Community & Residential Services Authority

ANNUAL REPORT

FY 2014

(July 1, 2013 - June 30, 2014)

Building Partnerships for Children and Families

The mission of the Community and Residential Services Authority is to actively advocate, plan and promote the development and coordination of a full array of prevention and intervention services to meet the unique needs of individuals with a behavior disorder or a severe emotional disturbance and their family.

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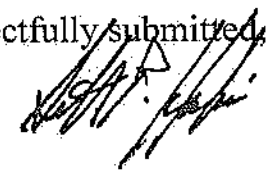
LETTER OF TRANSMITTAL

Governor Pat Quinn
Members of the General Assembly
State Agency Directors and
State Superintendent of Education
Springfield, Illinois

Dear Governor Quinn, 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 Twenty Eighth Annual Report. I am pleased to present this summary of activities for Fiscal Year 2014 in accordance with the requirements as set forth in Ch. 122, Sec. 14-15.01 of the Illinois School Code.

Respectfully submitted,



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Chairperson

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Senate Committee on Elementary & Secondary Education
Mr. David Elder, Designee**

Senator William Delgado
Senate Committee on Elementary & Secondary Education
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Ms. Julie Stremlau, Secretary *
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Office of Family and Community Services

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Dr. Robert Bloom *
Gubernatorial Appointee

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Gubernatorial Appointee

*** Executive Committee**
****Alternate to Executive Committee**

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EXECUTIVE SUMMARY

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 service eligibility criteria or funding streams of state and local public agencies, and therefore, unacceptable numbers of children and families go un-served or are underserved by the very systems established to help them. Through its technical assistance and dispute resolution activities, the Community and Residential Services Authority (CRSA) has been able to identify how, when and why the Illinois service system fails to meet the needs of many Illinois children and their families. The CRSA then uses this accumulated field experience to draw attention to the service gaps. To date, the CRSA has assisted in the service planning for over 10,000 children and their families and successfully addressed 48 cases involving formal service or funding disputes requiring full Authority action and sometimes required the direct involvement of state agency directors and legislators to resolve. This year the CRSA responded to 314 requests for assistance, six of which met dispute resolution criteria requiring some level of board intervention to help resolve evolving service disputes.

During FY 14 the Authority continued to actively monitor statewide planning groups which have convened to propose a comprehensive revision and redesign of the Illinois human service system for children. While system redesign/transformation is regarded by many insiders as a "sure thing" the Authority has taken a more conservative line focusing its attention and efforts on addressing near-term problems and barriers that are negatively impacting CRSA clients in the here and now. These include active discussions with member agencies to broaden the eligibility criteria of the Individual Care Grant (ICG) program and to continue to pressure them to end the systematic degradation of the ICG program which has been reduced to unprecedented operational lows. The Authority also continues to pressure CRSA member agencies to meaningfully address psychiatric lockouts to prevent involuntary custody relinquishments. The Authority has taken steps to modify the CRSA dispute resolution process to accommodate these high-velocity psychiatric lockout/custody relinquishment risk cases. The Authority is watching and commenting on the impact of Early Periodic Screening Diagnosis and Treatment (EPSDT) lawsuits which achieved class action status this year. The Authority continues to pose questions about how changes implied in the Affordable Care Act, Parity legislation and entrance of private insurers into the human services marketplace will impact Illinois' human service system.

During FY 14 all four of the cases opened this year which qualified for dispute resolution involved children who have been repeatedly psychiatrically hospitalized with significant emotion disturbance and behavior disorders whose parent(s) were seeking residential treatment to address the child's risk of harm to self and others in the home. All of these children had overlapping eligibility for two or more for residential treatment funding streams and programs. Three of the four cases involved children with dual diagnoses: two with primary diagnoses of developmental disability and one or more mental illness and one cases with a primary mental illness diagnosis along with limited cognitive capacity. Half of the cases involved children in psychiatric lockout situations with real risk for involuntary custody relinquishment. During this fiscal year the CRSA Dispute Resolution process has continued to evolve, to address "high-velocity" cases involving psychiatric lockout and the risk for custody relinquishment. CRSA member agencies have become more willing to engage in service and funding disputes earlier in the process and have exhibited an intensified commitment proactively resolve disputes earlier in the process.

HISTORY & BACKGROUND

The Community and Residential Services Authority (CRSA) was established by the Illinois General Assembly in 1985, initially as the Residential Services Authority, and was given the following three broad responsibilities:

- Assist parents and providers to access the state's human service system in a way that minimizes barriers and maximizes outcomes,
- Act as a "safety net" for the system by resolving multiple-agency service disputes that arise when essential services cannot be provided among existing service providers/programs, and
- Plan for a more responsive, efficient and coordinated system of services to address the needs of children with behavior disorders or severe emotional disturbances and their families.

CRSA is a unique state agency that has efficiently and effectively conserved tax dollars over the years and substantially improved the services and the outcomes of the children and families served. The Authority recognizes that in fulfilling the CRSA Mission, the best result is conflict resolution, not creation of conflict. Over the past quarter century, the CRSA has excelled in the resolution of interagency conflict and, in the process, helping Illinois children and their families.

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 professional Regional Coordinators, an Administrative Assistant and an Office Specialist to fulfill the CRSA's statutory mandates.

To date, the CRSA has assisted in the service planning for 10,380 children and their families, and successfully addressed several thousand potential service or funding impasses. To date, 48 cases involving formal service or funding disputes requiring full Authority action and sometimes required the direct involvement of state agency directors and legislators to resolve. The Authority has also made formal system reform recommendations in the form of three successive CRSA Service Plans.

Through its service planning assistance and dispute resolution activities, the CRSA has been able to identify how, when and why the Illinois service system breaks down around many Illinois children and their families. The CRSA then translates this accumulated field experience into recommendations for change, drawing attention to the service gaps and suggesting innovative practices and approaches to help solve the unique challenges in Illinois' child and adolescent service system. CRSA's collective vision for Illinois evolves as the systemic problems and barriers change: a vision that is expressed in changing CRSA Statewide Service Plans and Strategic Planning Conferences. The CRSA Service Plans have served as a suggested framework for building service partnerships between families, communities and agencies and for advancing a family-focused, child-centered and community-based service planning system with improved coordination and communication at all levels.

FUTURE DIRECTIONS & PLANNING

The CRSA predecessor (The Residential Services Authority or RSA) came about at a time when the landscape of children's human services in Illinois was being changed by shifting federal service approaches and funding models that had been taking root for a decade. Among those changes were the evolving federal Medicaid program that assured services to impoverished children and their families and the advent of special education services for children with disabilities. Both of those programs forced states to rethink how, when and where to deliver critical services to children and their families and how to be more collaborative in the provision and funding of these services. The growing pains that occurred in response to those systemic challenges in Illinois led to the creation of the RSA and its evolution into the CRSA five years later. Service delivery capability, service infrastructure and funding are continuously influenced by variables including geographic location, demographics, local taxing realities, local/regional service traditions, political considerations and overall funding climate. Some of the interagency service challenges the RSA/CRSA was created to address have stubbornly persisted to date, notwithstanding nearly three decades of concerted effort among CRSA member agencies and other stakeholders improve consumer access and achieve better outcomes for the populations served by CRSA.

The human service system in Illinois is once again being reshaped by a slowly recovering economy, by the gradual and unpredictable implementation of sweeping changes in national healthcare service delivery and funding, all of which challenges the Authority to keep current and adapt its approach to assistance offered to clients.

The charter, mission and the vision of the CRSA are not static, but rather, need to evolve periodically. The CRSA staff and board recognize that the national and state service landscapes are in a state of rapid change both in the public and private service sectors and that in following, CRSA needs to re-define itself, reconsider its mission and continue to adapt to the evolving services and funding landscape. The Authority is now engaging in strategic planning every few years to adapt to the changing service system to better serve its clients. This year the CRSA board set into motion a plan to revisit the CRSA charter, re-examine the CRSA Mission and Vision in an ongoing process of adapting CRSA services to the changing needs of the parents and professionals that contact CRSA for assistance. Planning is underway to hold another CRSA Strategic Planning Conference during the coming fiscal year.

Kids and families in Illinois need a "safety net" to fall back upon. While the Authority recognizes that there have been great strides among CRSA member agencies to better identify and serve children and families at risk in a more collaborative way, each wave of successive systems changes creates unintended casualties; kids and families who, for one reason or another, don't fit the system as it changes. The CRSA remains committed to identifying those systemic casualties, as they exist in-the-moment, giving them a voice and finding a door for them into an ever changing, and at times, incomprehensibly complicated service system in Illinois. In the process, the CRSA strives to draw attention to those systemic casualties so that the gaps in the system can be identified, addressed and filled.

FISCAL YEAR 2014 CASELOAD TRENDS

The CRSA receives requests for assistance from parents or professionals who are experiencing difficulty garnering appropriate services for a child with a behavior disorder or severe emotional disturbance often accompanied by other disabling conditions. A referral to CRSA often implies a breakdown or a gap somewhere in the state service system. The CRSA caseload gives us the ability to sample the overall functioning and effectiveness of the child and adolescent service system and document trends.

During FY 14, CRSA staff responded to 314 calls for assistance; 306 of which pertained to children and adolescents requiring assistance with service planning and service provision and 8 of which were systemic Information Only requests. During FY 14, 165 (53.9%) of the requests for CRSA assistance were individuals seeking residential plans of service and 132 (43.1%) of the requests for CRSA assistance were calling to seek community-based plans of service funding and 9 callers (2.9%) were calling to seek residential treatment but were willing to consider community-based services. CRSA staff note a gradual shift in emphasis from residential treatment to community–based approaches in recent years. In spite of the increasing numbers of multiple-agency planning activities and proposed initiatives that occur in Illinois, CRSA member agencies, for the most part, continue to make service and funding decisions within closed and centralized networks and resistance to multiple-agency Child and Family Team planning in communities continues to be an issue triggering referrals to CRSA.

The CRSA has a case monitoring system in place that tracks key client demographics, reasons for referral and diagnostic information, as well as, agency involvements and service history information. This helps the CRSA identify referral trends and diagnostic sub-populations needing service assistance.

Special Education: Special education continues to be a large common denominator for the majority of children served by CRSA. During FY 14, 226 of the children and adolescents referred to CRSA (73.8%) were involved in special education or were actively seeking special education services at the time of referral. Parents routinely call CRSA to explore ways to improve their child's academic performance or behavioral adjustment at school or who have general questions about special education procedures have. In recent years CRSA referrals to address bullying at school have been increasing.

Medicaid Eligible Children and Families: 215 children referred to CRSA for assistance in FY 14 (70. 3%) were Medicaid eligible. The Authority remains concerned that children and families who are not Medicaid eligible (privately insured and under-insured) will have increasing difficulty getting their mental health service needs met at the community level, eventually resulting in children who will be under-served or unserved, many of which may default to the juvenile justice system.

Children with Major Mental Illness: There were 196 requests for assistance in FY 14 (63.4%) pertaining to children with one or more documented major mental illnesses. The most commonly documented major mental illnesses were Bi-polar disorder (52.5%), Depression (31.6%), Schizophrenia/Psychosis (18.8%), Post Traumatic Stress Disorder (15.3%), and Obsessive Compulsive Disorder (7.1%). There were 5 children (3.0%) with unspecified mental illness(s). The challenge that we see coming for children and adolescents with mental illness is that while state fiscal resources for behavioral health continue to shrink, both residential and community-based supports for children with mental illness continue to become more limited.

CRSA has observed that as residential placements within DHS/DMH and DHS/DDD are more difficult to obtain, parents are increasingly looking to their public school districts for residential treatment and to DCFS for residential treatment of publicly adopted children. There is a consensus on CRSA that the time is right for Illinois to revisit the Interagency Agreement mandated by the Individuals with Disabilities Education Act (IDEA), involving ISBE, DHS/DMH and DHS/DDD and which has not been updated since 2002. CRSA concludes that Interagency Agreement deliberations should ideally include ISBE, DHS, DCFS, IDJJ and HFS.

Children Diagnosed with Attention Deficit Disorder with or without Hyperactivity: 152 children referred to CRSA in FY 14 (49.6%) were documented with either Attention Deficit Hyperactivity Disorder or Attention Deficit Disorder. This continues to be the most common co-existing condition/diagnosis seen on our caseload.

Children with Developmental Disabilities: Children with diagnosed developmental disabilities have become a large CRSA sub-population in recent years, increasing from 8% of CRSA's caseload in FY 06 to a high of 40.8% of CRSA's caseload FY 14. 125 children referred to CRSA during FY 14 (40.8%) carried developmental disability diagnoses. Within this cohort 65 children had a diagnosis of Autism (52%), 50 children had IQs below 70 (40%), 30 children had a diagnosis of Asperger's Disorder (24%), 16 children had a diagnosis of Pervasive Developmental Disorder (12.8%) and 10 children had unspecified developmental disabilities (8%) It was common for children diagnosed with developmental disabilities to have three or more developmental disability diagnoses simultaneously in various combinations.

The steadily increasing demand for residential treatment for this disability group is discouraging because it inhibits the long range goal of successfully assisting individuals with developmental disabilities to live in community-based settings as adults.

Children with Behavior Disorders: There were 121 requests for assistance in FY 14 (39.5%) pertaining to children with one or more documented behavior disorders. The most commonly documented behavior disorders among this population were Oppositional Defiant Disorder (60.3%), Attachment Disorders (35.5%), Intermittent Explosive Disorder (23.9%), Conduct Disorder (4.9%) and Other (14%).

Adoption Services: 32.3% of the service requests for CRSA assistance in FY 14 (93 referrals) pertained to children who have been adopted. 80.8% of those requests pertained to public adoptions. The remaining 19.2% of children who were privately adopted included 8 requests for assistance for children who were adopted from foreign countries (8.0%). The majority 73 children or 78.5% of requests for assistance with children who are adopted come from adoptive parents seeking funding for residential placements. Among these referrals in FY 14, seven adoptive families elected to "lock-out" their adopted child rather than to allow that child to remain in the adoptive home. In most of those instances parents concluded that relinquishing custody of the child to the state was the only viable way to obtain needed treatment for the child while simultaneously protecting the safety of the family and the community. Parents who attempt to obtain treatment for an adopted child through custody relinquishment are often criminalized in the courts as abusive parents, not because they are inherently abusive, but rather because the human services system is not equipped to meet the treatment needs of the child and family. These are often very compelling lose-lose situations. Custody relinquishment victimizes not only the child who loses the opportunity for permanency, that was the end goal of the adoption, but also frequently shatters the emotional and financial stability of the adoptive family who entered into the adoption to help the child obtain that sense of permanency. We note that there are few resources and service options for disrupting private adoptions especially for international adoptions and adopted children and their families who are not Medicaid eligible.

During 2012 the Authority requested the Governor's Office to appoint a Custody Relinquishment Task Force to explore custody relinquishment issues and to craft solutions to end the practice of custody relinquishment in Illinois. During FY 14 the Authority was encouraged as meaningful Custody Relinquishment Prevention legislation was proposed. The Custody Relinquishment Prevention Act was ultimately passed and signed into law but had been substantially weakened during the legislative process. The Authority continues to document the disrupting adoptions it encounters in casework and in its Dispute Resolution process and in FY 14 the Authority has continued to pressure CRSA member agencies to prescriptively address psychiatric lockouts to prevent involuntary custody relinquishments.

Children with Dual Diagnoses: During FY 14, 79 children referred to CRSA, (25.8%), carried dual diagnoses of mental illness(es) and developmental disability(ies) (MI/DD). Children who have overlapping diagnoses of mental illness and developmental disabilities most often have educational disabilities and behavior problems as well. CRSA has seen this population increase nearly tenfold in 6 years, comprising only 2.7% of our caseload in FY 08 and now comprising nearly 26% of CRSA's caseload.

Coordinated service planning and service delivery among various DHS divisions and LEA's during the high school years is a routine service need seen on CRSA's caseload. The distinction between whether a child best fits the service criteria for DHS/DDD or DHS/DMH has become more crucial in recent years. Parents of young adolescents with dual diagnosis feel compelled to align their would-be adult child to one service division or the other at the beginning of the high school years as their public schools begin the transition planning process. They are challenged to attempt to identify which DHS division will become responsible for meeting adult supported living service needs of their would–be adult children. Public schools continue to be statutorily obligated to arrange for multiple-agency service coordination during high school years to effect a seamless transition from the child and adolescents service sphere into the adult service sphere. They also shoulder more and more responsibility for social and emotional skills development, functional daily living skills development and vocational readiness training. In Illinois, the connection between various DHS divisions and

schools during the high school years is critically important for dually diagnosed adolescents and young adults but is conspicuously absent in practice.

Children Exhibiting Sexual Aggression: During FY 14, 61 children exhibiting sexual aggression problems (19.9%). were referred to CRSA for help. This sub-population continues to grow on CRSA caseload over time and is often identified as a primary treatment need. 82% for these children were victims of sexual aggression themselves during their childhoods, many who were not treated and who grew to become sexual perpetrators. CRSA notes that children and adolescents exhibiting sexual aggression and related treatment needs are at high risk to experience psychiatric lockouts and disrupted adoptions, as families. Without specialized treatment, all are at risk of entering the justice systems during their lifetimes.

Transition Planning to Adult Services: The CRSA caseload in recent years also identifies an increasing sub-population of "Transition Planning" cases as adolescents with varying disability profiles need to transition into the adult service sphere. This sub population has increased on the CRSA caseload over the last few years but is becoming difficult to track and measure exactly. While there are always a small number of parents who are explicitly requesting assistance with the transition planning process for older individuals, we are encountering greater numbers of children on our caseload who are younger, where transition planning is an implied secondary goal. These are children referred to CRSA for a variety of reasons including by parents and treatment professionals who are concluding that the children will become adult-children as adults. Many of these children are regarded as being incapable of living independently as adults and perhaps incapable of either competitive or supported employment as adults. Most will require supported living as adults. Several of the most challenging dispute resolution cases in Authority history were referred to CRSA as young adults who required organized transitions into adult residential service environments. This has challenged the CRSA staff and board to advocate for adult service plans which fall outside of the Authority's areas of expertise and understanding. Staff observe that children diagnosed with serious mental illness combined with developmental and intellectual disabilities, children with serious head injuries and children with deteriorating neurological profiles present challenges to the service system as systems struggle to arrange for seamless transitions from child and adolescent services to the adult service realm.

Children with Neurological Impairments

CRSA continues to receive a small number of calls for assistance for children with neurological impairments. Children diagnosed with Traumatic Brain Injury (TBI) or Acquired Brain Injury (ABI), Tourette's syndrome, Epilepsy and Cerebral Palsy frequently have other co-morbid diagnoses and typically require coordinated multiple-agency services throughout childhood and adolescence and into adulthood.

Other Sub-Populations: Other sub-populations of children with specialized service needs that have been referred to CRSA for assistance during FY 14 include, 41 children with eating disorders, 30 children with documented prenatal substance exposure, 29 children with fire setting as a documented risk factor and several children with hearing impairments in combination with other diagnosed disabilities and behavior disorders.

FISCAL YEAR 2014 ACTIVITIES

The CRSA board held five full board meetings during FY 14 that focused on promoting and implementing the concepts advanced in CRSA Strategic Plans in addition to providing technical assistance and carrying out dispute resolution responsibilities.

During FY 14 the Authority has continued to actively monitor statewide planning groups which have convened in the last two years to propose a comprehensive revision and redesign of the Illinois human service system for children. The Governor's Human Service Commission finalized its recommendations and submitted them to the Governor's office during FY 13. Subsequently, during FY 14, the Governor's Office of Health Innovation and Transformation (GOHIT) has begun discussions seeking to establish an ambitious implementation timetable for human service transformation. While optimism abounds in planning circles and the system redesign/transformation is regarded by many insiders as a "sure thing", the Authority has taken an a more conservative line noting that similar grandiose planning efforts in the past 3 decades have failed to materialize for a variety of political and fiscal reasons which were outside of planners' sphere of control. During FY14 Authority has continued to focus its attention and efforts on addressing more pragmatic, near-term problems and barriers that are negatively impacting CRSA clients in the here and now. Among those efforts:

- The Authority has met with the leadership within Department and Mental Health, and with the Collaborative for Options and Choice administered Value Options Inc. early in FY 14 to continue to pressure them to end the systematic degradation of the Individual Care Grant (ICG) program which has in recent years been reduced to unprecedented operational lows. The Authority has simultaneously encouraged system planners redefine the ICG program to better meet the needs of consumers. During FY 14 CRSA staff and board joined other stakeholders participating in statewide ICG Rule Revision Workgroups and were initially encouraged by consensus recommendations which emerged from those discussions. However, by the end of FY 14, DMH had rejected key portions of the proposed Rule Change which might have broadened ICG eligibility criteria and which would have created an emergency ICG program with a voluntary, short term placement provision to address crisis cases. By the end of FY 14, the legislature expressed its impatience with DMH over mismanagement of the ICG program and stripped 7 million dollars from DMH's ICG appropriation.

- The Authority continues to pressure CRSA member agencies to meaningfully address psychiatric lockouts to prevent involuntary custody relinquishments it encounters in CRSA casework. During the 2014 legislative season the Authority supported meaningful Custody Relinquishment Prevention legislation which had been proposed. The Custody Relinquishment Prevention Act was ultimately passed and signed into law but, regrettably, had been substantially weakened during the legislative process. The Authority continues to actively track and catalog psychiatric lockout/custody relinquishment risk disputes encountered in CRSA case work and has taken steps to modify the CRSA dispute resolution process to accommodate high-velocity psychiatric lockout/custody relinquishment risk cases until member agencies fully implement the system-wide policy fixes implied in the Custody Relinquishment Prevention Act.

- During FY 14 continued to track lawsuits pertaining to Illinois' failure to provide Early Periodic Screening Diagnosis and Treatment (EPSDT) which achieved class action status as N.B. v Hamos. The Authority observes that Illinois consumers have become increasingly reliant on the courts to order individual children to be residentially placed in other states in Psychiatric Residential Treatment Facilities (PRTF's), funded by Illinois Medicaid, and voiced concerns about the clear absence of organized case management and Illinois developing its own continuum of PRTFs.

- A meeting was held with the Authority and member agency administrators in the spring of 2014 to address the atmosphere of secrecy surrounding service system reform legislation observed during the FY 14 legislative session. The Authority posed questions about how changes implied in the Affordable Care Act, Parity legislation, Medicaid Managed-Care and entrance of private insurers into the human services marketplace will impact Illinois' human service system. The Authority received no clear answers. The political and fiscal uncertainty accompanying these initiatives keeps system planners and consumers guessing about what support will really be there and when it will be there as Illinois endeavors incorporate those resources in its redesign of its service system for children.

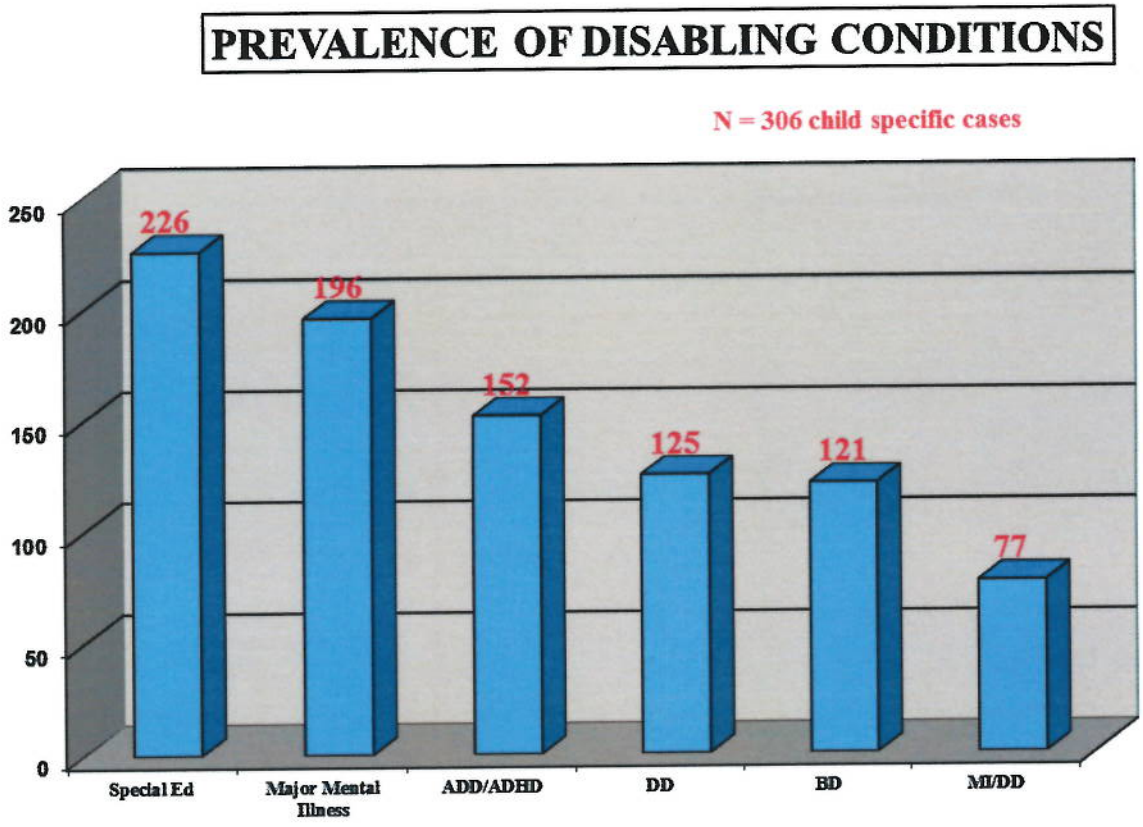
- CRSA staff participated in 279 activities with agencies, organizations and groups and child staffings: including direct participation in 202 client progress staffings, wraparound planning staffings, school staffings and other multiple-agency planning staffings. During FY 14 the Executive Director and the four CRSA Regional Coordinators participated in 77 activities with agencies, organizations and groups and maintaining liaison relationships with statewide planning groups. These groups include the Attorney General's Special Education Committee, the Health Summit, the Children's Behavioral Health Association, The Children's Mental Health Partnership-Residential Workgroup, The Individual Care Grant (ICG) Transformation Workgroups, The Transition Planning Conference Committee, The Individual Care Grant Advisory Council, The Illinois Mental Health Planning Advisory Council, The Custody Relinquishment Planning Workgroup, The Governor's Office of Health Innovation and Transformation (GOHIT) and others.

- The Authority continued to beginning to focus its attention in FY 14 on an increasingly visible population of individuals who "fall between the cracks" of the Illinois human service system; individuals with complex emotional and behavioral disabilities who need to make coordinated and seamless transitions from the child and adolescent service system into the adult service system, many of whom will require lifelong state supported care. The Authority is seeing more calls from individuals with complex emotional and behavioral disabilities needing coordinated service planning activities to move into the adult service world. Transition Planning is a multiple-agency process which is statutorily designed to begin at age 14 & ½ years of age in Illinois but is far too often delayed until the upper teen years when transitions then become crisis driven.

CASE INFORMATION AND CLIENT STATISTICS

Prevalence of Disabling Conditions

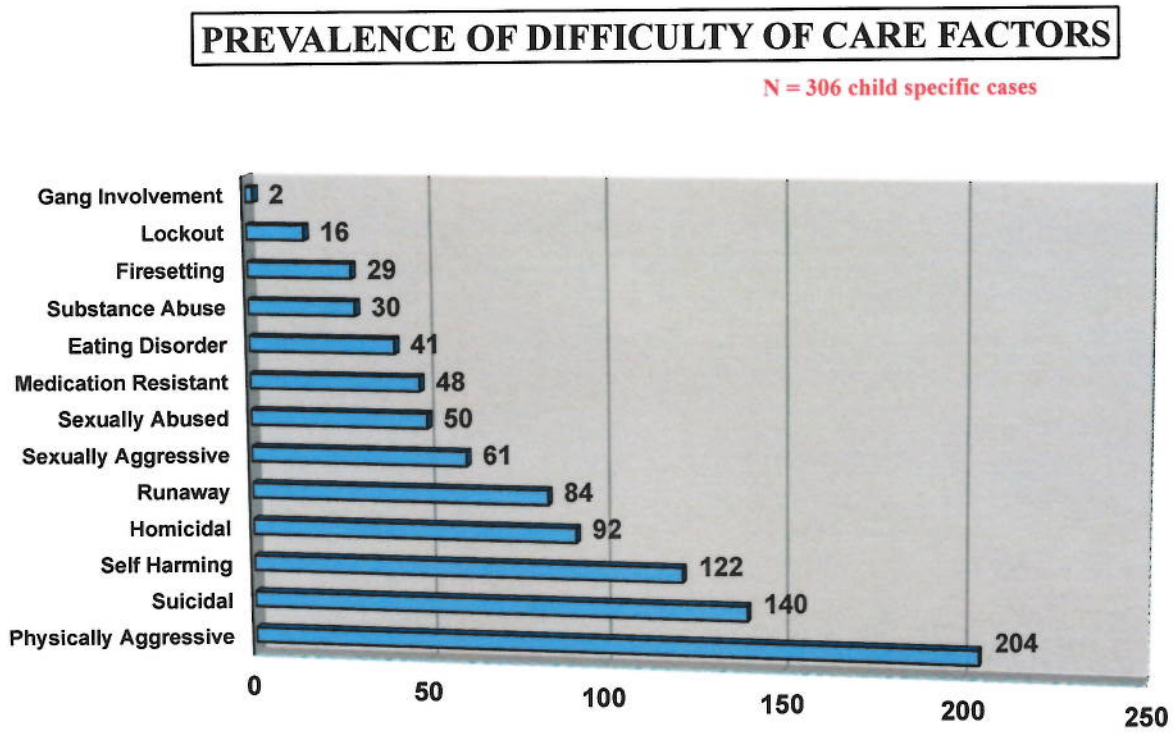
This graph shows the range and the prevalence of disabling conditions exhibited by the 306 children and adolescents for whom CRSA was contacted for assistance during FY 14. It is the norm for children and adolescents served by CRSA to exhibit two to five diagnosed disabilities and behavior problems at the time of referral.



Multi-disciplinary and multiple-agency service planning is a common denominator for the children served by CRSA, given the multiple disabilities profile of the typical CRSA client.

Prevalence of Difficulty-of-Care Factors

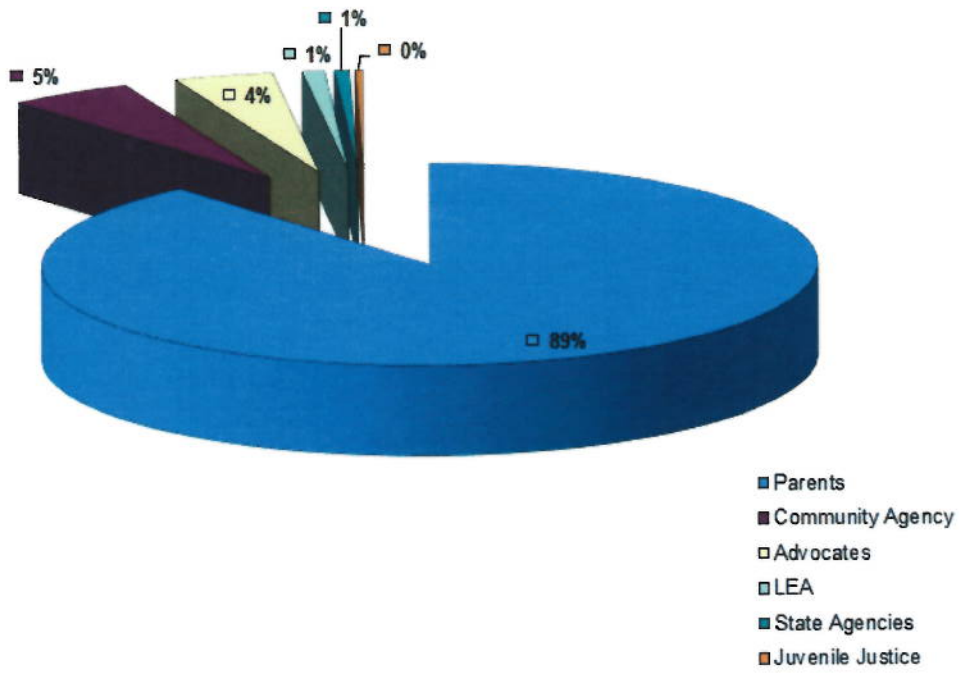
This graph shows the range and the prevalence of serious behavior problems which CRSA tracks as "difficulty-of-care factors" exhibited by the children and adolescents for whom CRSA was contacted for assistance during FY 14. We observe as the number and intensity of difficulty-of-care-factors experienced by a family increase, the more likely the family is to seek out-of-home treatment/care and the more challenging it becomes to for families to find community-based or residential service providers that can successfully treat or mitigate the behaviors. 251 or 86%of the children and adolescents for whom CRSA was contacted for assistance in FY 14, exhibited one or more difficulty-of-care factors in addition to one or more disabilities. Altogether, 919 difficulty-of-care factors were recorded among the 306 referrals who exhibited such behaviors. This suggests that the average number of factors per referent is 3.0



FY 08 was the first year that CRSA published prevalence of difficulty-of-care data. The FY 14 data is very similar to data collected during fiscal years FY 08 through FY 13 in terms of the hierarchy of prevalent behaviors. Physical aggression and suicidal behavior remain the two most prevalent difficulty-of-care factors.

Referral Sources

This chart shows the distribution of the 314 FY 14 requests for assistance by referral sources. Parents remain the largest referral source to CRSA, followed by referrals from Community Agencies.



STATE AGENCIES: Illinois State Board of Education; Department of Children and Family Services; Department of Juvenile Justice; Department of Human Services: Divisions of Mental Health, Developmental Disabilities, Rehabilitation Services, Family & Community Services and the Illinois Department of Healthcare and Family Services

LEAS: Local Educational Agencies

ADVOCATES: State, federal and private advocacy agencies/groups/individuals, lawyers

PARENTS: Parent(s) or legal guardian

COMMUNITY AGENCIES: Local community direct service provider agency

Number of Referrals

The Authority received and responded to 314 requests for assistance in FY 14. Of those, 306 were client-specific referrals and 8 referrals were systemic Information Only requests.

The gender data we collected during FY 14 indicates that 202 (66%) of individuals referred for services were male and 104 (34%) were female. This 2 to 1 male-to-female ratio is very consistent with historical agency norms.

Demand for CRSA services has stabilized in recent fiscal years, hovering in the range of 300 to 375 referrals per year. CRSA staff continues to utilize the capacity within local systems of care where available to address multiple-agency cases and also increase consumer access to general services/program information through the internet. The Authority continues to note steady changes in CRSA referral trends: a widening population of children which, when referred to the Authority, are under-served or un-served. During FY 14 CRSA cases continue to be more complex.

ADMINISTRATION OF DISPUTE RESOLUTION

The CRSA was given a statutory mandate to "develop a process for making determinations in situations where there is a dispute relative to placements of individuals or funding of services for individual placements." A process was initiated in 1987 and remains in place. The CRSA has had 10,380 requests for help through June 30, 2014 where children were in danger of falling through the cracks of the categorical service systems. While each state agency has its own internal review processes, there was no statewide process to resolve multiple-agency disputes.

The following conditions must be met to implement formal dispute resolution:

A. Criteria
   1. A parent/guardian or individual claims that one or more agencies represented on the Authority have failed to implement a plan of service on a timely basis, or

   2. A member agency alleges that another member agency has failed to respond to an individual's needs as required by its defined missions, rules and/or procedures.

B. Eligibility
   1. An individual who may have multiple-agency service needs.

   2. An individual who is severely emotionally or behaviorally disordered and his/her family.

The CRSA Dispute Resolution process has evolved over the years as both CRSA staff members and Board members grappled with multiple-agency service and funding disputes that required full Authority action and sometimes required the direct involvement of state agency directors and legislators to resolve.

In 2009, the CRSA Dispute Resolution process was revised to streamline the process and to resolve contentious service and funding disputes at earlier levels within the process. Since that revision:

- Nine (9) evolving case disputes have been successfully resolved at the Staff Review level through informal consultations between CRSA staff and member agency designees.

- Five (5) evolving case disputes have been successfully resolved through the newly created Technical Assistance Conference process in which small conference panels are convened quickly and with less required paperwork in an advisory capacity to support CRSA staff and CRSA member agencies as they explore solutions to service and funding disputes in a less contentious multi-agency atmosphere.

- Only two (2) cases required full board review and recommendations to resolve service or funding disputes, the last of which occurred in FY 12.

This trend represents a significant progression in the evolving dispute resolution process. CRSA staff members and strategic groupings of board members are challenged to actively partner earlier and more informally to explore voluntary solutions to case situations which previously required more formal and confrontational exchanges between consumers and CRSA staff and CRSA board members. Accordingly, CRSA member agencies are actively demonstrating increasing willingness to collaborate around emergent service and funding disputes earlier in the process and have exhibited an increasing commitment to proactively resolve emergent disputes without the need of full board reviews or involvement.

FY 14 Dispute Resolution Activities

During FY 14, six cases (6) cases met all of the required elements for dispute resolution and could require board intervention to help resolve evolving service disputes.

- Two (2) cases were carried over from FY 13 and were resolved in FY 14.
- Four (4) cases were opened during FY 14 which progressed to the level of Staff Review. Of these:
  - Two cases were resolved at the Staff Review level during the this fiscal year,
  - One case was resolved during the fiscal year after two Technical Assistance Conferences had been convened to address service/funding impasses, and
  - One case was carried over into FY 15, pending resolution.

None of the cases that were active within the Dispute Resolution process during FY 14 progressed to the point that Full Authority action was required to resolve evolving service disputes.

Referral Circumstances Contributing to Dispute Resolution Activities

Four (4) cases opened in FY 14 required dispute resolution activity to resolve service disputes. Among them:

- All of these children presented risk of harm to self or others warranting repeated psychiatric hospitalizations.
- All of these cases involve situations for which parents are seeking residential treatment.

- Three (3) of these individuals (75%) had primary diagnoses of one or more developmental/intellectual disabilities and exhibit significant emotional and behavioral problems.
- Three (3) of these individuals (75%) were dully diagnosed, with mental illness as well as developmental disabilities.
- Two (2) of the four cases (50%) involved children between who experienced psychiatric lockouts and the risk for custody relinquishment through the juvenile courts.
- One (1) of these children (25%) is publicly adopted

CRSA CONSUMER SATISFACTION SURVEY

The consumer satisfaction survey is a questionnaire consisting of three simple questions scored on a one to five scale -- five being the highest rating and one being the lowest rating. The survey is distributed to each referent approximately 30 days after the date of referral with a self-addressed stamped envelope to maximize returns. Responses indicate the levels of satisfaction with:

Question 1.) Was the Community and Residential Services Authority prompt in acting on your request for assistance?

Question 2.) Were your ideas treated with respect?

Question 3.) Did the CRSA give you or the child needed help?

The "Forms Returned" chart below displays the total number of surveys mailed out during FY 14, the number returned and the percentage of return by referral source. The "Questions" chart is the average of surveys received for that referral source. The column designated "Average" shows the average score across all three questions by referral source. The lightly shaded items are weighted averages of the total responses for each question. The weighted average* for all questions across all referral sources is 4.38, shown in the dark-shaded box.

FORMS RETURNED

	Surveys Mailed	Surveys Returned	Percent Returned
Parents	278	56	20%
Advocates	10	5	50%
Com. Agency	8	2	25%
LEA	3	1	33%
State Agency	1	0	0%
	300	**64**	**21%**

QUESTIONS

Q. #1	Q. #2	Q. #3	Average
4.40	4.50	4.00	4.30
5.00	5.00	5.00	5.00
5.00	5.00	5.00	5.00
5.00	5.00	5.00	5.00
NA	NA	NA	NA
4.47	**4.56**	**4.12**	**4.38**

For FY 14, 64 (21.3%) of the 300 surveys distributed were returned.

Additional questions on the survey are optional and answered in narrative style. Of the 64 surveys returned, 56% percent or 87.5% of the returned surveys had a narrative response, and their responses were consistent with overall survey ratings. The majority of respondents commented that there is nothing they dislike about CRSA services.

* *Weighted averages are used to assure that each survey is equally weighted, offsetting the skew from any single referral source being over-represented.*

Overall Consumer Satisfaction Rates

The chart below displays the weighted average response rating for each question across the last ten years. Scores have been constantly above 4.00 for the last 10 years.

Overall satisfaction scores indicate that CRSA service recipients appreciate having their calls for assistance answered within 24 hours, appreciate the active listening practiced by CRSA staff and appreciate the individualized, solution-oriented assistance offered by CRSA staff.

	FY 05	FY 06	FY 07	FY 08	FY 09	FY 10	FY 11	FY 12	FY 13	FY 14	10 YEAR AVE.
Q. #1	4.78	4.51	4.76	4.93	4.27	4.76	4.61	4.49	4.59	4.47	4.60
Q. #2	4.91	4.60	4.70	4.91	4.42	4.82	4.70	4.63	4.66	4.56	4.67
Q. #3	4.69	4.20	4.29	4.80	4.02	4.24	4.30	4.28	4.30	4.12	4.28
Yearly Average	**4.79**	**4.44**	**4.58**	**4.66**	**4.24**	**4.71**	**4.54**	**4.47**	**4.52**	**4.38**	**4.52**

COMMUNITY AND RESIDENTIAL SERVICES AUTHORITY

FY 2014

APPROPRIATION/EXPENDITURE SUMMARY

FY 2014 APPROPRIATION	**$592,300.00**
FY 2014 EXPENDITURE	**$497,027.39**
LAPSED FUNDS	**$95,272.61**

TYPE OF EXPENDITURE	ALLOTMENT	EXPENDITURE	BALANCE
PERSONNEL SERVICES			
CRSA Employee Salaries	$415,000.00		$412,080.00
Retirement Reserve	$25,000.00		$0.00
Benefits Package	$86,900.00		$32,221.36
Staff Travel	$13,900.00		$11,260.18
CONTRACTUAL SERVICES			
Members Travel	$5,000.00		$4,855.51
Space Allocation	$32,000.00		$25,812.60
Administrative Services	$6,000.00		$4,882.49
Website Development	$2,000.00		$0.00
Meeting Expenses	$500.00		$0.00
Staff/Board Training	$1,000.00		$359.00
COMMODITIES			
Office Expenses	$5,000.00		$5,556.25

* *These are funds which were allocated to meet anticipated needs but which did not need to be expended during this Fiscal Year*