



Community & Residential Services Authority

THE CRSA PROPOSED SERVICE PLAN

Building Partnerships for Children & Families

Adopted: December 1991
Revised: October 1994
Revised: October 2000

INTRODUCTION

The initial Community and Residential Services Authority (CRSA) Service Plan, submitted eight years ago, recommended that significant changes be made in the way state agencies provide services to children with severe emotional disturbances and behavior disorders (SED/BD) and their families. The Plan suggested that a shift to a collaborative, community-based model of care could result in improved outcomes for these children and their families.

The development of Children and Adolescent Local Area Networks (C&A LANs), as identified in the Service Plan, was initiated in 1993 and provides a mechanism to bring about collaborative community-based services. The 62 LANs currently in place throughout the state offer the local infrastructure, interagency partnerships, and consumer participation that are key elements in building local systems of care. The role, capabilities, and structure of LANs takes on additional importance given the U.S. Surgeon General's Report on children's mental health services, which indicates that less than 20% of all identified emotionally disturbed children receive needed help. Improving mental health care for children in need could be greatly enhanced and expanded through the coordinated and collaborative LAN process.

Significant progress has been made in the last five years by each of the 62 LANs in the state. Recognizing the importance of the work that lies ahead, this Plan describes a process that, if implemented, will not only strengthen LANs, but will also ensure that children and families will have access to the services and supports they need in their homes and communities.

We recognize, as agency heads have suggested, that legislative action will be necessary for some provisions of the Plan to be implemented. Member state agencies represented on the Authority, which provide services or funding for services that fall within the scope of this recommended Service Plan, have provided feedback and may not be in agreement with all of the ideas and concepts expressed in the Plan. Although state agencies may not agree with all of the changes that would be brought about by implementation of the Plan, the Authority believes it is necessary to establish a model for coordination and collaboration to serve children who are SED/BD and their families.

EXECUTIVE SUMMARY

The CRSA's revised Service Plan designed for children with SED/BD builds upon the strengths of LANs that were recommended in the initial Service Plan. We now recommend:

- Formal legal status for LANs;
- Adequate funding for LANs;
- All state agencies that provide services to children with SED/BD shall endorse and fully participate in LANs;
- Children with SED/BD shall be eligible for comprehensive services whether they are being served by the mental health, juvenile justice, child welfare or educational systems;
- Establishing a statewide association of LANs with the chief task of reporting annual recommendations for funding and for service improvements based on local experiences with these children and their families; and
- Establishing a panel of experts, active in research and/or practice, from university as well as community settings, to advise state and local agencies on science based approaches that hold promise for avoiding or reducing harms facing Illinois children.

The revised Service Plan also defines individuals eligible for CRSA services, specifies the basic components of a comprehensive system of care, and defines the role for CRSA in resolving service disputes between agencies and families.

I. SERVICE DELIVERY

Children with SED/BD require a blend of educational, social, psychological and other services. Services must be specific to needs and provided in a coordinated manner by multiple agencies.

Services are best designed and delivered as close to the family as possible. It is reasonable and responsible to involve a child's caregivers (parents, teachers, counselors, mentors and others) -- they know best what a child needs and how he or she is responding to services. This Child and Family Team (CFT) is integral to the collaborative community process.

Without a way to blend the various resources, without persistent cooperation among diverse human service agencies and schools, and without the proper dosage and intensity of needed help, we risk chaotic distribution of resources. If these factors are absent, children will continue to have problems within their families, peer groups, communities and schools.

Local Area Networks (LANs)

LANs are the only statewide mechanism with the capability and established goal of bringing about collaboration and coordination in service planning among multiple providers, parents/consumers and other interested community members. LANs provide communities with the opportunity to match the complex needs of children with SED/BD with available resources and services across multiple agencies.

Some LANs have developed a history of successful collaboration. But success has been limited, especially where state or local agencies bypass LANs and provide services independent of other providers and of involved parties. Uncoordinated resources and the lack of commitment to a community collaborative process deny these children and their families opportunity for success within their community. Without the collaboration and cooperation of the LANs process the result is less efficient use of resources and diminished outcomes for children and their families.

Children who are SED/BD and their families have a right to expect that services will be collaboratively developed and coordinated across providers. To ensure that children receive all the services to which they are entitled in a collaborative and coordinated way, CRSA recommends the State of Illinois statutorily establish the LANs as the mechanism to ensure collaborative community planning and coordinated service plan development, service implementation and evaluation. We recommend strengthening the LANs in the following ways:

- LANs will serve as a source of collaboration and coordination for children with SED/BD and their families when multiple providers are necessary to give the needed help. The LAN will serve as the forum for development of interagency service plans, coordinated implementation, and monitoring of service provision.

The mechanism to accomplish these tasks would be the CFT, which would carry out case coordination responsibility.

- Existing agencies resources and services, when possible, will be allocated to support community plans of service through LANs.
- LANs should be responsible for reporting on the efficiency of existing programs, highlighting service gaps and recommending needed fiscal and programming help to the existing community provider service array. To this end, CRSA supports the creation of a statewide LANs organization that would report to the Governor and the General Assembly.

Mandatory implementation of LANs as a collaborative community planning process to blends resources and services across child serving agencies would bring about greater community control, local community responsibility and increase capacity of communities to serve these children and their families. LANs should have a direct relationship with all relevant state agencies. The following is a brief descriptive outline of the supports and directives required to further strengthen LANs.

- **Governor and Executive Agencies:** The Governor's support is crucial in directing state human service agencies to support and commit to the LANs as the single point of service collaboration and coordination.
- **General Assembly:** Legislative action and involvement are necessary to create statutory support for collaborative service plan development and coordination through LANs. Legislative affirmation of the LANs structure also would serve to encourage involvement of an array of community participants.
- **State Board of Education (SBE):** Already an integral part of the LANs, SBE is responsible for technical assistance and support to LANs statewide. SBE has found LANs cost-efficient in keeping children out of residential placements.
- **Interagency Management Team (IMT):** The IMT will be responsible for developing a management structure to facilitate stronger LANs. The IMT shall be responsible for statewide communication, training, and monitoring and information flow from the LANs to state level agencies, the Governor, and the General Assembly. The IMT will consist of a team appointed by the Governor composed of all involved state level agencies, representatives of LANs, family members of children served and other appropriate organizations.
- **Community and Residential Services Authority (CRSA):** In situations where agency differences arise over funding or eligibility criteria, CRSA assists families in obtaining services. These disputes serve as "alarms" that the system is not working for families who find themselves caught between two or more agencies. When a dispute cannot be resolved (meaning that no agency will take

responsibility for a child, although all agree the child has needs which deserve treatment), CRSA's Multiple Agency Resource Pool may be accessed.

- **LANs:** As these networks are strengthened, the CRSA will adapt its existing dispute resolution model and will inform the Governor and General Assembly whenever a system failure reaches the highest level of dispute. In that way, major disputes will be a vital part of identifying service gaps or policy issues and can lead to correction by the Governor and General Assembly.

II. DEFINING THE POPULATION

All human service and education agencies should have the same definition for children with SED/BD. As a multi-agency organization, the CRSA recommends the adoption of the following definitions for purposes of collaborative interagency services:

Individuals, through the age of 21, with a behavior disorder (BD) or a severe emotional disturbance (SED) and their families, including;

- “Behavior Disorder”(BD) or a “Severe Emotional Disturbance”(SED) refers to a condition in which an individual's behavioral or emotional responses are so different from generally accepted age appropriate ethnic or cultural norms as to result in significant impairment in self-care, community functioning, social relationships, educational progress, school behavior and/or work adjustment.
- A behavior disorder (BD) or a serious emotional disturbance (SED) can co-exist with other disabling conditions, as defined by human service or educational agencies.
- A behavior disorder (BD) or a serious emotional disturbance (SED) is not a transient condition but persists for at least one year, or can reasonably be expected to persist for one year.
- The decision that a child has a behavior disorder (BD) or a serious emotional disturbance (SED) shall be based on multiple sources of data regarding the individuals' behavioral/emotional functioning. The disorder may be exhibited in more than one of the major life areas (home, school or community) and require services from multiple agencies.

III. SERVICE PRINCIPLES

In every case involving a child with SED/BD, the State's efforts will center on the well being of the child and a goal of delivering the right services at the right time in the right setting. A comprehensive and coordinated plan should drive services.

Through the establishment of the following service principles across state agencies, CRSA hopes to empower families, focus on prevention and early intervention, and keep services as close to home as possible.

- A balanced partnership between parents, community and providers shall form the foundation for LANs service planning for a child and his or her family.
- The first priority will be to provide services in the home, school and community. All services will be designed to strengthen the family to become as independent as possible while ensuring the safety of the child and other family members. Children entering or exiting residential placement will have comprehensive service plans.
- Plans will begin with the child and family's strengths and will address all areas of life including home, school, vocational, social, etc. Families, the child (when appropriate) and concerned agencies will all have a part in developing the plan, agreeing to it and reviewing its progress.
- As plans are developed, prevention or early intervention activities will be stressed as the most efficient and effective use of resources.
- Coordination and timeliness are key. Since plans include a wide array of interventions, the CFT will serve as case coordinator to ensure maximum effectiveness, timely delivery and minimal barriers among various providers.
- Individuality, confidentiality and self-respect will be protected. Cultural and linguistic diversity will be respected.

IV. GETTING EVERYONE INVOLVED

The ideal plan for children with SED/BD will blend together a wide array of comprehensive services from a variety of sectors. In simple terms, family needs are not divided into state agency services or community services. It is the job of the agencies to adapt to the child's needs, not vice versa.

The CRSA recommends the State of Illinois adopt Components for Building Service Partnerships for Children and Families (see page 11). This model is adapted from the Child and Adolescent Service System Program. It requires a cooperative treatment approach and identifies responsibilities from nine primary components:

- Mental Health
- Child Welfare
- Juvenile Court

- Education
- Recreation
- Alcohol & Substance Abuse
- Health
- Vocational
- Operational Practices

CRSA especially recommends the expanded involvement of the juvenile justice system in planning and executing services for affected children at the local level. Oftentimes, children with SED/BD become involved with the justice system. If this piece, or any other of the above, is missing from a child's plan, or components are poorly coordinated, the child and family suffer and resources are wasted. On the other hand, community interventions are more effective and residential placements can be used more precisely when well coordinated services are delivered and when all agencies meet their responsibility.

V. SPENDING PRIORITIES

Overall, CRSA is recommending a small shift in how services are provided. In all cases, when not prohibited by law, resources would flow seamlessly through the collaborative LAN service planning process and a Child and Family Team would monitor the service plan implementation, and in cooperation with individual provider agencies, track expenditures. Because services are funded through a mix of federal, state, local and private sources, interagency collaborative planning is a prerequisite to more efficient and effective service delivery. The LAN is the only existing community based structure capable of doing this planning. Additionally, the following principles would direct funding of services.

- Available revenues should be distributed based upon service needs, population and poverty levels to ensure equitable access to services.
- New state agency resources shall be distributed, whenever possible, in conformance with community needs and priorities as determined by LANs.
- Prevention and early intervention services are the most efficient and effective use of resources. Whenever possible, resources will be sought and/or redirected to support science based programs.
- When planning for the effective and efficient use of resources, agencies should explore new strategies such as pooling, refinancing, redeploying, rolling and unbundling.

- Funding plans must include adequate resources for outcome-based evaluation of services. This should be done at the LAN level. (See Section VI regarding data collection and evaluation).

CRSA has found that, due to a lack of uniform eligibility criteria, or criterion that is too restrictive, and very limited budgets, many of the SED/BD population are underserved or not served at all.

VI. DATA COLLECTION AND EVALUATION

CRSA calls for the creation of an integrated human services information system to collect data from multiple service levels, analyze service provision and service outcomes, and suggest changes. Such a system has the potential to increase effectiveness, better utilize finite resources and improve results for children and families.

Comprehensive monitoring of data collection and outcome measures will be necessary to assure reliable evaluation. Evaluation will include input from consumers, parents, advocates, providers and funders regarding 1) responsiveness of the service system; 2) changes in client functioning; 3) satisfaction with service plans and delivery; and 4) cost effectiveness.

CRSA recommends the following actions to establish a data collection and evaluation system:

- The General Assembly shall require the development of a state plan for the creation and maintenance of a comprehensive, integrated service management information system.
- The Governor and Executive agencies serving children and families shall document through a state plan their commitment to the development and maintenance of a system of care.
- A panel of experts shall be appointed who are active in research and/or practice, from university as well as community settings, to advise state and local agencies on science based approaches which hold promise for avoiding or reducing harms facing Illinois children. Part of their task would be to recommend a yearly measure of the well being of Illinois youth so that the public, agencies and legislators can determine to what extent we are, or are not, producing meaningful measurable improvements.

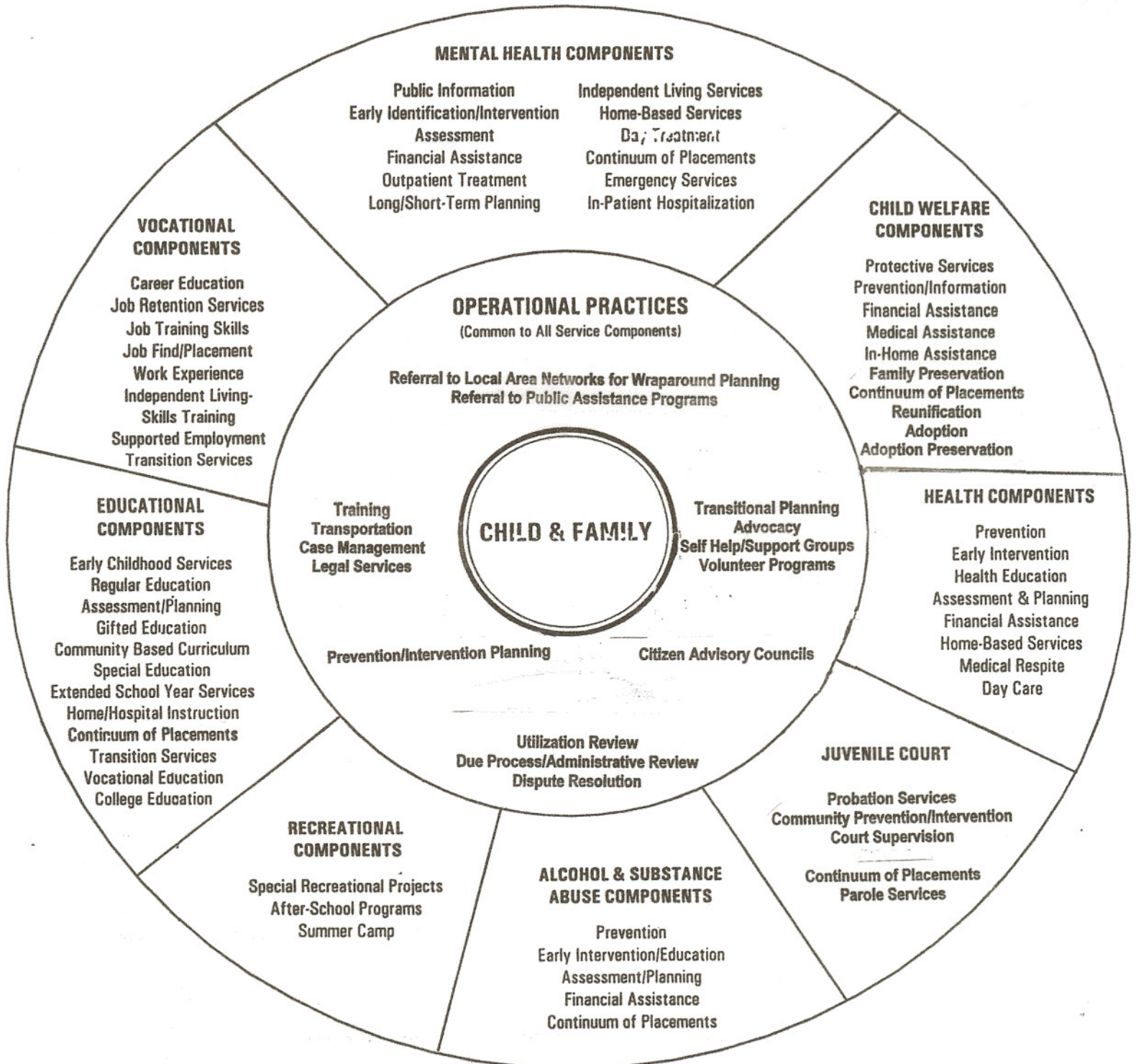
The CRSA recommends the following guidelines for inclusion within the state plan:

- timelines for implementation and yearly evaluation;

- information collection, storage and analysis (including data elements, levels of access and uniform hardware and software requirements);
- include all contractual provider agencies;
- confidentiality through encrypted child and family identifiers and use of coding strategies that allow for name specific data input and prevent unauthorized data retrieval;
- collection and analysis of common data elements including child and family identifiers, service eligibility, services provided, service cost/funding source, duration, service outcomes and follow-up; and
- simplifying application procedures, collecting only information needed/used and the ease of data entry. Cumbersome or complex data entry requirements shall be eliminated.

The development and implementation of a comprehensive service management information system will allow parents, consumers and providers to make informed choices, and will give administrators, voters, funders and government officials the ability to determine what works, who provides service and how public funds are best used.

COMPONENTS FOR BUILDING SERVICE PARTNERSHIPS FOR CHILDREN AND FAMILIES



Adapted by CRSA from Beth A. Stroul, M.Ed. and Robert M. Friedman, Ph.D.
A System of Care for Severely Emotionally Disturbed Children and Youth 1986.

GLOSSARY

CHILDREN AND ADOLESCENT SERVICE SYSTEM PROGRAM (CASSP): A national grant funded initiative that assists states and communities in efforts to establish coordinated services for children who are severely emotionally disturbed.

INDIVIDUAL SERVICE PLAN: A plan defining all services needed to help the child. Parents, professionals and agencies develop the plan in collaboration and takes into account the child's home, school and community adjustment.

POOLING: Process of designating resources by two or more agencies toward a mutually defined population.

PREVENTION:

Primary:

Is a public goal to be achieved by public education and public health policy? Activities are directed toward the general public to promote the optimum development of all individuals by increasing awareness of factors contributing to optimum health and adjustment and by minimizing and/or eliminating specific hazards which are known to be associated with high risk, e.g., inadequate prenatal care, substance abuse and child abuse/neglect, as well as, environmental hazards, e.g., smoking, lead paint and exhaust emissions.

Secondary:

Is concerned with early identification and intervention activities which are directed toward an individual/population at risk of developing physical, emotional, mental, adaptive, communicative or cognitive problems. Secondary prevention occurs when symptoms have begun to appear or when the individual/population is at such high risk that problems could emerge. In an ideal service system, early identification of at risk individuals/populations could ameliorate or halt emergent problems before they develop.

Tertiary:

Is directed at an individual or population where functioning is severely impaired in two or more of the following: home, school, interpersonal communication, and community. It is concerned with those activities and services which are aimed at planning, implementing, and coordinating a plan of service in order to bring about improved functioning.

REDEPLOYMENT: Redirecting existing funds that have historically been spent on out-of-home and out-of-community services to provide transition/reintegration/ wraparound services in communities and homes where children and families live. Redeployment can be used to build community commitment, energy and capacity for providing an array of services that can reduce the need for out-of-home and out-of-community services. In exchange for this flexibility service providers may be required to agree that the total amount spent on out-of-home, out-of-community and transition/reintegration/wraparound services not exceed the previous allocation for out-of-home and out-of-community care alone.

REFINANCING: A process which includes a critical examination of existing spending, redeployment of existing resources and maximizing all available federal entitlement funds to produce specific results.

ROLLING: Generates modest increases in federal revenue which is reinvested in appropriate programs so that new revenues can be leveraged for more ambitious program innovations. Each step of the plan generates internal savings and increases federal revenues to support the next step.

SERVICE PROVIDERS: Federal, state and local agencies, public and private, which provides services to the child and the family. Includes professionals, social services staff and other supportive individuals who individually or collectively provide evaluations and interventions that promote the growth and emotional health of the child and the family.

UNBUNDLING: Giving greater flexibility and discretion to communities in funding local service priorities beyond basic services.