ANNUAL REPORT

FISCAL YEAR 2021

(July 1, 2020- June 30, 2021)

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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 2021 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

Senator Christopher Belk
Senate Education Committee
Carie L. Johnstone*

Senator Sue Rezin
Senate Education Committee
Matt George*

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

Alicia Ozier*
Department of Children and Family Services

Michelle Scott-Terven**
Department Human Services
Division of Rehabilitation

Abbey Storey*
State Board of Education

Dr. Constance Williams
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Mark G. Smith*
Department of Corrections/Juvenile Justice

Kathy Ward
Department of Human Services
Division of Developmental Disabilities

Judith Levitan
Attorney General's Office

Julie Stremlau
Department of Human Services
Division of Family and Community Services

GOVERNOR'S APPOINTEES

Dr. Robert Bloom*

Dr. Cesar Madrigal

Merlin Lehman

Neal Takiff*

Vacant

Dr. Andrew Beaty**

***Executive Committee**

****Alternate to Executive Committee**

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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.

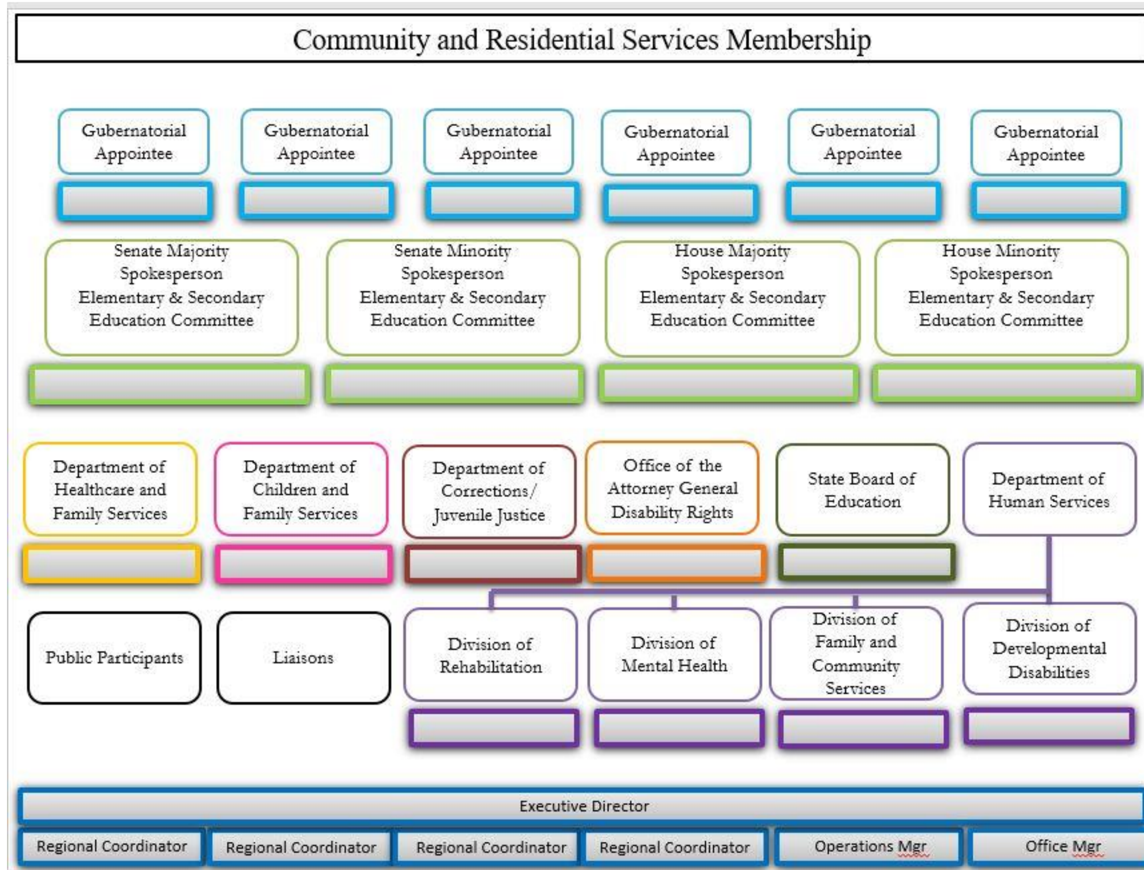
Children who exhibit multiple impairments/disabilities, including behavior disorders or severe emotional disturbances, historically present challenges to Illinois' state service system as agencies and schools try to address the diverse service needs of this population. Many of these children do not clearly 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.

OUR 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.

OUR 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 two support professionals 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

POWERS AND DUTIES

CRSA is given the following powers and duties in legislation[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.
- 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.
- To recommend policy statements and provide information regarding effective programs for delivery of services to all individuals with a behavior disorder or a severe emotional disturbance in public or private situations.
- 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.
- 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 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.
- 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.
- 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.

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

[1] (105 ILCS 5/14-15.01) (from Ch. 122, par. 14-15.01)
Sec. 14-15.01. Community and Residential Services Authority

in a collaborative agreement at the Regional Coordinator level, the CRSA board can review the case in a Dispute Resolution meeting. (Dispute Resolution described below).

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 21, four CRSA Regional Coordinators facilitated cohesive complex service planning for 280 children with severe behavioral/emotional disabilities and/or complex educational needs who faced barriers to accessing the Illinois public and private services designated to help them.

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 21, all potential dispute resolution cases were resolved through informal consults with relevant agency board members which did not require full board authority intervention.

COMMUNITY AND RESIDENTIAL SERVICES AUTHORITY
FY 2021
APPROPRIATION/EXPENDITURE SUMMARY

FY 2021 APPROPRIATION	**$650,000.00**
FY 2021 EXPENDITURE	**$620,744.74**
LAPSED FUNDS	**$29,255.26**

TYPE OF EXPENDITURE	ALLOTMENT	EXPENDITURE	BALANCE
PERSONNEL SERVICES			
CRSA Employee Salaries	$526,600.00	$521,584.00	$5,016.00
Retirement Reserve	$15,000.00	$12,000.00	$3,000.00
Benefits Package	$37,900.00	$36,973.56	$926.44
Contractual Employee	$5,000.00	$3,735.00	$1,265.00
TRAVEL			
Staff Travel	$15,000.00	$223.10	$14,776.90
Members Travel	$3,000.00	$0.00	$3,000.00
PROFESSIONAL DEVELOPMENT			
Staff Development	$1,000.00	$0.00	$1,000.00
Member Development	$500.00	$0.00	$500.00
OPERATING EXPENSES			
CDW Governmental	$20,000.00	$20,000.00	$0.00
Equipment & Office Supplies	$5,000.00	$7,622.97	($2,622.97)
Facility Lease	$15,000.00	$12,352.52	$2,647.48
Phone, Postage & Supplies	$5,000.00	$6,253.59	($1,253.59)
Meeting Expenses	$1,000.00	$0.00	$1,000.00

FY 2021 ACTIVITY

The CRSA board held six out of the six scheduled board meetings during FY 21. The board focused on promoting and implementing the CRSA strategic plans.

Our 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.

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

Meetings: All CRSA board meetings were successfully held by WebEx due to Covid-19 protocols restricting in-person meeting. The CRSA board carried over the FY 20 objectives originally identified to be addressed in a symposium with multiple stakeholder participation. The FY 2020 Symposium was cancelled due to Covid-19 restrictions, as a result objectives for the symposium were carried over into FY 2021 tasks identified by committee and approved by the board which are described as the following:

Context: 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.
Youth with highly acute mental health needs requiring therapeutic residential treatment often have limited or no access to psychiatric residential treatment due to behaviors that do not respond to established therapeutic milieus. These youths are typically referred to as "Treatment Resistant". If admitted to treatment, they often have multiple premature and unsuccessful residential treatment discharges. The public systems which fund residential placements for youth are often limited to proprietary lists within their respective agencies. This limits access to other treatment options if a youth is not eligible for admission to one of the preferred provider facilities. In addition to this issue, if these youths have criminal histories, placing them residentially becomes even more problematic.
While waiting for an appropriate available residential placement, youth who are treatment resistant may require emergency admissions to hospitals for behavioral incidents related to their mental health conditions. Some youth with severe behavioral conditions, have been denied admission to private psychiatric hospitals due to the risk they pose to themselves, the hospital and/or the hospital staff or perceived risk of admissions lasting beyond medical necessity. As a result, these mentally fragile youths at times are simply "not treated" and can escalate to harming themselves and/or their families. The lack of available, appropriate, and timely residential treatment for youth who are hospitalized "beyond medical necessity" affects the youth's ability to heal in a less restrictive milieu, increases the cost of care and the potential for custody relinquishment. Sometimes continuity of care planning cannot be established, and the youth may not be able to return home due to safety risks to themselves, their families, and their communities.

FY 2021 the CRSA board discussed 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. Because the planned Symposium on this topic was cancelled last fiscal year CRSA discussed other methods to address ongoing issues that continued to impede CRSA consumers with severe emotional disabilities from getting timely access to the care they deserved.

Three primary topics were considered for the FY 2020 Symposium, two of which (*marked below with an asterisk*) CRSA carried over to FY 2021:

1) One State Funded Hospital (SOF): Create one state funded, no decline, state operated psychiatric hospital and residential treatment facility to 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 State Representative interested in this concept. The Director and the Representative jointly Zoom called Hawthorne Hospital in Missouri. Hawthorne is a state operated hospital that also has a residential facility for youth as a step-down placement for youth who otherwise would not be accepted to less restrictive residential treatment facilities. Hawthorne was opened after Missouri closed all their SOF's for children because they saw evidence of the same psychiatric treatment access barriers for youth with highly acute conditions that Illinois children are facing today. Last fiscal year, the CRSA Symposium Committee discussed the potential for Illinois to re-open one state operated facility as Missouri did, specifically for the population of youth whose conditions are complex and under treated by private hospitals. The Covid-19 outbreak tabled paused further discussion because more pressing issues took president over this one.

2) *Credentialed Direct Care Workers: Illinois would be well served to create a Mental Health Professional certification and offer incentives for obtaining the credentials necessary to work in a therapeutic milieu. Illinois's workforce for children's mental health care is significantly low and has been even before the Covid-19 pandemic. Often direct line staff who spend most of their direct service hours with the youth in treatment centers are making low wages and are minimally trained in ongoing evidenced based trauma informed behavior management interventions. Treatment outcomes for youth often depend upon line staff implementing the youth's treatment plan that they themselves may not fully understand. If minimally trained staff are not given effective tools and training, a youth's clinical outcomes can be compromised. Conversely, well trained line staff would increase a youth's successful completion of residential program goals that are consistent with evidence-based treatment plans and standard clinical practices
Disposition: In FY 2021, the CRSA Executive Director and a CRSA board member participated in a state-wide subcommittee formed from the NB Stakeholders Committee[2], to give input on this issue to Healthcare and Family Services. As a result, a collaborative document addressing this issue was

[2] https://www2.illinois.gov/hfs/About/BoardsandCommisions/MAC/Pages/NBSubcommittee.aspx

produced and well received by HFS for possible implementation in their future Behavioral Healthcare revisions. The plan put forth by NB subcommittee on Workforce Development coincides with the CRSA desired outcomes for workforce development. No further CRSA action on this goal was necessary.

3) *<u>One Off Agreements or Single Case Agreements:</u> seek support for "One Off" or Single Case agreements which can supersede traditional contracts and allow for agencies to share residential resources rather than the mutually exclusive lists code departments currently maintain. This would require the creation of an interagency agreement to support cooperation among agencies.
<u>Disposition:</u> Because of the economic downturn and health concerns that the state of Illinois faced with the onset of Covid-19 restrictions CRSA chose to address this objective in obtaining support in 2021-2022 as potential legislation.

FISCAL YEAR 2021 REGIONAL COORDINATOR ACTIVITIES

The CRSA Regional Coordinator: CRSA Regional Coordinators are consultants, troubleshooters and sometimes a "systems alarm bell". CRSA is a unique agency, which will never have the same exact issue for any given case. Overall, Regional Coordinators mostly function as a "systems-guide" and collaborative partner for parents, agencies, and communities. CRSA staff understand protocols for accessing established state services and resources for youth with behavioral health care needs.
CRSA Regional coordinator activities: CRSA Staff work for the initiatives set by the CRSA board and established legislative objectives.
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.
- 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.

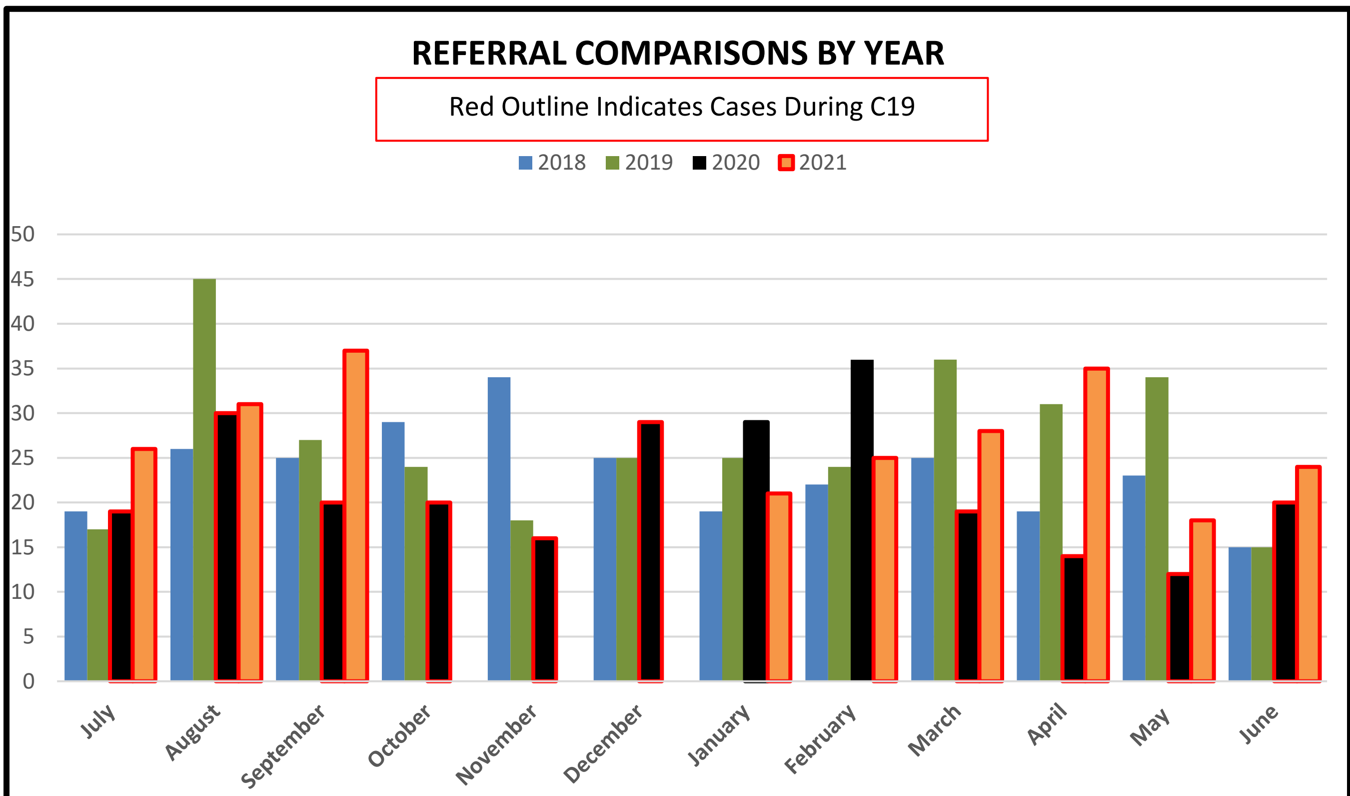
FY 2021 CRSA Regional Coordinator Community Outreach: CRSA believes that the best results are achieved by reaching out to like-minded individuals invested in the mental health wellness of youth. From June 2020 to July 2021, Regional Coordinators attended meetings ranging from parent support groups, school meetings with parents, testifying at legislative hearings about timely and relevant mental health issues affecting children, meeting with legislators about the CRSA mission to help youth in need,

conducting workshop presentations, and attending online webinar meetings to support the stabilization of youth with severe emotional disabilities.

CRSA Regional Coordinators are seasoned experts in linking youth and families who struggle with behavioral health disabilities to the needed services in their regions. If a barrier cannot be minimized it is not due to lack of diligence on behalf of CRSA, it is because the service or resource just does not exist or is overwhelmed. CRSA board members are informed of these systemic statewide barriers through regular Regional Coordinator and Director reports.

REFERRALS AND INTERVENTIONS

During the last four months of FY 2020, Covid-19 epidemic shutdowns were newly enforced. CRSA received fewer calls for help than we historically had received for the months of March, April and May. However, for June 2020, referrals increased. Most calls for help at that time were for youth who needed educational assistance seconded by requests for assistance pursuing psychiatric/behavioral residential treatment. The chart below outlines the flow of referrals to CRSA from years 2018 through June 2021. Referral trends are again gradually increasing to pre-Covid-19 numbers.



For FY 2021, CRSA Regional Coordinators responded to 280 calls for assistance. 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.

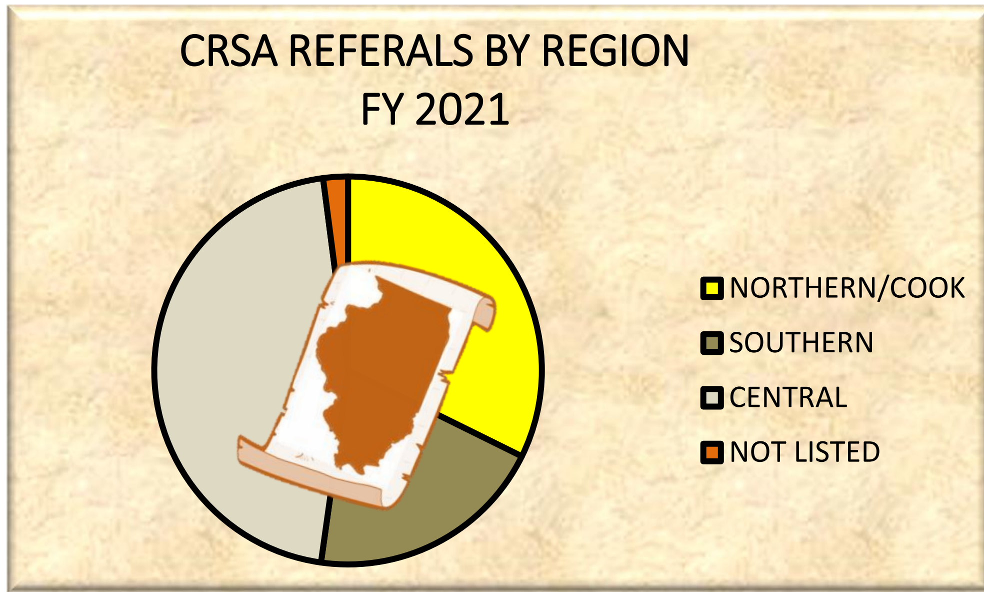
Age: CRSA served ages 4 to 23. The average age of youth referred to CRSA in FY 2021 was age 13. This is one year difference from the last two fiscal years which averaged age 14. CRSA served children from ages three to for the fiscal year 2021. Typically, CRSA serves youth up to the age they graduate from high school however we do receive "information-only" calls on older youth in transition which are not included in the average.

AGE OF YOUTH AT CRSA INTAKE FY 2021

40
35
30
25
20
15
10
5
0

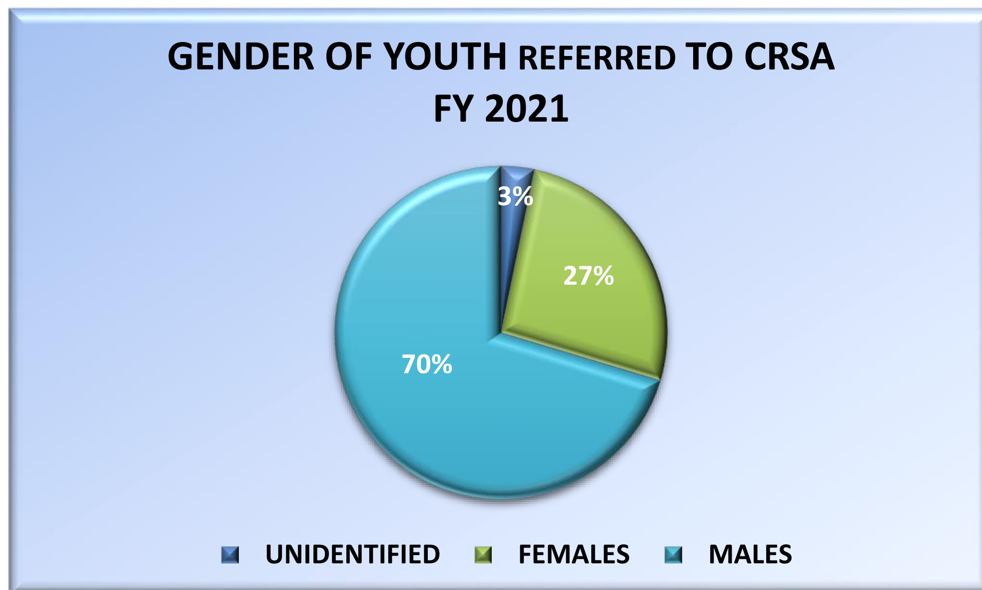
Age 3, Age 23, Age 7, Age 4, Age 5, Age 20, Age 22, Age 6, Age 21, Age 8, Age 9, Age 11, Age 19, Age 12, Uneported, Age 10, Age 13, Age 17, Age 18, Age 14, Age 16, Age 15

Adopted Youth are 28% of the Youth CRSA Served in FY 2021.

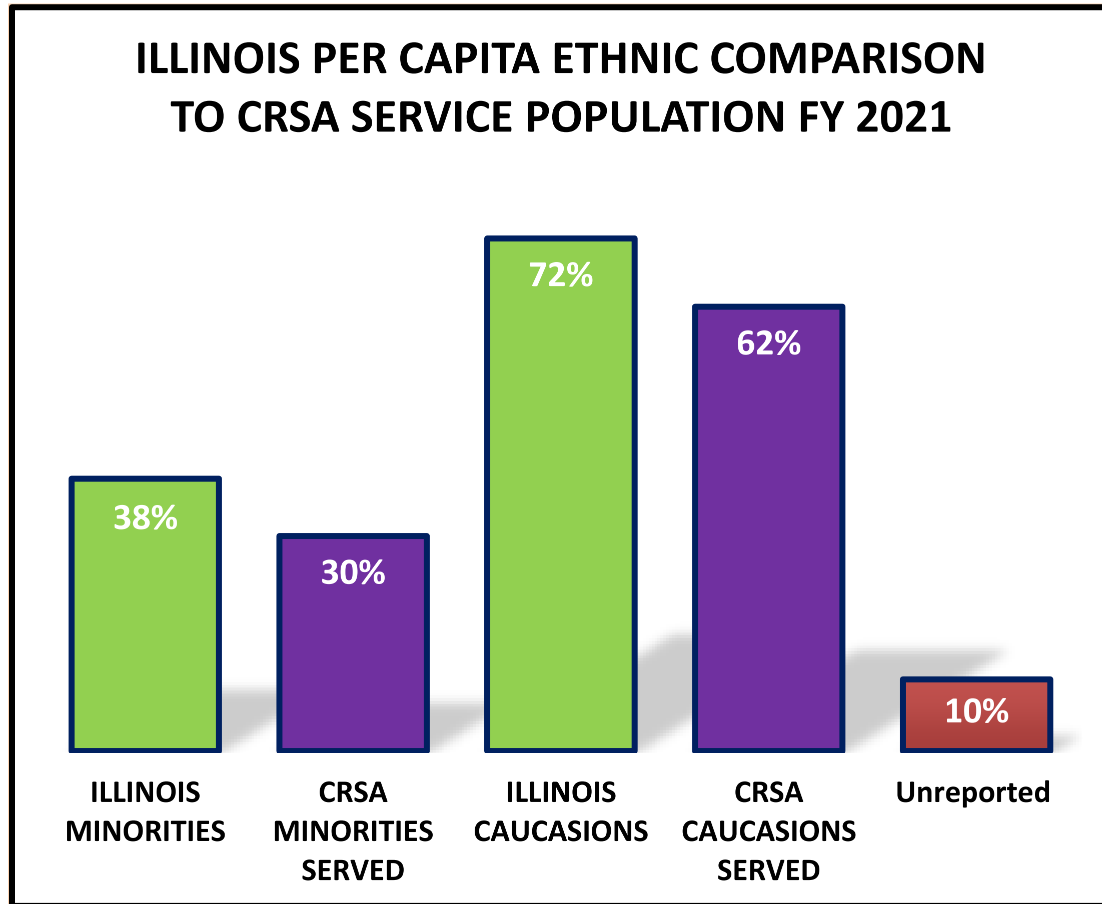


Regions: CRSA serves all regions of Illinois. Most of the youth served were in the Central and Northern Regions of Illinois. Some referents for information only do not provide their location information.

Gender: CRSA served 197 boys and 74 girls this year and 9 youth did not identify gender.

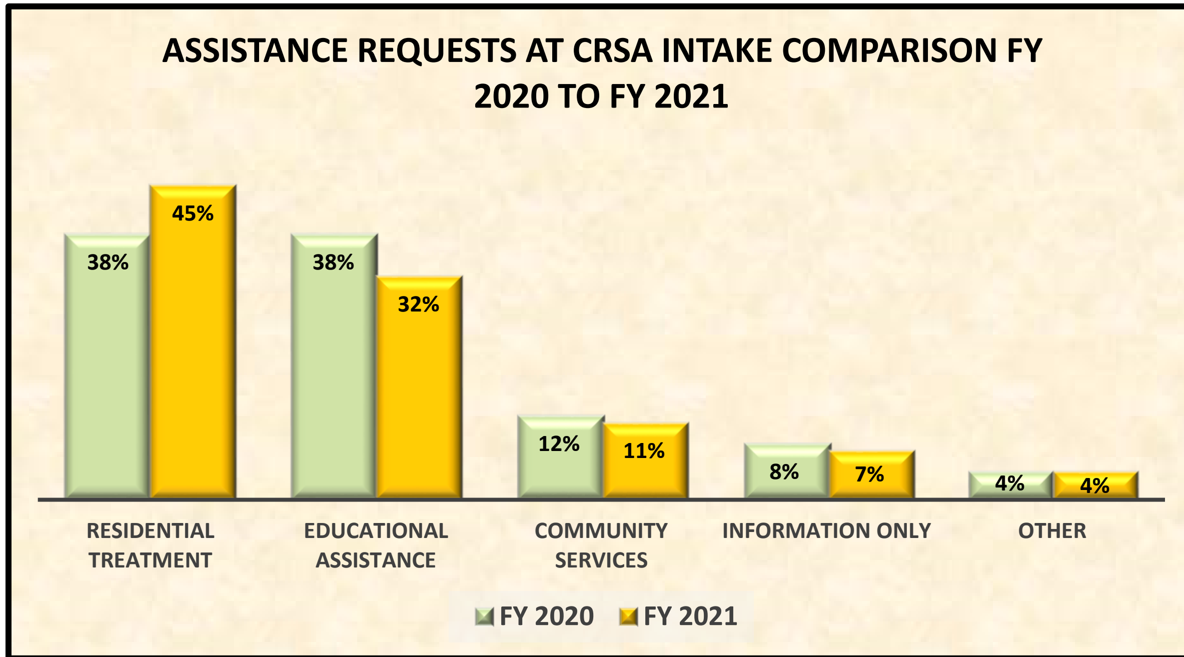


Ethnicity: CRSA served 175 Caucasian youth, 31 African American, 31 mixed race youth, 16 Hispanic youth, and 2 Asian American youth in FY 2021. In 24 cases race was not reported. About 71.53 % of the Illinois population are Caucasian, CRSA served 62% Caucasian youth. The non-Caucasian[3] Illinois population 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%.

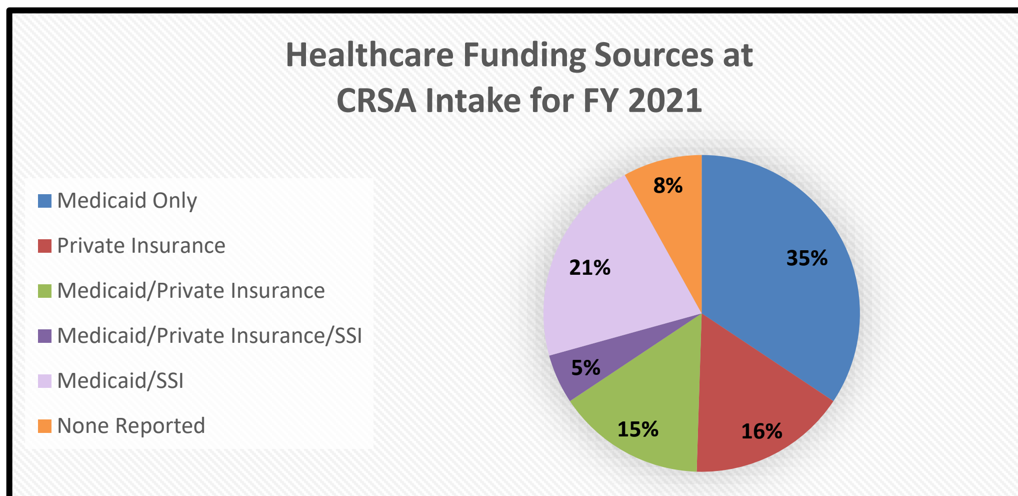


[3] https://worldpopulationreview.com/states/illinois-population
https://www.census.gov/quickfacts/IL

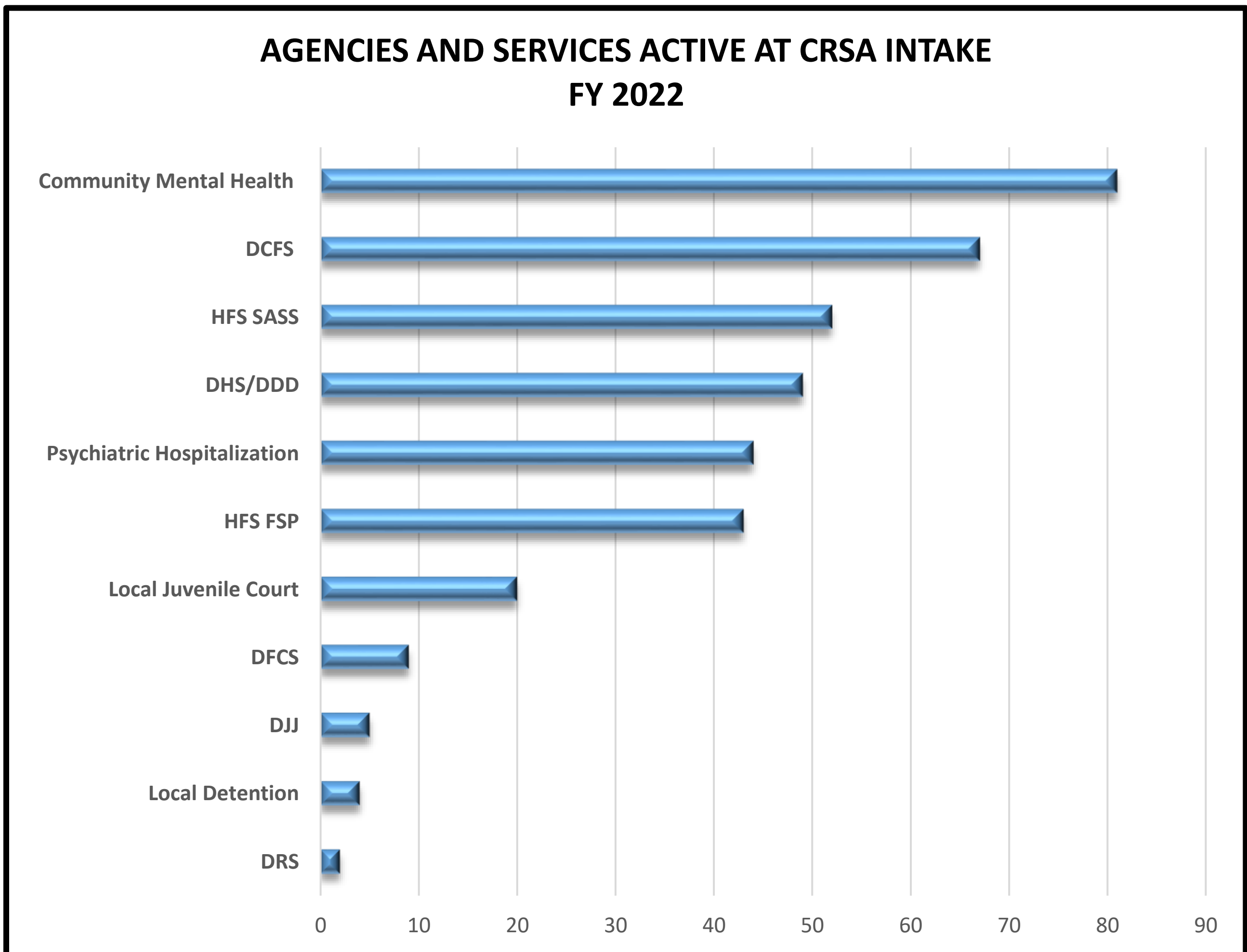
Assistance requests at intake: Because a large portion of the referrals to CRSA are from families with children who are demonstrating behavior and emotional difficulties, 45% of our referrals were from families and agencies seeking assistance with obtaining residential treatment for their youth. This is a 7% increase over last fiscal year. Most other referrals are regarding assistance with educational and/or community supports.



Medical coverage: Most of the youth referred to CRSA had Illinois Medicaid as medical coverage. For FY 2021, 95 youth had Medicaid only, 46 youth had private insurance only, one youth had only Social Security Income (SSI) or Social Security Disability (SSD) Income, 42 youths had Medicaid and private insurance, 23 youth had had no insurance listed, 2 youth had private insurance and SSI, and 12 youth had Medicaid with private insurance and SSI.

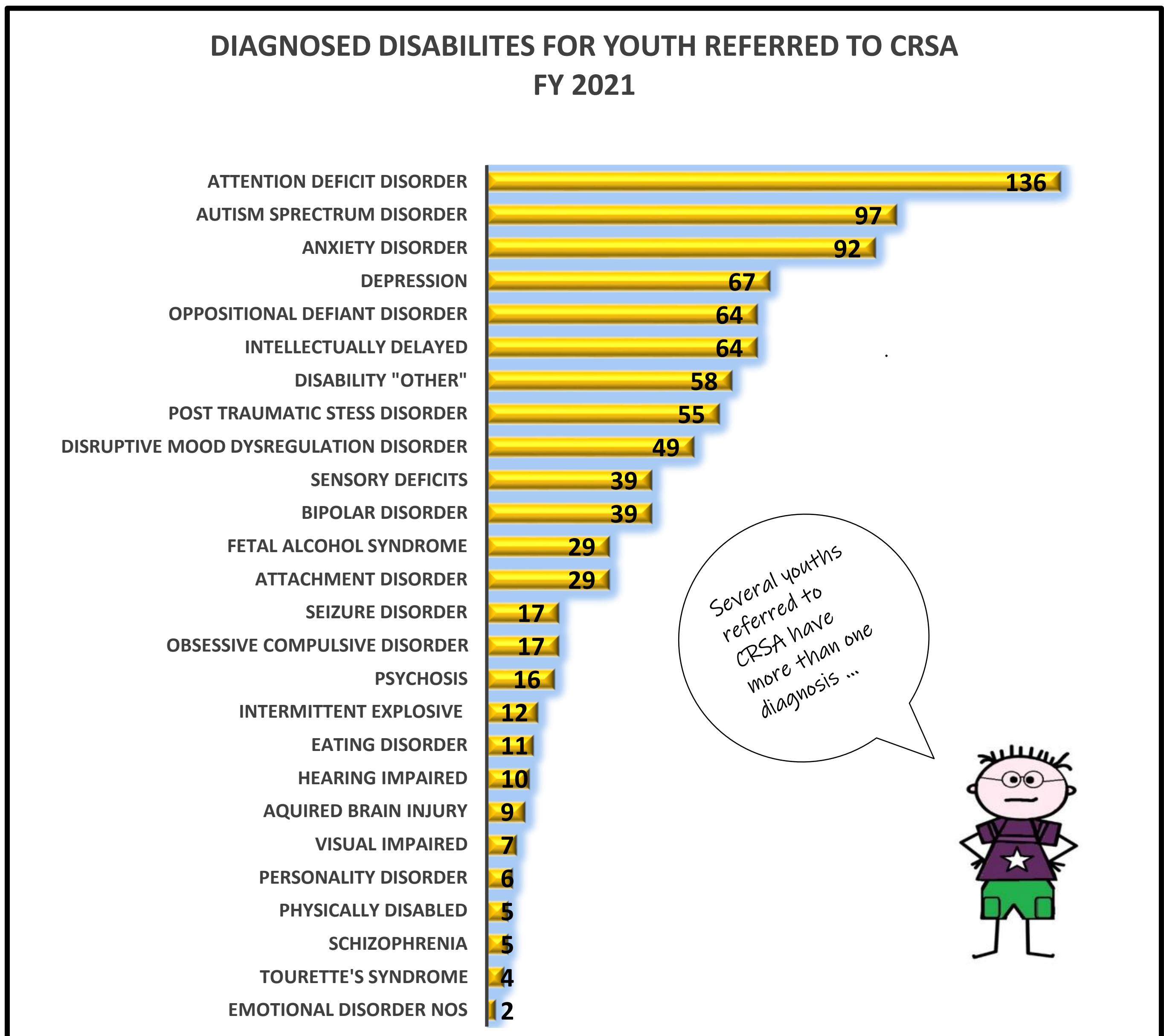


Services at intake: CRSA tracks the type of services youth are currently receiving at the time of referral and services to best navigate linkage plans and increased mental health and educational supports. Some youth CRSA served were refused admissions or readmissions to psychiatric hospitals due to capacity issues related to Covid -19 and or staffing issues. Psychiatric Hospitalization as a resource for youth who are acutely in need of treatment has declined in availability this fiscal year. Last year one third of the overall CRSA population had been admitted to a psychiatric hospital within the last two years at the time of intake This year it is one fourth. A few youths on the CRSA caseload were even denied admission to emergency room treatment for psychiatric crisis. One youth was held in the hallway of the hospital on a gurney because he was too psychiatrically compromised to leave the hospital yet not eligible for emergency room and subsequent hospital admittance. These youth tend to be the youth that funnel up to the top of service systems and become some of their most intensive cases.

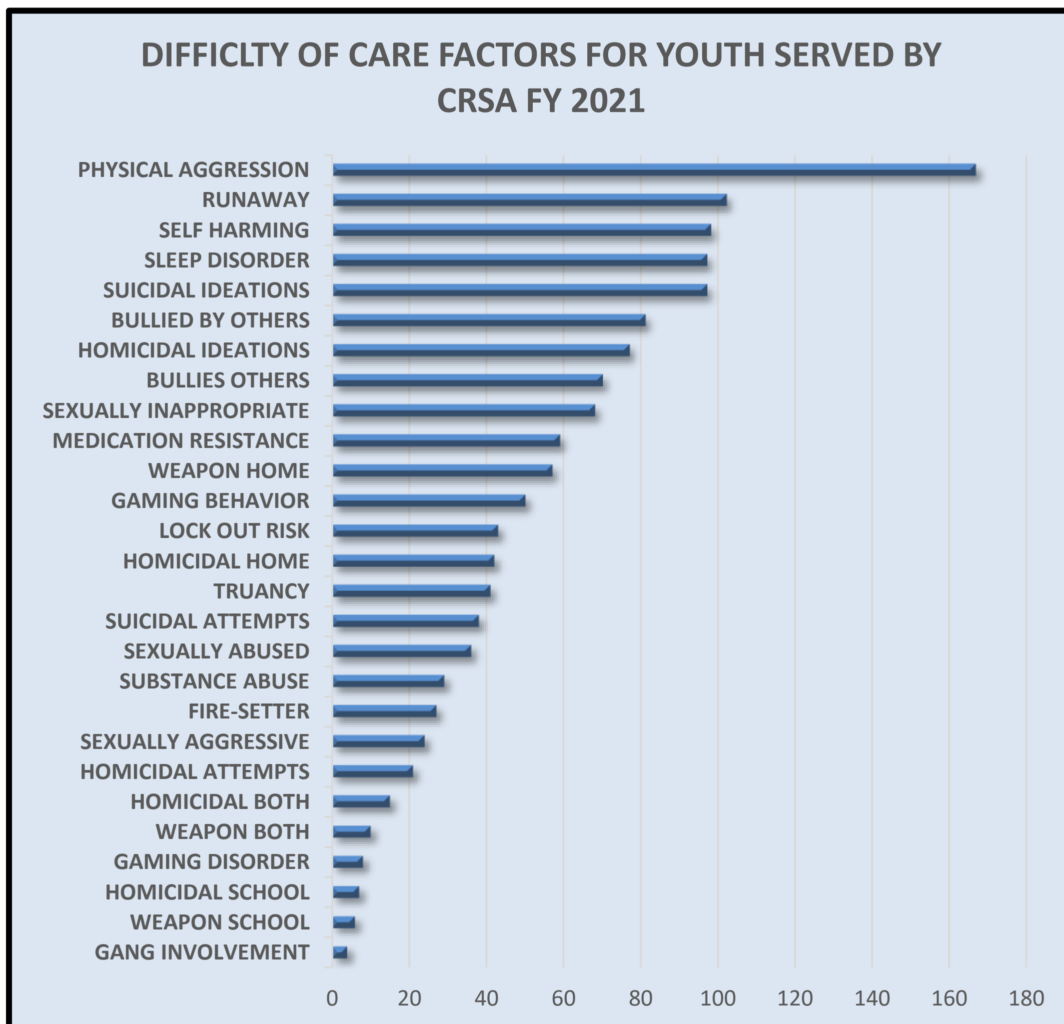


Diagnosis at intake: Attention Deficit Disorders, Autism, Anxiety disorders, Oppositional Defiant Disorders and Depression were the top five presenting diagnoses at intake in FY 2021. It is common for children and young adults referred to CRSA to have between two to five diagnosed disabilities and to exhibit four or more serious behavior problems at the time of referral. These dually 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. Any one child could have more than one condition or diagnosis. The following chart reflects a youth's predominant diagnoses and difficulty of care factors when they are referred to CRSA.

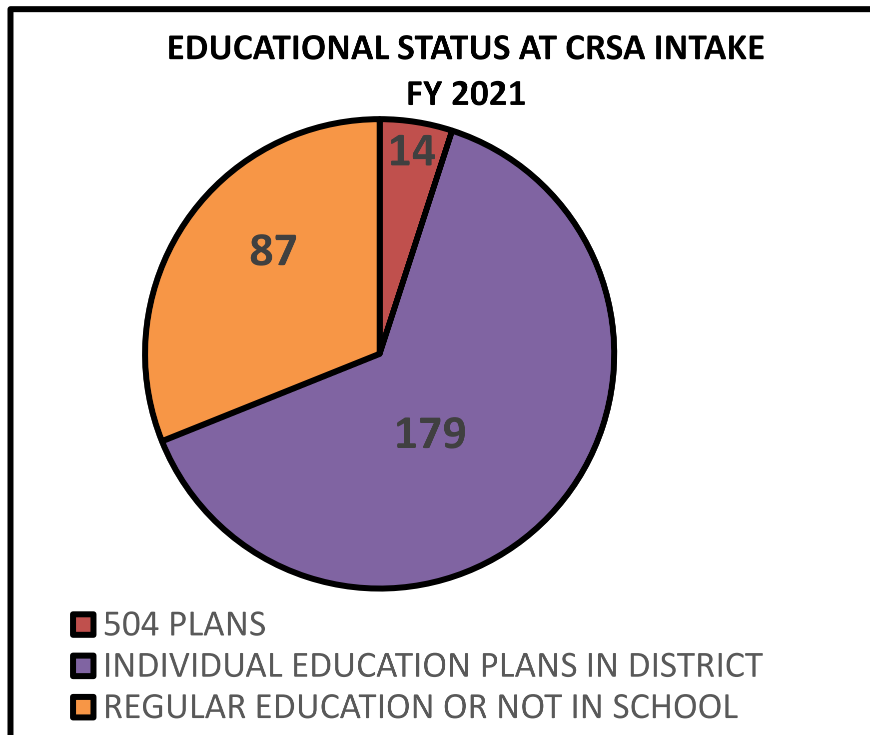


Difficulty of care: Behavioral factors are important when assessing the level of services that youth with mental health or behavioral conditions may need. According to the Mayo Clinic: "*…Mental health disorders in children are generally defined as delays or disruptions in developing age-appropriate 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 280 referrals, 60% of the youth served by CRSA were reported to be physically aggressive, 36% were runaway risks, 35% were self-harming, 35% had sleep disorders, 35% had suicidal ideations, 30% were bullied at school, 27% had homicidal ideations, 25% bullied others, 24% were reported to be sexually inappropriate, 21% resistant to medications, and 20% of the youth served were reported to wield weapons at home. The following chart lists several of these factors and other lower incidence factors CRSA tracks:



EDUCATION

Education services at intake: Most youth referred to CRSA are enrolled in an educational program and already receiving special education services. Educational classifications are selected based on what most impacts a child's learning. Youth in regular education and youth with Americans with Disabilities Act 504 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. Out of the 179-youth referred to CRSA with IEP's 39 were in day treatment programs and 30 of the youth with IEPs were in residential treatment.

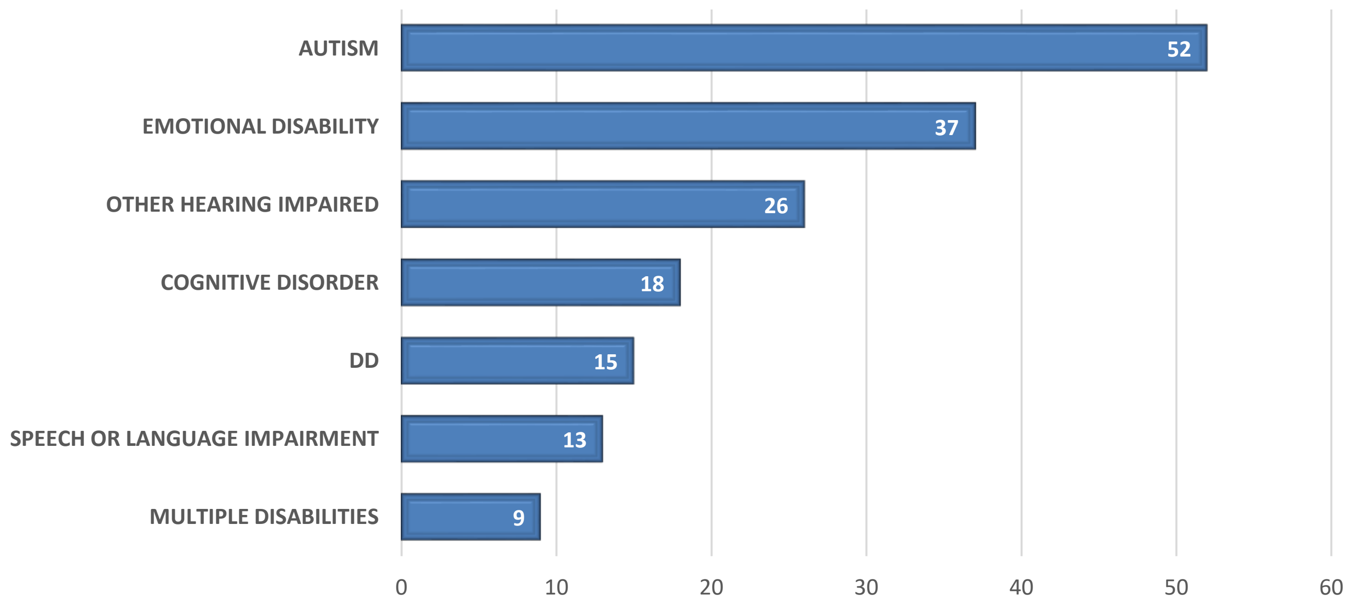


Autism as an IEP eligibility is very common for the youth seeking CRSA assistance with their educational plans. Autism Spectrum Disorder (ASD) is a developmental disability that affects an individual's ability to communicate (e.g., the ability to use language to express one's needs) and the ability to engage in social interaction (e.g., the ability to engage in joint attention). This disability significantly affects verbal/nonverbal communication and social interaction, generally evident before age three, that adversely affects a child's educational performance. Often other characteristics associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. The term does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disturbance. The child's performance, strengths, skills, deficits, and challenges associated with ASD will vary greatly from child to child.[4]

[4] https://www.isbe.net/Pages/Special-Education-Disability-Areas.

Youth with Emotional Disabilities are our second most common IEP eligibility category we serve. Emotional Disability (includes schizophrenia but does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance) means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance: An inability to learn that cannot be explained by intellectual, sensory, or health factors…[5]

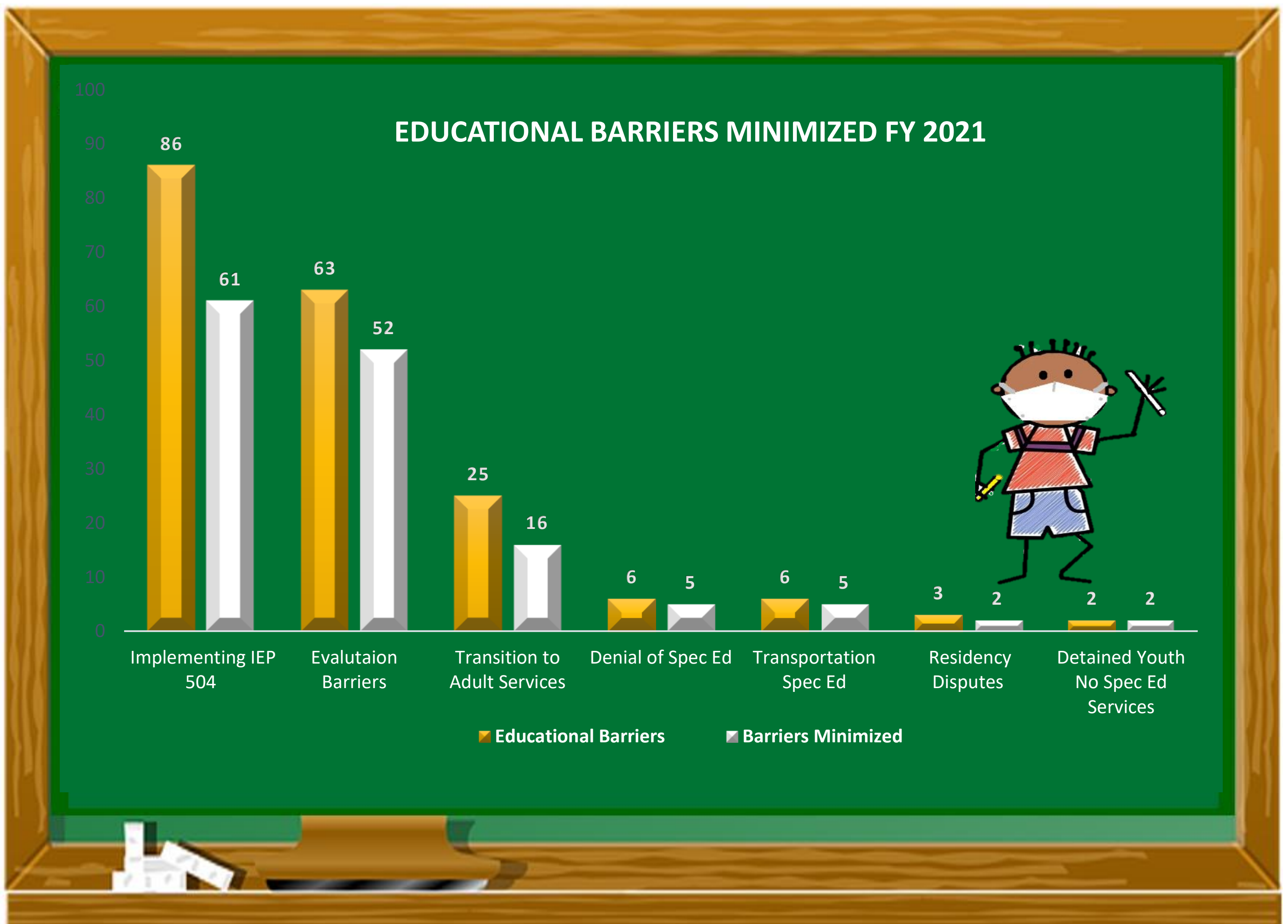
Most youth referred to CRSA with "Other Health Impaired" as an eligibility are students with ADHD with educational issues that impact their executive functioning skills and sensory input. Other Health Impairment means having limited strength, vitality or alertness, including a heightened sensitivity to environmental stimuli, that results in limited alertness with respect to the educational environment that is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, or sickle cell anemia; and adversely affects a child's educational performance.[6]



[5] https://www.isbe.net/Pages/Special-Education-Disability-Areas.
[6] https://www.isbe.net/Pages/Special-Education-Disability-Areas.

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.[7] 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) was not properly implemented.



[7] https://www.ilga.gov/legislation/ilcs/documents/010500050K14-15.01.htm

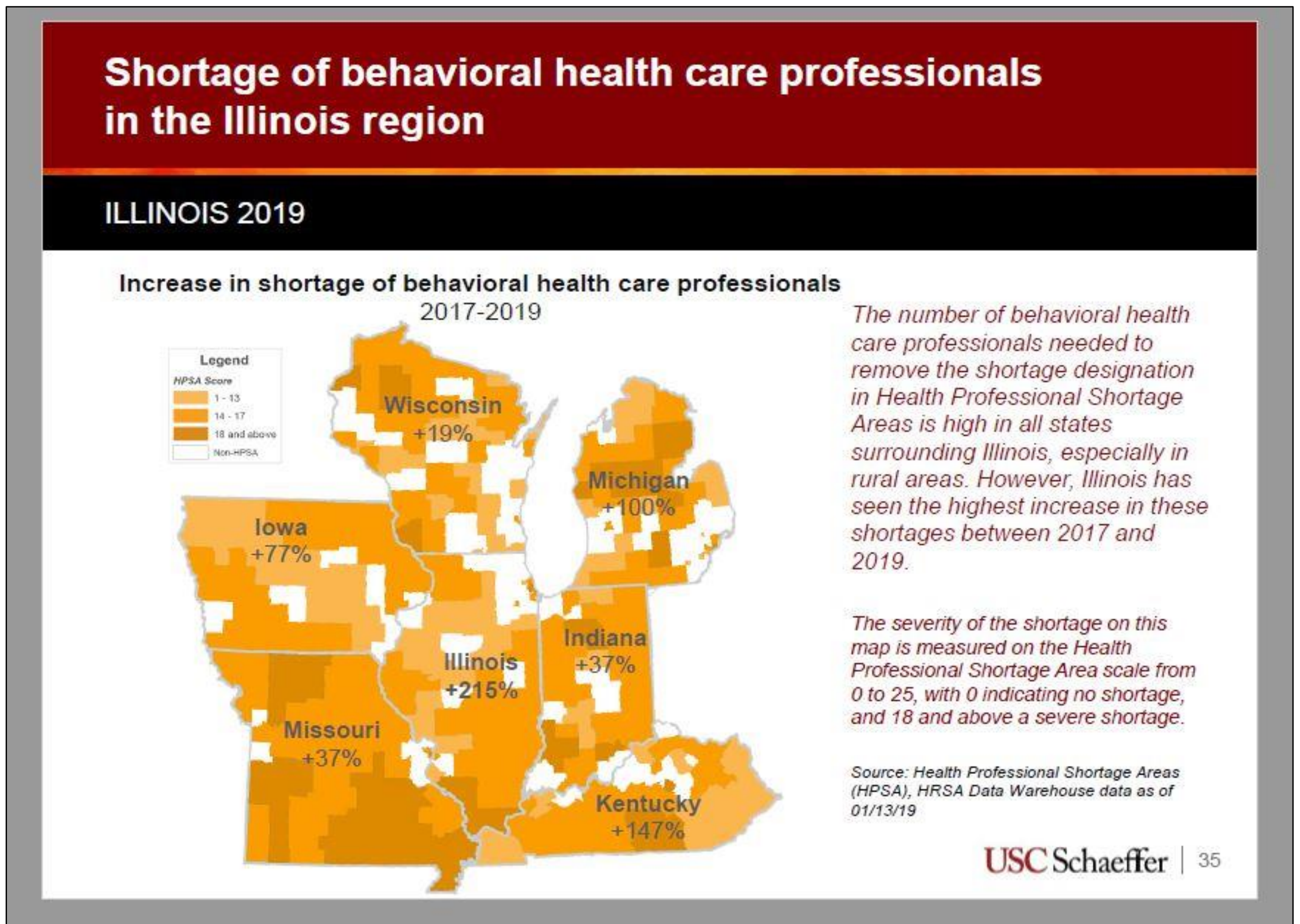
MENTAL HEALTH SERVICES

CRSA received the following requests for help accessing the following mental health services for youth this year. Most calls related to mental health were for assistance with community and residential mental health services for an appropriate plan of care for youth. We had 63 requests for assistance with the HFS Family Support Program application, 5 requests to help with accessing the HFS Specialized Family Support Program Services, 25 requests to assist with barriers to obtaining psychological assessments , 30 requests to assist youth in obtaining outpatient therapy, 15 requests to assist youth in obtaining Psychiatric services, 29 requests to assist with barriers to obtaining outpatient counseling services, 17 requests for assistance in barriers to accessing Mobile Crisis screenings, 7 requests to assist youth who were in need of a transition from the hospital to a transition bed, 13 youth had barriers accessing Independent Living Services, and 13 youth we served had barriers accessing transition to adult group home settings Compared to past data, CRSA had more requests for assistance in finding residential treatment for youth than requests for help acquiring local mental health counseling and case management services. It could be conjectured, looking at CRSA trends, that the erosion of 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 this fiscal year. "However, the pandemic did not cause this crisis in children's mental health. For decades we have struggled with an inadequate and fragmented system of services with poor access to care, limited services, and poor outcomes. Prior to the pandemic, the mental health system lacked sufficient resources and a workforce to meet the needs of children with mental health problems……. Children and families from under-resourced communities were even less likely to get access to care. Extreme workforce shortages have been a perennial problem."[8]

The lack of child and adolescent psychiatrists and outpatient counselors are two areas listed as an ongoing problem in Illinois. The number of behavioral healthcare professionals needed to remove the shortage designation in health professional shortage areas is high in all states surrounding Illinois, especially in rural areas. However, Illinois started seeing significant increases in these shortages between 2017 and 2018[9].

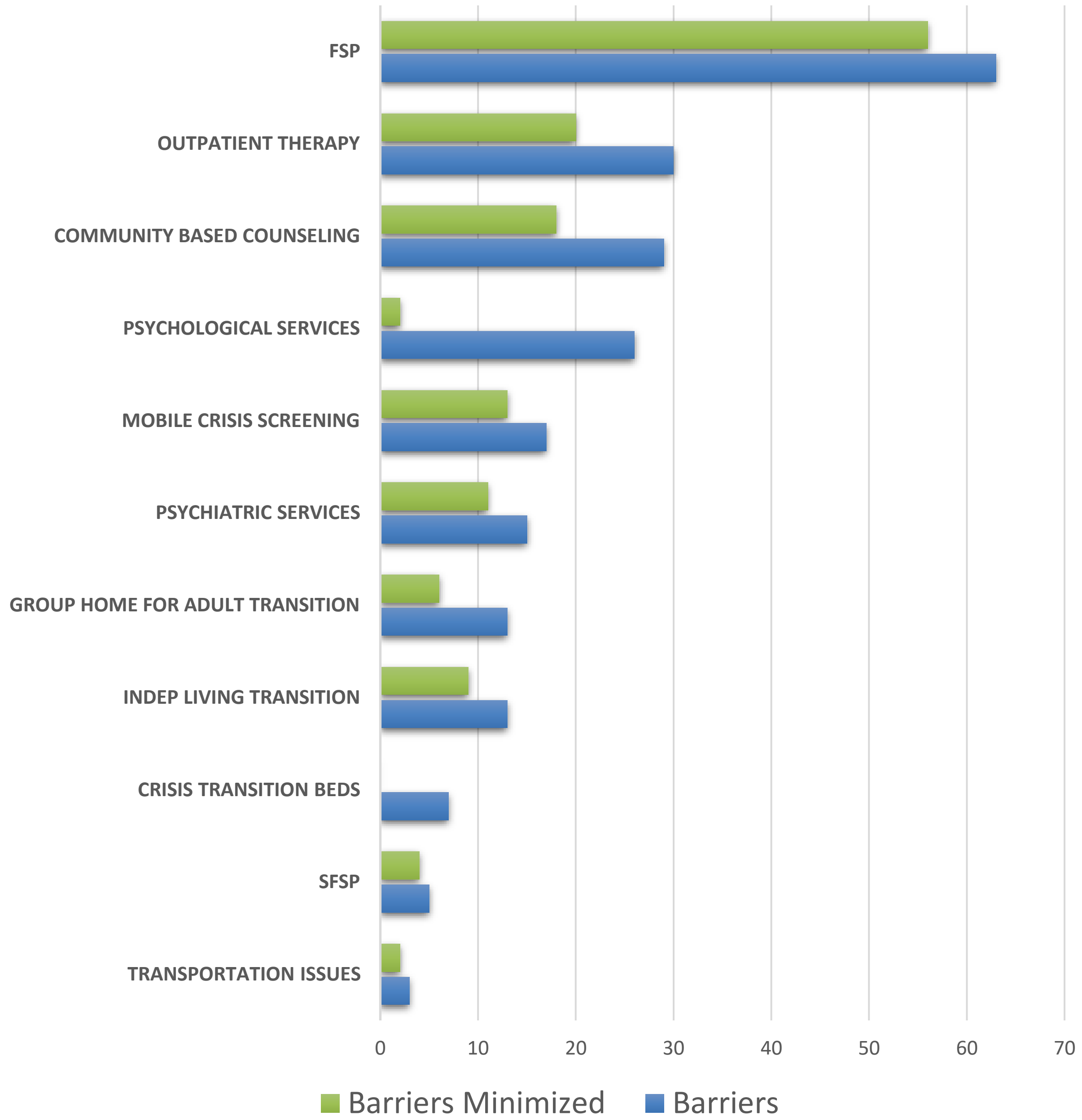
[8] https://annapoliscoalition.org/the-childrens-mental-health-tsunami/

[9] HRSA Data Warehouse



In FY 2021 most referrals to CRSA for mental health assistance, was for access to a program called the Family Support Program (FSP). FSP formerly known as the Individual Care Grant program, which provides access to intensive mental health services and supports to youth with a severe emotional disturbance. 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.[10] In addition the FSP Program will pay for mental health related residential treatment if deemed clinically appropriate.

[10] https://www2.illinois.gov/hfs/MedicalProviders/behavioral/Pages/icg.aspx


MENTAL HEALTH SERVICE BARRIERS MINIMIZED WITH CRSA INTERVENTIONS FY 2021
FSP
OUTPATIENT THERAPY
COMMUNITY BASED COUNSELING
PSYCHOLOGICAL SERVICES
MOBILE CRISIS SCREENING
PSYCHIATRIC SERVICES
GROUP HOME FOR ADULT TRANSITION
INDEP LIVING TRANSITION
CRISIS TRANSITION BEDS
SFSP
TRANSPORTATION ISSUES
0
10
20
30
40
50
60
70
Barriers Minimized
Barriers

DEVELOPMENTAL DISABILITY SERVICES

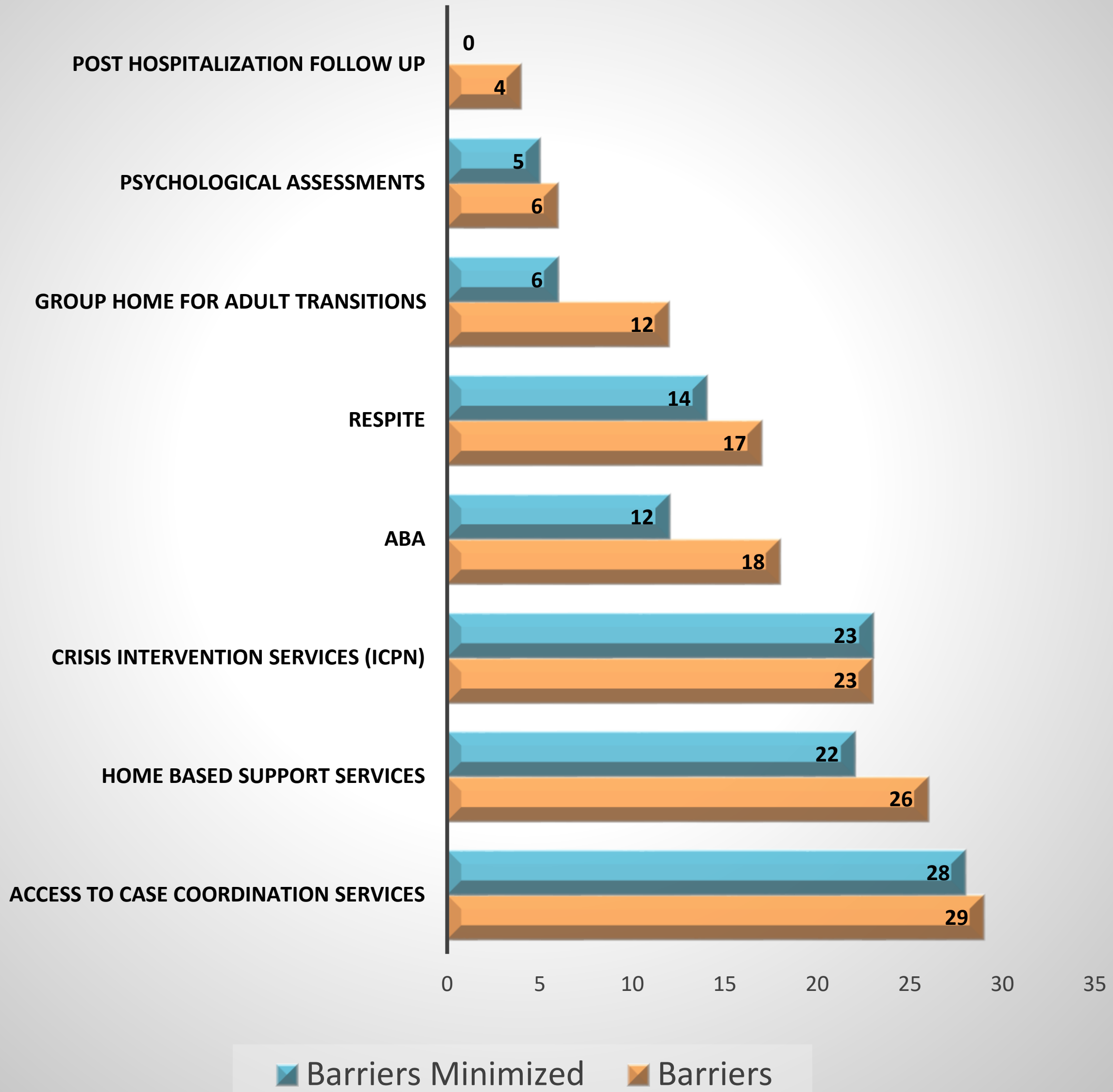
CRSA serves youth with Intellectual Developmental Disability (IDD) when they present with an educational a co-existing emotional disorder. DHS DDD has a process to determine eligibly for services for this population. Eligibility will require an application called PUNS or the Prioritization of Needs application. 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[11]. 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. The DHS DDD administration has been extremely helpful to eligible youth to receive SST services when contacted by CRSA on the child's behalf.

Post hospitalization services for the youth with developmental delays that CRSA serves continues to be monitored even though the incidence for the need is low on our caseload. These youth tend to be some of the most behaviorally challenged and mentally vulnerable populations. They present with difficulty of care factors that often require intensive follow-up. Four youth in need of this follow-up were unable to receive it in FY 2021. For the youth who required group home transitions one half of those CRSA assisted were able to receive a successful transition however one half were not able to be placed. For the CRSA population with Autism, access to Applied Behavioral Analysis interventions, ABA, increased in FY 2021. ABA is a type of interpersonal therapy in which a child works with a practitioner one-on-one. The goal of applied behavior analysis is to improve social skills by using interventions that are based on principles of learning theory. ABA therapy helps children on the autism spectrum by increasing their social abilities like completing tasks, communicating, and learning new skills; implementing maintenance behaviors like self-control and self-regulation; teaching them to transfer learned behaviors to new environments; modifying the learning environment to challenge them in certain scenarios and reducing negative behaviors like self-harm.[12]

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.

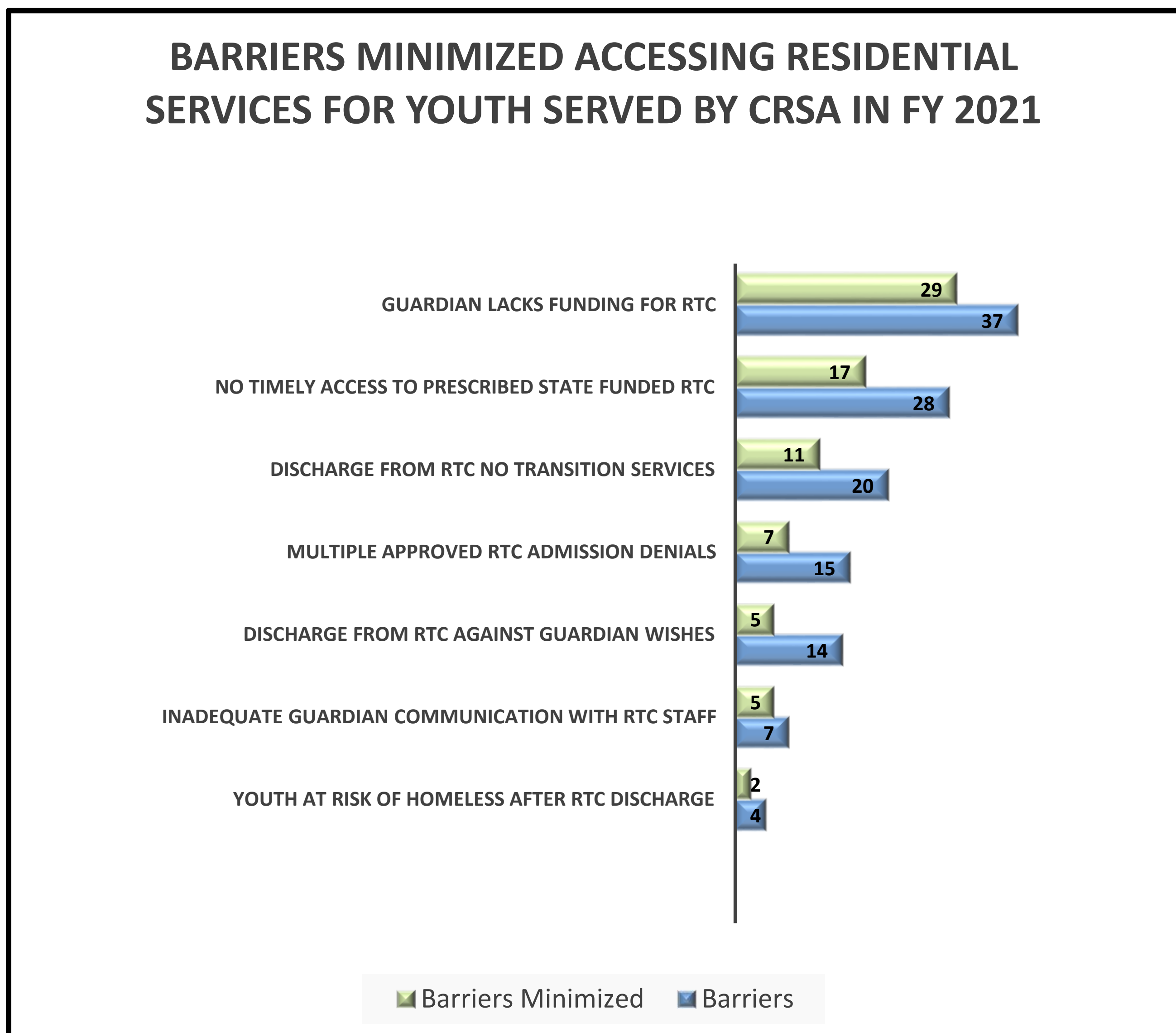
[11] https://www.dhs.state.il.us/page.aspx?item=50861#:~:text=The%20SSTs%20serve%20all%20adults,Waiver%20status%2C%20as%20capacity%20allows.

[12] https://www.webmd.com/mental-health/what-is-applied-behavior-analysis


DEVELOPMENTAL DISABILITY SERVICE BARRIERS MINIMIZED
WITH CRSA ASSISTANCE FY 2021
POST HOSPITALIZATION FOLLOW UP
PSYCHOLOGICAL ASSESSMENTS
GROUP HOME FOR ADULT TRANSITIONS
RESPITE
ABA
CRISIS INTERVENTION SERVICES (ICPN)
HOME BASED SUPPORT SERVICES
ACCESS TO CASE COORDINATION SERVICES
0
4
5
6
6
12
14
17
12
18
23
23
22
26
28
29
0 5 10 15 20 25 30 35
Barriers Minimized
Barriers

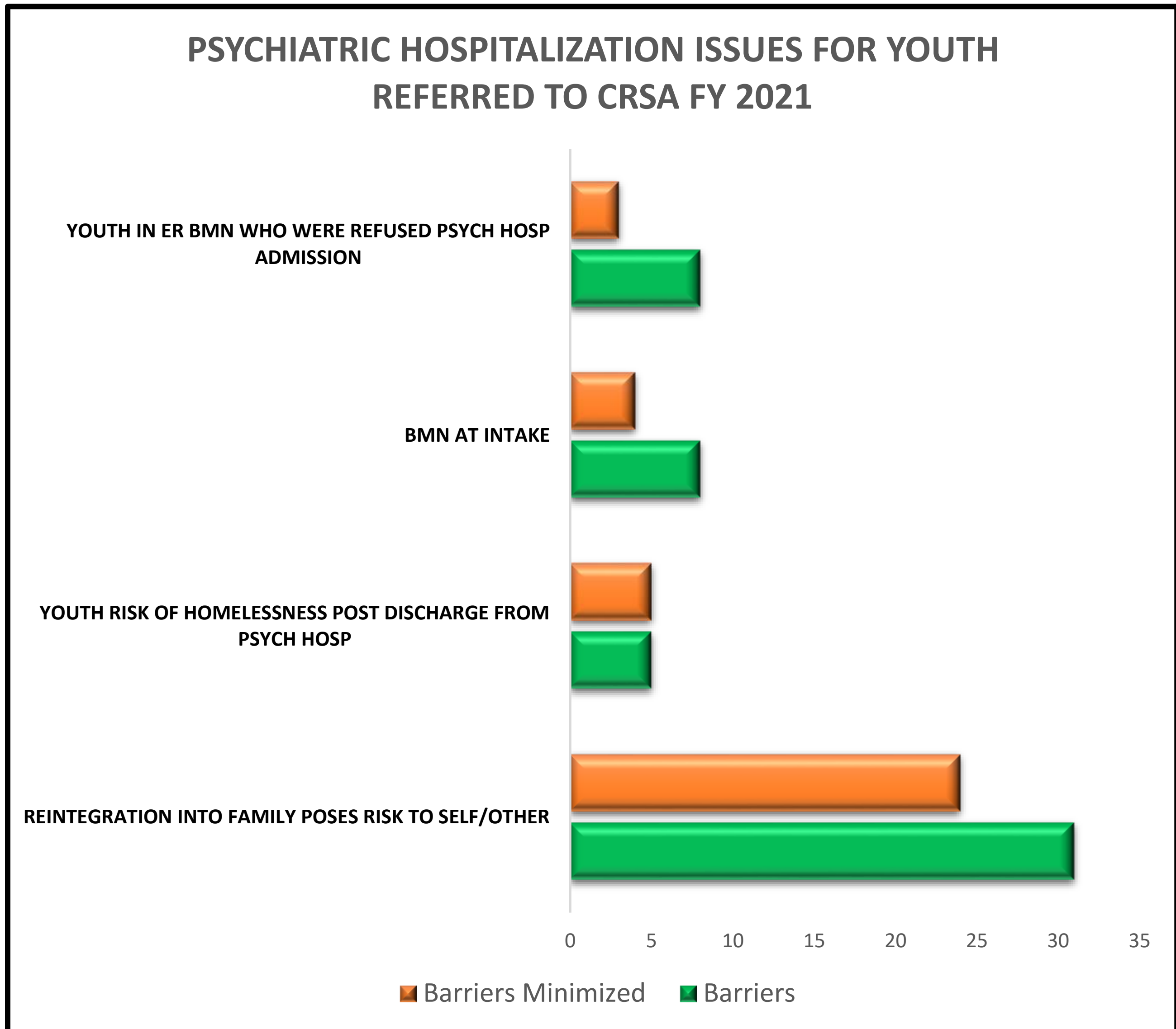
CROSS AGENCY FUNDING DENIALS FOR PRESCRIBED PLANS OF CARE

CRSA Regional Coordinators tracked barriers to accessing and receiving successful clinically prescribed residential treatment. No timely access references youth with state agency funding via HFS, DDD, LEA, DCFS Adoption unit and or a combination of all, who have waited in excess of 3 months for placement. 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.



PSYCHIATRIC HOSPITALZATIONS ISSUES

CRSA tracked situations for youth presented to CRSA. Most cases involved youth whose reintegration into their family posed a risk to self or others. 31 youth CRSA worked with were in this situation. After CRSA intervention and advocacy the Regional Coordinators were able to assist in helping these youth with appropriate placements.



2021 OBJECTIVES

Work efficiently for the best outcomes of the children served by CRSA as we comply with the Phase 3 Covid-19 safety protocols: All CRSA board meetings occurred over the Internet WebEx. All meeting notices with access numbers were posted on the CRSA Website and on a bulletin board in the Alzina building in the CRSA office. All CRSA Regional Coordinators worked from home. The CRSA board was informed that the CRSA Regional Coordinators all have agency iPhone's which are administratively monitored monthly. Regional Coordinators used phone conference, Zoom and WebEx for meetings with parents, schools, and agency providers. For intake, new referrals calls went directly to an agency iPhone which the Office Manager used when she was not in the CRSA office. The Office Manager was able to keep up with mail that came into our office when she was allowed into the building.

Create more social media presence for information Because the CRSA direct outreach moved primarily to electronic means: The CRSA staff recorded informative Power Point videos on some of our most frequently asked questions and posted them on Facebook. A Facebook "Welcome Video" donated to CRSA by Click Video was posted onto the CRSA facebook site.

Monitor ongoing changes or barriers to accessing state funded mental health and educational services that affect the CRSA service population. The CRSA board reqeusted the CRSA ExecutiveDirector write a letter of unintended consequences about the exclusion of youth in local detention centers from applying for the Family Support Program (FSP). Previous to the FSP the state of Illinois had a grant for youth to use to apply for assistance in funding residential and or intensive home based treatments for youth with severe emotional disabilites. When the ICG program was changed to the FSP program, locally incarcerated youth who were still in the guardianship of their parents were omitted as eligible to apply. This means that with the ICG, CRSA and social service agencies could help parents find residential treatment funding as per court order in lieu of incarceration with DJJ. Now the parents of these youth in detention are not able to pursue this option.

Old Rule 135 ICG

- The child must not be under the guardianship of a State agency, or in the legal custody of a State agency.

Rule 139 New FSP

- The individual seeking services must not be under the legal guardianship or in the legal custody of any unit of federal, State or local government;

The unintended consequences letter was written and submitted to HFS. The letter was well received by HFS and will be considered when HFS re-writes rule 139.

Assist Juvenile Justice providers in assembling a team to address the issue of systemic barriers for incarcerated youth to obtain access clinically recommended psychiatric hospitalization. These providers are concerned that it has become more and more challenging to find mental health hospitals that are willing to accept court-involved youth. CRSA assisted this group by facilitating meetings on this topic as well as brought other members into the meetings for state level input and assessments on this issue. Eventually the group gained much interest and participation state wide. Problem solving sessions ran through the rest of the fiscal year to address:

a) The lack of psychiatric bed availability for detained youth.

b) Youth who are deemed in need of psychiatric hospitalization would be best served in a small, no-decline trauma-informed specialty unit. (15 or so beds may meet current need in IL based on available data).

c) Research larger system issues that also need to be addressed. They will begin with the psychiatric needs of detained youth and continue forward.

<u>Assist youth who exceed a three months or more wait for placement in a state funded residential facility.</u> CRSA staff proposed helping in these situations with aassiting state agencies in doing single case agreements with accredited mental health providers not yet on state agency preferred provider's lists. CRSA staff were approved to reached out to seek legislative sponsorship of this concept, a goal that was continued into FY 22.

<u>In Summary</u>

CRSA Regional Coordinators served 280 youth with severe emotional disorders and their families. CRSA typically gets called when parents or providers believe need help with accessing services for a youth with a severe emotional disturbance. We were able to address issues of access to needed services for all 280 youth without needing to resolve a dispute through 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