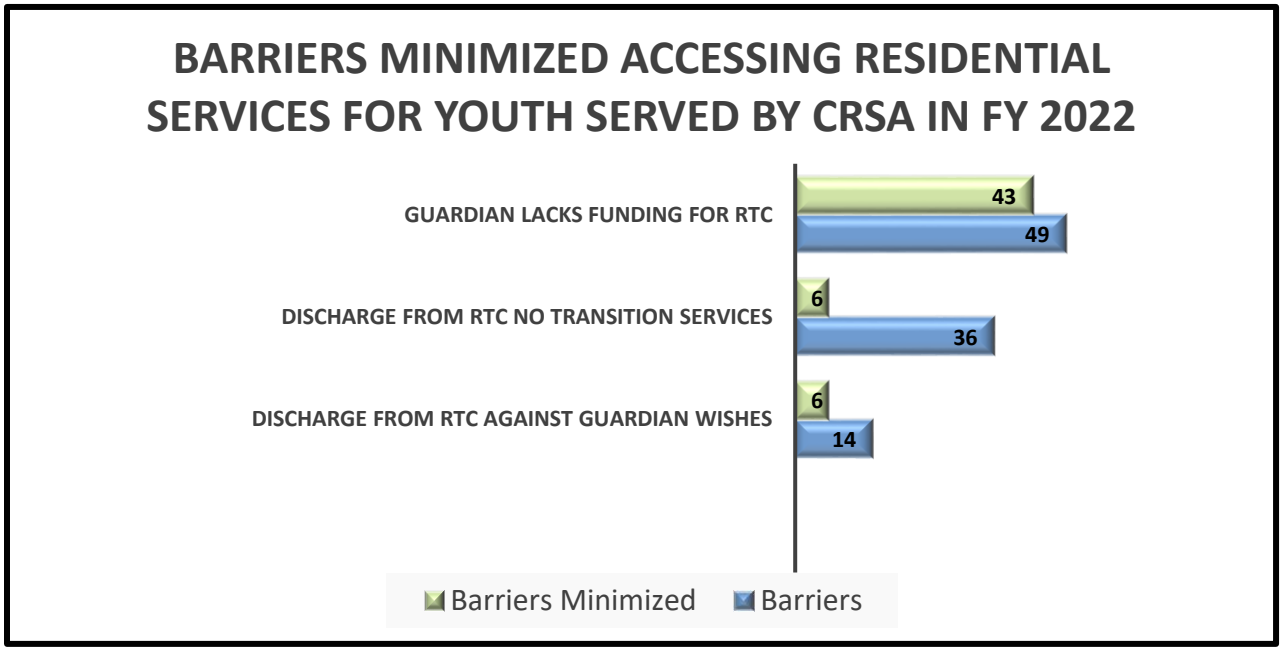
FUNDING FOR PRESCRIBED PLANS OF CARE

14 https://www.dhs.state.il.us/page.aspx?item=50861#:~:text=The%20SSTs%20serve%20all%20adults,Waiver%20status%2C%20as%20capacity%20allows

15 https://www.dhs.state.il.us/page.aspx?item=143957#:~:text=This%20legislative%20session%20the%20Illinois,%24170M%20in%20FY%202022.

CRSA Regional Coordinators tracked barriers to accessing and receiving successful clinically prescribed residential treatment. Typically when a youth's parent/guardian is seeking residential tretement for their child, they cannot afford the extensive costs associated with that care. As a result they want to know about the various public funding sources available to them. The following chart details some of the data CRSA tracks regarding youth who have been determined, either by a licensed practitioner of the healing arts or a school distict, to need residential treatment. In additon CRSA tracks issues parents encounter once their child may be placed in a treatment facility. For example,there was a significant amount of youth in placements on the CRSA caseload that were getting discharged with no viable transiton services back to their communities and or schools. The CRSA Coordinators make every effort to assist families in getting in touch with their local social and educational services, however this is an area that if trends on the CRSA caseload are any indication, may be worthy of significant agency attention for next fiscal year.

As last year there is a serious lack of available quality residential facilities available for youth who need them. The CRSA Regional Coordinators dilligently worked with agencies to improve this outcome.



NO TIMELY ACCESS TO RESIDENTIAL TREATMENT

CRSA began tracking the issue of no timely access to prescsribed plans of care either by a youth's physician or thelocal education agency last fiscal year and reported these trends to the CRSA board regularly. No timely access for the purpose of tracking the CRSA cases were the cases in which youth with approved state funding waited in excess of 3 months or more for access to the recommended treatment. 31 total youth referred to CRSA were in this situation this fiscal year. CRSA gave this data to various member agency representative to review and staff with their collaborative resources. 11 of those children were awaiting their first residential admission, 20 youth were awaiting their next admission, 6 of whom were being discharged from a facility while awaiting for admisson to another facility due their aquity level and difficulty of care. 12 of the 31 youth had one public funding source the other 19 had more than one public funder for their residential treatment. 11 of the 31 youth were successfully placed during

the fiscal year. 2 of the 31 stabilized at home before a placement could be located. 3 youth had an undesirable outcome such as homelessness or were placed in DCFS guardianship on a dependency petetion. 2 youth were offered placements for which their parents refused due to location or reputation of the facility and one case, the parent failed to stay engaged. The other youth are still awaiting placement. 19 of the youth awaiting placement for more than 3 months had the diagnosis of Autism. 18 youth out of the 31 CRSA tracked this year had an IQ of 70 or below.

In Summary

CRSA four Regional Coordinators served 323 youth with severe emotional disorders and their families. This is an increase of 43 cases this fiscal year. CRSA typically gets called when parents or providers believe need help with accessing services for a youth with a severe emotional disturbance. The Regional Coordinators were able to address issues of access to needed services for almost all 323 youth with only one of those cases requiring the CRSA board to resolve a dispute through the dispute resoluton process. Connecting with local services and service providers to collaboratively work on a plan that aids in the best interest of the youth is standard practice for the staff that serve the CRSA board. CRSA Regional Coordinators stay involved in system changes to efficiently navigate youth and families through the state service systems. Families trust CRSA to help them get the help they need for their youth with emotional and or behavioral disabilities.

DEFINITION PAGE

- Advocates: State, federal and private advocacy agencies/groups/individuals, lawyers
- BMN: Beyond Medical Necessity
- CIL: Community for Integrative Living
- CRSA: Community and Residential Services Authority
- FFP: Federal Financial Participation
- FSP: Family Support Program
- ICG: Individual Care Grant
- IDCFS: Illinois Department of Children and Family Services
- IDFCS Illinois Department of Family and Community Services
- IDD: Intellectual Development Disorder
- IDDD Illinois Division of Developmental Disability Services
- IHFS Illinois Department of Healthcare and Family Services
- IDHS: Illinois Department of Human Services
- IDJJ: Illinois Department of Juvenile Justice
- IDRS Illinois Department of Rehab Services
- IEP: Individual Education Plan
- IHFS: Illinois Department of Healthcare and Family Services
- ISBE: Illinois State Board of Education
- JCAR The Joint Committee on Administrative Rules
- LEA: Local Educational Agency
- NB: NB vs. Norwood class action lawsuit
- PA 98-0808 Public Act 98-0808 Custody Relinquishment Prevention Act
- Parents: Parent(s) or legal guardian
- SASS: Screening Assessment and Support Services
- SFSP: Specialized Family Support Program