Community & Residential Services Authority

ANNUAL REPORT

FY 2015

(July 1, 2014 - June 30, 2015)

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 Bruce Rauner
Members of the General Assembly
State Agency Directors and
State Superintendent of Education
Springfield, Illinois

Dear Governor Rauner, 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 Ninth Annual Report. I am pleased to present this summary of activities for Fiscal Year 2015 in accordance with the requirements as set forth in Ch. 122, Sec. 14-15.01 of the Illinois School Code.

Respectfully submitted,

Gary Seelbach
Chairperson

LEGISLATIVE MEMBERS

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

Senator William Delgado
Senate Committee on Elementary & Secondary Education
No Designee

Representative Sandra M. Pihos
House Committee on Elementary & Secondary Education
Dr. Kathleen Briseno, Designee*

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House Committee on Elementary & Secondary Education
Dr. Seth Harkins, Secretary*

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Illinois Attorney General's Office

Ms. Michele Carmichael
Illinois State Board of Education

Ms. Julie Stremlau*
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GOVERNOR'S APPOINTEES

Mr. Merlin Lehman
Gubernatorial Appointee

Mr. Brooke Whitted, (In Memorium: 7/27/14)
Gubernatorial Appointee

Mr. Gary Seelbach, Chairperson*
Gubernatorial Appointee

Ms. Dee Ann Ryan**
Gubernatorial Appointee

Dr. Robert Bloom
Gubernatorial Appointee

Ms. Toni Hoy *
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.

FY 15 has been an unusually challenging time for children with emotional disturbance and behaviors disorders in Illinois and their families as well as for CRSA member agencies, system planners and the legislature. The Individual Care Grant Program (ICG) program continue to falter under the leadership of the Collaborative For Options and Choice, increasingly contributing a multi-agency climate in which families with children's chronic mental illness are underserved or to go unserved. A burgeoning statewide Custody Relinquishment Risk/Lockout population (CR-risk) challenged CRSA member agencies to implement the Custody Relinquishment Prevention Act (P.A. 98-0808) in a timely way and to devise multiple-agency initiates and programs needed to proactively address CR risk situations. The legislature was also unable to pass needed companion legislation required to support the Custody Relinquishment Prevention Act. The Chicago Tribune published an exposé about abuses of Illinois children is congregate care living and treatment settings spotlighting the need for rapid system reforms and public accountability regarding vulnerable children in state-supported care. The outcome of the 2014 election and related leadership changes created uncertainty among system planners, member agencies and advocates regarding widely anticipated multi-agency system transformation initiatives, timelines and programs. The N.B. v Norwood class action lawsuit has created an additional residential treatment silo increasing complicating the residential funding dynamics among CRSA member agencies, creating a flow of Illinois children to out-of-state Psychiatric Residential Treatment Facilities and simultaneously inhibiting s sensible multiple-agency initiatives and programs. CRSA member agencies are increasingly unable to constructively process complex cases involving multiply-diagnosed, multi-agency children and families' often placing families in "administrative limbo" as they struggle to decide which agency should accept primary responsibility for timely and high-end treatment.

Given CRSA mission to address children and families who are at risk of being underserved or going unserved in the statewide services system, the Authority had a busy year. The CRSA convened a strategic planning conference at which CRSA staff and CRSA board members positioned the Authority to rapidly adapt casework and dispute resolution protocols to accommodate high-velocity multi-agency service and funding disputes in the existing climate of systemic upheaval. CRSA experienced a 450% in lock-out /custody relinquishment risk cases compared to FY 14 and a more than tenfold increases from FY 13. During FY 15 the CRSA addresses more multi-agency disputes through its dispute resolution process than in any previous year in CRSA history. By the end of FY 15 the CRSA consider amending the CRSA legislation to modify the CRSA membership, to seek more authority to carry out its legislative powers and duties and to seek binding authority in multi-agency disputes. This effort was tabled until the NB lawsuit is resolved so that proposed system transformation efforts and programs can proceed. The Authority anticipates a difficult year in FY 16 as political and statewide budgeting uncertainty continue to impede sensible multi-agency solutions for CRSA's population.

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 federal initiatives 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, the legislature and other stakeholders improve consumer access and achieve better outcomes for the populations served by CRSA.

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. A CRSA Strategic Planning Conference was convened in October 2014. The Authority concluded that CRSA needs to continue to quickly and fluidly adapt is approach to casework and dispute resolution procedures as well as and to continue to respond quickly to issues advocacy responsibilities to keep pace with rapid systemic challenges and emergent populations. During FY 15 the Authority reviewed and considered proposed amendments to the CRSA statute. Among the amendments considered were: adding state agencies and more legislators to the Board; refocusing the powers and duties of the Authority as it adapts to a rapidly changing service system and giving CRSA "Binding Authority" in resolving service disputes thus speeding up the dispute resolution process. In the spring of 2015 the CRSA board tabled discussions of seeking amendments to the CRSA's statute until the N.B. v Norwood Class action lawsuit can be resolved and it becomes clearer about which, if any, of the GOHIT transformation recommendations might be implemented over time.

Kids and families in Illinois continue to 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 systems change 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 2015 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 15, CRSA staff responded to 322 calls for assistance; 307 of which pertained to children and adolescents requiring assistance with service planning and service provision and 15 of which were systemic Information Only requests. During FY 15, 183 (59.6%) of the requests for CRSA assistance were individuals seeking residential plans of service and 131 (42.6%) of the requests for CRSA assistance were calling to seek community-based plans of service funding and 7 callers (2.2%) 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.

Medicaid Eligible Children and Families: 237 children referred to CRSA for assistance in FY 15 (77. 2%) were Medicaid eligible at the time of referral. 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.

Special Education: Special education continues to be a large common denominator for the majority of children served by CRSA. During FY 15, 229 of the children and adolescents referred to CRSA (74.6%) 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.

Children with Major Mental Illness: There were 200 requests for assistance in FY 15 (65.1%) pertaining to children with one or more documented major mental illnesses. The most commonly documented major mental illnesses were Bi-polar disorder (50%), Depression (37.5%), Mood disorder (24%), Post Traumatic Stress Disorder (19.5%), Schizophrenia/Psychosis (17%), and Obsessive Compulsive Disorder (11%). There were 27 children (13.5%) with unspecified mental illness(s). The challenge that we see coming for children and adolescents with mental illness is that community-based and residential supports for children with mental illness continue to diminish for a variety reasons

including declining state resources, a shrinking professional behavioral healthcare workforce particularly in rural Illinois and a reluctance by healthcare providers to accept new Medicaid clients.

Children Diagnosed with Attention Deficit Disorder with or without Hyperactivity: 169 children referred to CRSA in FY 15 (55%) 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 and Intellectual Disabilities: Children with diagnosed developmental and/or intellectual 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 43% of CRSA's caseload FY 15. 132 children referred to CRSA during FY 15 (43%) carried developmental disability and or intellectual disability diagnoses. Within this cohort 97 children had an Autistic Spectrum diagnosis (73.4%), 40 children had IQs below (30.3%), 24 children (18.25%) had an intellectual disability diagnosis, 20 children had a diagnosis of Pervasive Developmental Disorder (15.58%) and 10 children had unspecified developmental disabilities (7.5%). 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 is contrary to 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 128 requests for assistance in FY 15 (416%) pertaining to children with one or more documented behavior disorders. The most commonly documented behavior disorders among this population were Oppositional Defiant Disorder (71%), Attachment Disorders (31.25%), Conduct Disorder (14%), Intermittent Explosive Disorder (1.9%), and Other (4.6%).

Adoption Services: 27.9% of the service requests for CRSA assistance in FY 15 (85 referrals) pertained to children who have been adopted. 81% of those requests pertained to public adoptions. The remaining 19% of children who were privately adopted included 8 requests for assistance for children who were adopted from foreign countries (9.4%). 57 children or (67) of requests for assistance with children who are adopted come from adoptive parents seeking funding for residential placements.

Lock-outs: 73 of the calls for assistance to CRSA in FY 15 (23.7%) involved families who were actively considered Lock-out at the time of referral as the only viable way they could see to obtain needed treatment for their child. This is a sharp increase (*450%*) in lock-out /custody relinquishment risk cases compared to the 6 lock-out cases in FY 14 and a more than tenfold increases from the 7 lock out cases FY 13.

This this referral trend has alarmed the Authority and has driven much of the Authority discussion and focus throughout FY 15. The Authority has taken a two pronged approach to help families with children at risk of Lockout and involuntary custody relinquishment. The Authority has actively adapted its Dispute Resolution Process to handle high-velocity custody relinquishment risk (CR-Risk) cases and 75% of the cases successfully addressed through CRSA dispute resolution during FY 15 pertained to Custody Relinquishment Risk situations. Additionally, in the absence of accurate,

statewide lockout and custody relinquishment prevalence data the Authority carefully tracked Lock-out/Custody Relinquishment risk cases that are referred to the Authority: gathering prevalence and outcome data and sharing that data with system planners and member agencies as they endeavored to implement the Custody Relinquishment Prevention Act. Throughout FY 15 the Authority has encouraged CRSA member agencies and the legislature to fully implement the Custody Relinquishment Prevention Act, (PA: 98-0808) on schedule, to proactively address psychiatric lockouts to prevent involuntary custody relinquishments.

The Custody Relinquishment Prevention Act (House Bill 5598) was proposed and passed in during the 2014 legislative session signed into law as Public Act-98-0808 in August of 2014 with a final implementation due date in July 2015. In spite of determined efforts by the legislature and several multi-agency planning efforts by CRSA member agencies in FY 15, key custody relinquishment legislation failed to pass and the Emergency DMH Custody Relinquishment Pilot program designed to route Custody Relinquishment risk family through the statewide service system could not be implemented. By the end of FY 15 the Authority is poised to appoint a CRSA Ad Hoc Custody Relinquishment Risk Committee to continue to encourage and assist member agencies and system planners in any way possible to fully implement Custody Relinquishment Prevention Act.

The Authority has concluded that consumer access to out-of-state the Psychiatric Residential Treatment Facilities (PRTFs) through the N.B. v Norwood Medicaid class action lawsuit and the promise of implementation for the Custody Relinquishment Prevention Act have become "lighting rods", fueling the sky-rocketing increase in Lockout cases through the state during FY 15. The Authority has also concluded that implementation of the Custody Relinquishment Prevention Act has become contingent upon the long promised but elusive resolution of the N.B. v Norwood-EPSDT class action lawsuit, which, to date, has no resolutions date in sight.

Children with Dual Diagnoses: During FY 15, 64 children referred to CRSA, 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 steadily increase nearly, comprising only 2.7% of our caseload in FY 08 and now comprising nearly 20.8% 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 15, 59 children were victims of sexual aggression during their childhoods, (19.2%), many of whom were not treated and grew to become sexual perpetrator themselves. 38 of those children in this cohort (64.4 %) exhibited sexual aggression problems at the time of referral. This sub-population continues to grow on CRSA caseload over time and is often identified as a primary treatment need. CRSA notes that children and adolescents exhibiting sexual aggression and related treatment needs are at high risk to experience psychiatric lockouts and disrupted adoptions, after puberty. Without specialized treatment, all are at risk of entering the justice systems during their lifetimes.

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.

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, CRSA 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.

Other Sub-Populations: Other sub-populations of children with specialized service needs that have been referred to CRSA for assistance during FY 15 include, 33 children with eating disorders, 21 children with documented prenatal substance exposure and several older adolescents with hearing impairments in combination with other diagnosed disabilities and behavior disorders.

FISCAL YEAR 2015 ACTIVITIES

The CRSA board held six Authority meetings during FY 15 that focused on promoting and implementing the concepts advanced in CRSA Service Plans and Strategic Planning Conferences in addition to overseeing the provision of technical assistance and carrying out dispute resolution responsibilities.

A CRSA Strategic Planning Conference was convened in October 2014. The Authority concluded that CRSA needs to continue to quickly and fluidly adapt is approach to casework, dispute resolution procedures and to continue to respond quickly to issues advocacy responsibilities to keep pace with rapid systemic challenges and emergent populations. The Authority also concluded that changes to the CRSA membership and statute might be needed as the CRSA continues to address the needs of children and families whose service needs are not being met in the rapidly changing service system.

During FY 15 the Authority has continued to actively participate in and monitor and the Governor's Office of Health Innovation and Transformation (GOHIT) deliberations which made final system change recommendations in early 2015. The Authority observed a lack of legislative unity regarding child and adolescent service system issues during the spring 2015 legislative session, perhaps reflecting conflicting priorities among the Governor's Office, the legislature and CRSA member agencies' administrations following the 2014 elections.

The Authority has actively tracked legislation and monitored multi-agency efforts during FY 15 which had the potential to meaningfully impact groups of children "falling between the cracks" of the statewide service system CRSA's statutory population. Among them:

- Senate Bill 850; the DCFS Voluntary Placement Bill, regarded as a crucial companion bill to implementation of (Public Act: 98-0808) which failed to pass. This appears to have, in part, hampered plans to implement of the Custody Relinquishment Prevention Act. DCFS and DHS also opposed the bill needed to implement DCFS Voluntary Placements.
- House Bill 4096: The Individual Care Grant bill was proposed and passed, transferring administration the deteriorating Individual Care Grant (ICG) program from the Department of Human Services/Division of Mental Health to the Department of Healthcare and Family Services in early FY 16.
- The Authority referred 15 high-profile lockout/custody relinquishment risk cases active on the CRSA caseload to DHM during FY 15 to be addressed through the emerging Emergency DMH Custody Relinquishment Pilot program. The DMH Pilot program was designed to provide 90-day of emergency out-of-home placement to stabilize children and families experiencing lockout, allowing sufficient planning time to explore ICG eligibility so as prevent unnecessary custody relinquishment. The Emergency DMH Custody Relinquishment Pilot program was not implemented.

During FY 15 the Authority 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 Norwood during FY 14. The Authority observed that Illinois consumers are becoming 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, though the N.B lawsuit. The Authority voiced concerns about the clear absence of organized case management in N.B. v Norwood cases and Illinois' reluctance to develop an in-state continuum of PRTFs. The Authority also realized

this year that forward movement on important multiple-agency child and adolescent service system initiatives and legislation are unlikely occur until resolution is achieved in the N.B. v. Norwood class action lawsuit

The Authority processed more cases requiring Dispute Resolution activity during FY 15 than in any prior year in the history of the Authority. The Authority continued to focus its attention on groups of children, adolescents and young adults with complex emotional and behavioral disabilities who "fell between the cracks" of the Illinois human service system. Kids at risk for Involuntary Custody Relinquishment during lockouts reached an all-time high in FY 15. Adolescents and young adults needing to make coordinated and seamless transitions from the child and adolescent service system into the adult service system continue to be an increasing visible in the Dispute Resolution process.

The Authority continued to engage with system planners as well as CRSA member agencies to meaningfully address psychiatric lockouts to prevent involuntary custody relinquishments encountered in CRSA casework during FY15. The Authority continued to actively track and catalog psychiatric lockout/custody relinquishment risk disputes encountered in CRSA case work and took steps to modify the CRSA dispute resolution process to accommodate high-velocity psychiatric lockout/custody relinquishment risk cases until member agencies might implement the system-wide policy fixes implied in the Custody Relinquishment Prevention Act. (Public Act 98-0808).

The Authority tracked and discussed a Chicago Tribune Exposé which was highly critical of the care Illinois children receive in state supported residential treatment facilities.

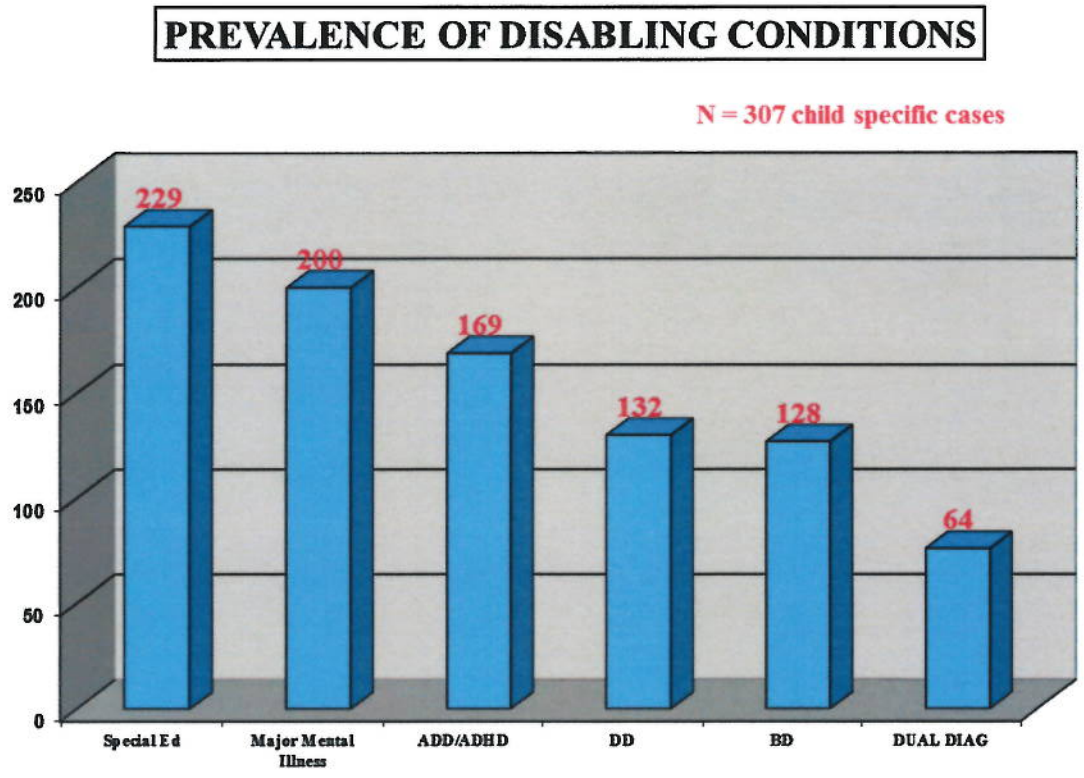
During FY 15 the Authority reviewed and considered amendments to the CRSA statute. Among the amendments considered were: adding state agencies and more legislators to the Board; refocusing the powers and duties of the Authority as it adapts to a rapidly changing service system and giving CRSA "Binding Authority" in resolving service disputes thus speeding up the dispute resolution process. In the spring for 2015 the CRSA board tabled discussions of seeking amendments to the CRSA's statute until the N.B. v Norwood Class action lawsuit can be resolved and it becomes clearer about which, if any, of the GOHIT transformation recommendations might be implemented over time.

CRSA staff participated in 404 activities with agencies, organizations and groups and child staffing in FY 15 including direct participation in 314 client progress staffings, wraparound planning staffings, school staffings and other multiple-agency planning staffings. During FY 15 the Executive Director and the four CRSA Regional Coordinators participated in 90 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 Mental Health Summit, the Children's Behavioral Health Association, 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.

CASE INFORMATION AND CLIENT STATISTICS

Prevalence of Disabling Conditions

This graph shows the range and the prevalence of disabling conditions exhibited by the 307 children and adolescents for whom CRSA was contacted for assistance during FY 15. 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.

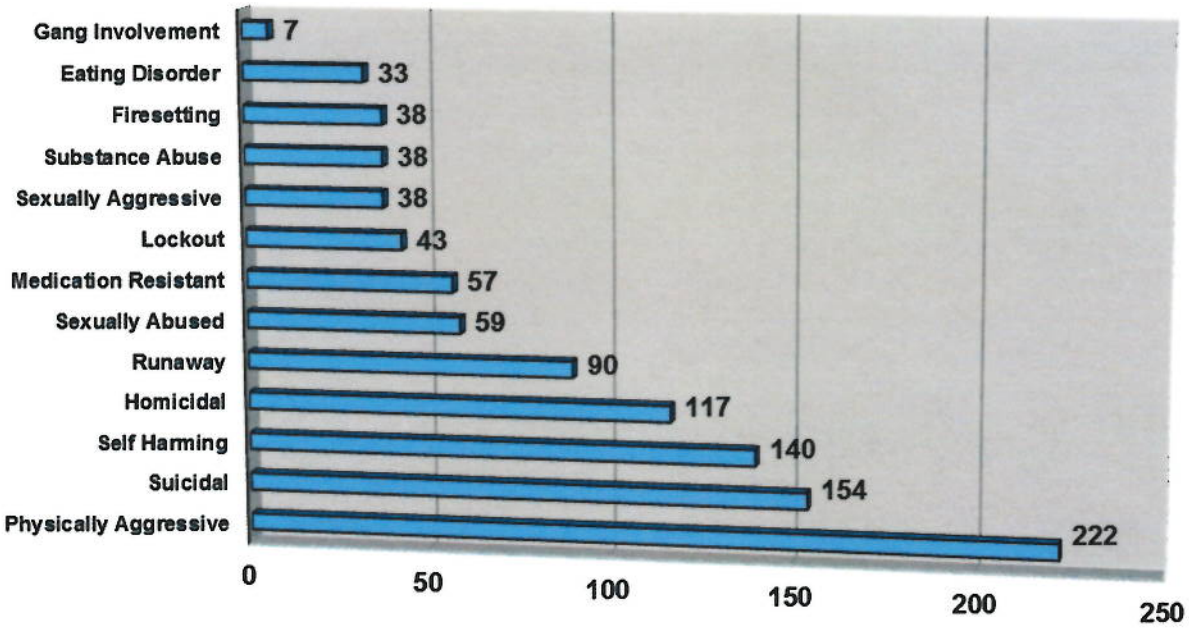


Multi-disciplinary and multiple-agency service planning is a common denominator for the children served by CRSA, given the multiple disabilities profile of the typical CRSA client.

Prevalence of Difficulty-of-Care Factors

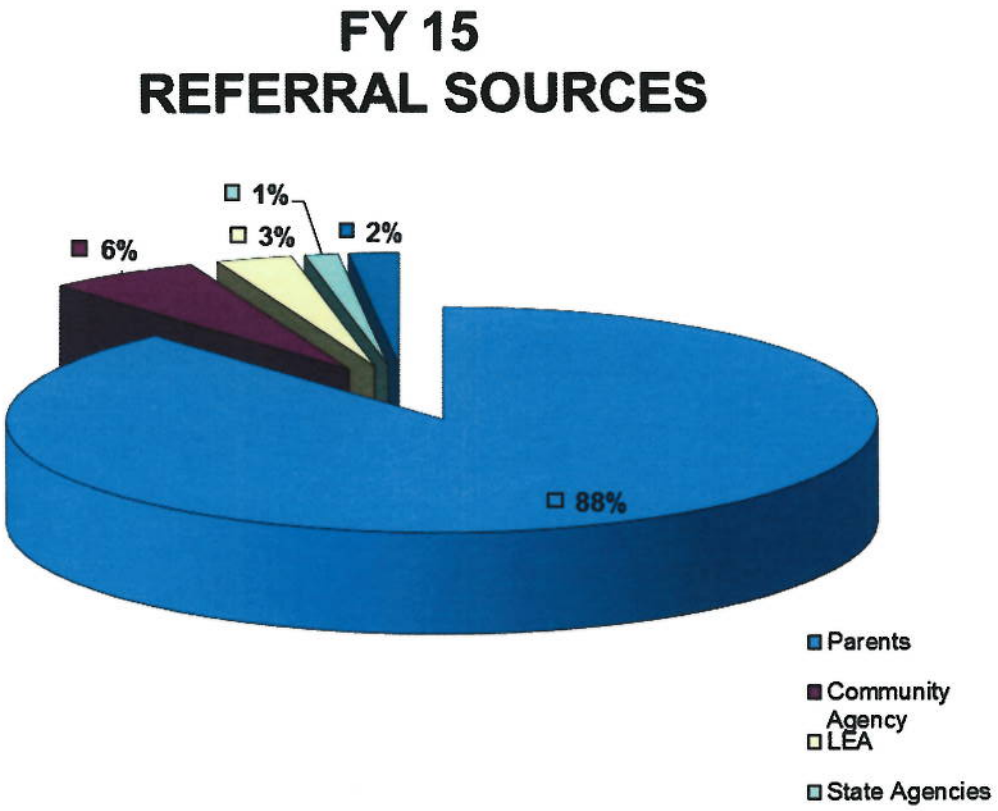
This graph shows the range and the prevalence of serious behavior problems which CRSA tracks as "difficulty-of-care factors" exhibited by the children and adolescents for whom CRSA was contacted for assistance during FY 15. We observe as the number and intensity of difficulty-of-care-factors experienced 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 (81.75%) of the children and adolescents for whom CRSA was contacted for assistance in FY 15, exhibited one or more difficulty-of-care factors in addition to one or more disabilities. Altogether, 1,036 difficulty-of-care factors were recorded among the 307 referrals who exhibited such behaviors. This suggests that the average number of factors per referent is 3.37

PREVALENCE OF DIFFICULTY OF CARE FACTORS



FY 08 was the first year that CRSA published prevalence of difficulty-of-care data. The FY 15 data is very similar to data collected during fiscal years FY 08 through FY 15 in terms of the hierarchy of prevalent behaviors. Physical aggression and suicidal behavior remain the two most prevalent difficulty-of-care factors.

Referral Sources



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 322 requests for assistance in FY 15. Of those, 307 were client-specific referrals and 15 referrals were systemic Information Only requests.

The gender data we collected during FY 15 indicates that 214 (69.7%) of individuals referred for services were male and 102 (33.22%) 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 15 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. While each state agency has its own internal review processes, there was no statewide process to resolve multiple-agency disputes. The CRSA has had 10,702 requests for help through June 30, 2015 where children were in danger of falling through the cracks of statewide service systems.

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:

- Thirteen (13) evolving case disputes have been successfully resolved at the Staff Review level through informal consultations between CRSA staff and member agency designees.

- Ten (10) 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 15 Dispute Resolution Activities

During FY 15, twelve cases (12) cases met all of the required elements for dispute resolution and could require board intervention to help resolve evolving service disputes.

- One case (1) cases was carried over from FY 14 and was resolved in FY 15.
- Eleven (11) cases were opened during FY 15 which progressed to the level of Staff Review. Of these:
  - Three cases were resolved at the Staff Review level during the this fiscal year,
  - Five cases were resolved during the fiscal year after Technical Assistance Conferences had been convened to address service/funding impasses, and
  - Three cases were carried over into FY 16, pending resolution.

None of the cases that were active within the Dispute Resolution process during FY 15 progressed to the point that Full Authority action was required to resolve evolving service disputes.

Referral Circumstances Contributing to Dispute Resolution Cases

Eleven (11) cases opened in FY 15 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 eleven of these cases involve situations for which parents were seeking residential treatment. Two of the eleven families were initially seeking community-based service for their child at the time of referral but ended up seeking residential treatment when needed community based resources were either unavailable or insufficient)
- Ten (10) of the eleven cases (90.9 %) involve individuals including diagnoses of developmental disability, intellectual disability or autism I.e., populations served by DHS/DDD.
- Nine (9) of the eleven cases (82%) involved children between who experienced psychiatric lockouts and who were at the risk for custody relinquishment through the juvenile courts.
- Seven (7) of these individuals (63.6%) were dully diagnosed, with mental illness as well as developmental disabilities and/or autism.
- Five of these individuals (45.4%) are publically adopted children, whose adoptions were at the brink of disrupting at the time of referral.
- Five (5) of the cases (45.4%) involved transition age adolescents needing to enter the adult service system.
- Four (4) of these individuals (36%) are publicly adopted.

Case Resolutions

Nine on the twelve cases which were active in CRSA dispute resolution process during FY 15 were resolved during the Fiscal year. FY 15. Among them:

- Four of the nine cases resolved (44.4%) were placed in residential treatment funded by DHS/DDD
- Two of the nine cases resolved (22.2%) were found eligible from Individual Care Grants (DHS/DMH) to receive treatment in residential treatment facilities.
- Two of the nine cases resolved (22.2%) were involved adopted children who were ultimately "Re-homed" by their adoptive families
- One of the nine cases resolved (11.1%) was placed and funded in an out-of-state Psychiatric Residential Treatment Facility (PRTF) through the N.B. Lawsuit.

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 FY 15 surveys mailed out, 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	282	67	23%
Com. Agency	9	1	11%
State Agency	4	2	50%
LEA	4	1	25%
	299	**71**	**23%**

QUESTIONS

	Q. #1	Q. #2	Q. #3	Average
Parents	4.58	4.64	4.30	4.50
Com. Agency	5.00	5.00	5.00	5.00
State Agency	4.50	4.50	4.50	4.50
LEA	3.00	3.00	1.00	2.33
	4.56	**4.61**	**4.26**	**4.48**

For FY 15, 23.7% or 71 of the 299 surveys distributed were returned.

Additional questions on the survey are optional and answered in narrative style. Of the 71 surveys returned, 93% percent or 66 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 06	FY 07	FY 08	FY 09	FY 10	FY 11	FY 12	FY 13	FY 14	FY 15	10 YEAR AVE.
Q. #1	4.51	4.76	4.93	4.27	4.76	4.61	4.49	4.59	4.47	4.56	4.60
Q. #2	4.60	4.70	4.91	4.42	4.82	4.70	4.63	4.66	4.56	4.61	4.66
Q. #3	4.20	4.29	4.80	4.02	4.24	4.30	4.28	4.30	4.12	4.26	4.28
Yearly Average	**4.44**	**4.58**	**4.66**	**4.24**	**4.71**	**4.54**	**4.47**	**4.52**	**4.38**	**4.50**	**4.50**

COMMUNITY AND RESIDENTIAL SERVICES AUTHORITY

FY 2015

APPROPRIATION/EXPENDITURE SUMMARY

FY 2015 APPROPRIATION	**$579,000.00**
FY 2015 EXPENDITURE	**$477,900.88**
LAPSED FUNDS	**$101,099.12**

TYPE OF EXPENDITURE	ALLOTMENT	EXPENDITURE	BALANCE
PERSONNEL SERVICES			
CRSA Employee Salaries	$415,000.00	$387,468.00	$27,532.00
Retirement Reserve	$25,000.00	$0.00	$25,000.00
Benefits Package	$73,600.00	$31,973.28	$41,626.72
Staff Travel	$13,900.00	$19,440.61	($5,540.61)
CONTRACTUAL SERVICES			
Members Travel	$5,000.00	$4,760.44	$239.56
Space Allocation	$32,000.00	$20,003.88	$11,996.12
Administrative Services	$6,000.00	$3,589.26	$2,410.74
Website Development	$2,000.00	$0.00	$2,000.00
Meeting Expenses	$500.00	$472.02	$27.98
Staff/Board Training	$1,000.00	$1,964.99	($964.99)
COMMODITIES			
Office Expenses	$5,000.00	$8,228.40	($3,228.40)

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