Community & Residential Services Authority

ANNUAL REPORT

FY 2016

(July 1, 2015 - June 30, 2016)

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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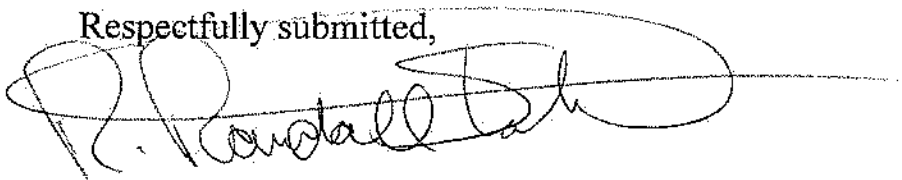
LETTER OF TRANSMITTAL

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 Thirtieth Annual Report. I am pleased to present this summary of activities for Fiscal Year 2016 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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Mr. David Elder, Designee**

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Senate Committee on Elementary & Secondary Education

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Mr. Merlin Lehman
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's state service systems as agencies and schools try to address the diverse needs of this population. Many of these children do not clearly fit the eligibility criteria or funding streams of state and local public agencies and therefore, go un-served or are underserved by the very systems established to help them. The Community and Residential Services Authority (CRSA) has been able to identify how, when and why the Illinois social service system breaks down for children with complex mental health challenges. The Authority is challenged to assertively translate systemic gaps into "system change" activities. To date, the CRSA has facilitated cohesive complex service planning for 11,000 children and their families. Additionally, CRSA successfully addressed several thousand disputes, including 54 of which required CRSA board action to resolve. This year the CRSA responded to 277 requests for assistance and addressed 11 cases though its [1]dispute resolution process.

During FY 16, the Authority had ongoing concerns about the steady erosion of youth mental health services and systems infrastructure in Illinois. CRSA Regional Coordinators noted that the network of state-wide community-based agencies struggled to provide needed supports and mental health interventions. Publically funded residential placements were observed to be more difficult for parents to obtain for their children with severe mental illness. State and local resource gaps coincided with a notable increase in admissions to for-profit psychiatric hospitals. The proposed transition to managed-care and the use of for-profit social service corporations emerged as cornerstones of a revised service system in Illinois. Illinois's ongoing financial crisis, the uncertainty surrounding potential benefits of the Affordable Care Act, parity legislation and private insurers entering the human services marketplace added an element of uncertainty about the children's mental health services system. Meanwhile, the complexity of the cases referred to the CRSA steadily intensified during FY 16.

CRSA's caseload identifies challenging populations that are at risk of receiving little to no mental health treatment. During FY 16, children and young adults diagnosed with intellectual/developmental disabilities in combination with behavioral health challenges continued to be a growing CRSA sub-population in need of specialized behavioral health interventions. The Authority continued to address services for adoptive families who struggled with relinquishing custody in hopes to obtain needed psychiatric care through child welfare channels. The Authority witnessed an increase in transition planning cases for older teens at risk of incarceration or homelessness pending public funding for adult supported living. In addition, the Authority also observed an increased need for supportive housing for young adults who are deaf or hard of hearing in combination with mental illness and/or a development disability. The CRSA remains committed to identifying and serving families facing systemic obstacles in obtaining vital mental health services for their children. The CRSA addresses these barriers so that the gaps in state and local systems are identified, addressed and filled.

[1] See page 13

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.

The CRSA predecessor (The Residential Services Authority or RSA) occurred during a time when the landscape of children's human services in Illinois 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 the delivery of critical services to children and to be more collaborative. 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.

CRSA is a unique state agency that conserved tax dollars over the years and substantially improved 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 thirty years 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 10,979 children and their families, and successfully addressed several thousand service disputes, including 54 disputes which required CRSA board action to resolve. The Authority has also made formal system reform recommendations in the form of three successive CRSA Service Plans.

Through service planning 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 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 sessions. The CRSA Service Plans have served as a 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 Mission and the Vision of the CRSA are not static, but rather, evolve periodically. The human service system in Illinois continues to be reshaped by changes in the national and state economies and by the changes in national healthcare. These ongoing changes challenge the Authority to keep current and adapt our approach to assistance offered to clients. Due to the small size of the agency, we are very adaptable; able to effect changes in service approach and refocus quickly. The Authority engages in strategic planning periodically to effectively adapt to the changing service system.

Service delivery capability, service infrastructure and funding are 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, even after nearly three decades of concerted effort among CRSA member agencies and other stakeholders. Even though Illinois stakeholders try to work more collaboratively to redesign the service system to be more pro-active and efficient, Illinois consumers still rely too often on lawsuits and resulting consent decrees to reshape its human service system and to achieve better outcomes. While the Authority recognizes that there have been great strides to better identify and serve children and families at risk in a more collaborative way over those decades, each wave of successive systems change creates unintended casualties. Youth who, for one reason or another, do not fit the system as it changes need a "safety net" to fall back upon. The CRSA remains committed to identifying and serving those systemic casualties; giving them a voice and guiding them through the complicated human service system in Illinois. In the process, the CRSA brings attention to those systemic casualties so that the gaps in the system can be identified, addressed and filled.

FISCAL YEAR 2016 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 a 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 16, CRSA staff responded to 277 calls for assistance; 270 (97.5%) of which pertained to children and adolescents requiring assistance with service planning and service provision and 7 (2.5%) of which were systemic *Information Only* requests. During FY 16, 139 (51.5%) of the requests for CRSA assistance were calling to explore funding pathways to support residential treatment, 124 (45.9%) of the requests for CRSA assistance were individuals seeking help with community-based services and 7 callers (2.5%) 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: 215 children referred to CRSA for assistance in FY 16 (79.6%) 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.

Special Education: Special education continues to be a large common denominator for the majority of children served by CRSA. During FY 16, 195 of the children and adolescents referred to CRSA (70.3%) were involved in special education or were actively seeking special education services at the time of referral. There were 112 requests for CRSA assistance in FY 16 (41% of the FY 16 caseload) specifically requesting CRSA assistance to address issues and concerns related to special education. The majority of these requests are from parents calling 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. The percentage of parents with children in special education who were explicitly seeking residential placements through their Local Educational Agencies (LEAs) was 1.9 % of CRSA caseload in FY 16.

Children Diagnosed with Attention Deficit Disorder with or without Hyperactivity: 182 children referred to CRSA in FY 16 (68.4%) 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 Major Mental Illness: There were 166 requests for assistance in FY 16 (61.5%) pertaining to children with one or more documented, major mental illnesses. The most commonly documented major mental illnesses were Bi-polar disorder (35.7%), Post Traumatic Stress Disorder (30.7%), Depression (23.7%), Obsessive Compulsive Disorder (8.4%) and Schizophrenia/Psychosis (4.2%), there were 32 children (19.2%) with unspecified mental illness(s).

The Authority remains concerned about challenge that it sees coming for children and adolescents with mental illness while state fiscal resources continue to shrink and as residential and community-based supports for children with mental illness continue to become more limited.

Children with Behavior Disorders: There were 114 requests for assistance in FY 16 (42.2%) pertaining to children with one or more documented behavior disorders. The most commonly documented behavior disorders among this population were Oppositional Defiant Disorder (65.7%), Attachment Disorders (32.1%), Intermittent Explosive Disorder (18.4%), Conduct Disorder (15%), and Other (12.2%).

Children with Intellectual/Developmental Disabilities: Children with diagnosed intellectual/developmental disabilities continue to be a rapidly growing CRSA sub-population in the last decade, increasing from 8% of CRSA's caseload in FY 06 to its current a high of 38.5% of CRSA's caseload FY 16. 104 children referred to CRSA during FY 16 carried one or more intellectual/developmental disability diagnoses. Within this cohort 85 children had a diagnosis of Autism or Autism Spectrum Disorder. (81.7%), 37 children had IQs below 70 (35.5 %), 21 children had a diagnosis of Intellectual Disability (20.2%), 9 children had a diagnosis of Pervasive Developmental Disorder (8.6%), and 5 children were diagnosed with unspecified developmental disabilities (4.8%). It was common for children diagnosed with intellectual/developmental disabilities to have three or more such diagnoses simultaneously, in various combinations.

Adoption Services: 73 of the service requests for CRSA assistance in FY 16 (27%) pertained to children who were adopted. 76.3% of those requests pertained to public adoptions. The remaining 23.7% of children who were privately adopted included 9 requests for assistance for children who were adopted from foreign countries (12.3%). The majority of requests for assistance with children who are adopted come from families seeking funding for residential placements.

During FY 16, 16 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 locking their child out of the home, usually during a psychiatric hospitalization, is the only viable option to obtain needed treatment for the child while simultaneously protecting the safety of the family and the community. Adoptive families who attempt to obtain treatment for an adopted child through lock-out and custody relinquishment are often criminalized in the courts as abusive parents, not because they are inherently abusive, but rather because the system-of- care 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.

CRSA board and staff have become increasing alarmed about limited community-based adoption preservation services and resources available for families who choose to adopt and how poor resource planning for adopted children contributes to disrupting adoptions, typically in mid-adolescence. We note that the shortage of resources and service options adopted children is even more acute for children adopted internationally and children adopted within their extended families who are not Medicaid eligible.

Children with Dual Diagnoses: During FY 16, 50 children (18.5%) referred to CRSA, carried dual diagnoses of mental illness(es) and intellectual/developmental disability(ies) (MI-I/DD). Children who have overlapping diagnoses of mental illness and intellectual/developmental disabilities most often have educational disabilities and behavior problems as well. CRSA has seen this population increase nearly six-fold in 8 years, comprising only 2.7% of our caseload in FY 08 and now comprising 18.5% 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.

FISCAL YEAR 2016 ACTIVITIES

The CRSA board held six full board meetings during FY 16 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 16, the Authority continued to focus its attention and discussion on the shrinking community-based service system and emergent populations of youth and families falling between the cracks of the service systems. Both of which have been intensified by the statewide budget impasse and the uncertainty it brings for providers and consumers. Service delivery problems themes discussed in FY 16 include:

- **Budget:** The Statewide Budget Impasse has accelerated the erosion of community-based and residential infrastructure among child and adolescent service agencies and organizations throughout the state. In a written Communique to the Governor and the legislative leaders, the Authority urged an immediate resolution of the Budget Impasse, which, if allowed to continue, will cause predictable near-term and long-term damage to the system-of-care on which CRSA populations depend for needed services.

- **Custody:** The Authority continued to focus its attention on reducing the numbers of families resorting to "involuntary custody relinquishment" through psychiatric lock-outs as the only means to get needed treatment for their children with behavioral health treatment needs. In FY16, the CRSA had 44 referrals involving active lockouts and the resultant custody relinquishment risk. The Authority responded by appointing an Ad Hoc Custody Relinquishment Risk Committee, which pressured DCFS and fours sister, agencies, in writing, to fully implement all facets of the Custody Relinquishment Prevention Act, (PA: 98-0808). At the end of FY 16, core elements of the Custody Relinquishment Prevention Act remain overdue and not implemented.

- **Individual Care Grant:** The Authority continued to monitor and decry the steady 10-year erosion of the Individual Care Grant (ICG) Program under the management of bi-agency Collaborative for Options and Choices. The ICG has historically been a vital staple for children with mental illness and their families to obtain public funding for adolescent mental health treatment. At the end of FY 16, the legislature moved the ICG program and its funding from the Department of Humans Services (DHS) to the Department of Healthcare and Family Services (HFS). The Authority has encouraged HFS to consider implementing the ICG Transformation Recommendation made in early 2015. The Authority also urged HFS reduce critical administrative barriers to the ICG application process, among them, the inability of parents to acquire timely, Medicaid-paid psychological and psychiatric evaluations needed to apply for the ICG and to drive treatment planning.

- **The N.B. Class action lawsuit:** Since 2011, the Authority has watched as lawsuits pertaining to Illinois' failure to provide Early Periodic Screening Diagnosis and Treatment (EPSDT) have increased in number and eventually achieved class action status. Illinois has become increasingly reliant on a few plaintiff attorneys to seek court ordered, Medicaid paid placement of individual children in Psychiatric Residential Treatment Facilities (PRTF's) most of which

are located in other states. Some of the children court-ordered into out-of-state PRTF's are now aging out of child and adolescents service system. The Authority sees no clear mechanism in place to bring these individuals back to Illinois or to seamlessly transition these individual into the adult services sphere, following treatment. The Authority is also concerned that the N.B Lawsuit is becoming a one-way pipeline for Illinois children with disabilities to be treated and to live in other states. During 2016, system planners informed the Authority that there is no plan to develop in-state PRTFs, which would allow Illinois children to remain in state for treatment. During FY 16, there has been no visible progress on achievement of a settlement or consent decree in the N.B lawsuit.

- **Hearing Impairment:** During FY 16, The Authority encouraged and committed staff time to support the development of a Statewide Hearing Impairment (HI) Consortium. This came about in response to increasing numbers of children with hearing impairment and behavior health disorders who were unable to access needed services and who surfacing in the CRSA caseload and dispute resolution process over a 3-year period. Systemic barriers include lack of HI–ready psychiatric hospital beds for children and adolescents and young adults with HI emergency needs, diminishing educational community-based and residential supports for children with hearing impairment and behavior health disorders and the lack of an effective lobby for individuals with hearing impairment and behavioral health concerns.

- **Case Review:** The Authority created a standing CRSA Case Review Committee during FY 16 to effectively utilize staff and board assets to review and pre-emptively resolve service delivery impasses in emergent dispute resolution cases. The Committee is culmination of a deliberate eight-year effort by the Authority to streamline the dispute resolution process to be more timely and less adversarial while simultaneously reducing the amount of sensitive client information necessary to resolve disputes. The pressure in the last 3 years to resolve custody-relinquishment case in less than 10 weeks' time, fueled the need for a standing CRSA Case Review Committee.

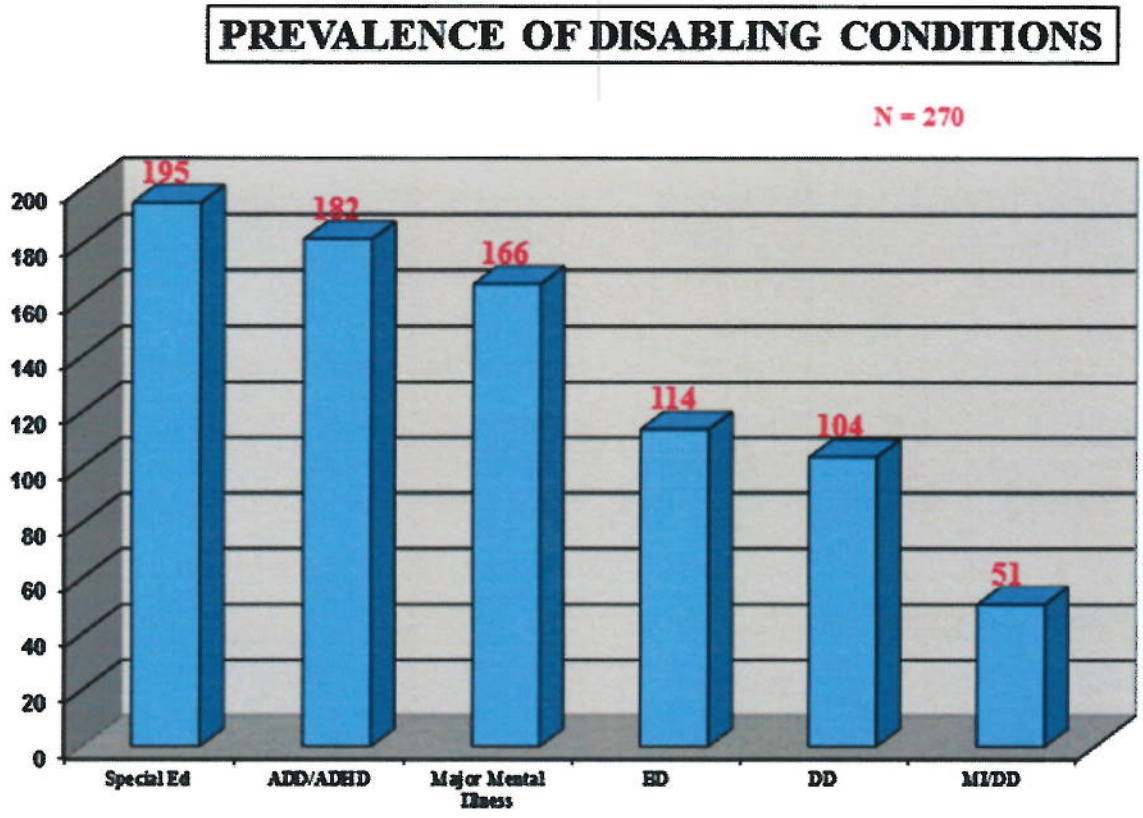
- **Service System:** The Authority continued to critically discuss proposed plans to restructure the service system in Illinois. The most viable of these plans rely upon ever weakening community-based service infrastructure, a transition to managed-care philosophies and the use of for-profit corporations as cornerstones of a revised service system in Illinois. The state's ongoing financial crisis, the uncertainty surrounding potential benefits of the Affordable Care Act, parity legislation and private insurers entering the services marketplace added an element of uncertainty, if not incredulity about the potential emergence of an improved human services system for children in Illinois in the near term.

- **Staff Activity:** During FY 16, CRSA staff directly participated in 280 client progress staffings, wraparound planning staffings, school staffings and other multiple-agency planning staffings. The Executive Director and four full time CRSA Regional Coordinators participated in 61 activities with agencies, organizations and groups and maintaining liaison relationships with statewide planning groups. Such groups include the Attorney General's Special Education Committee, and its related Transition Sub-Committee, the Children's Behavioral Health Association, the Mental Health Summit, the Child and Adolescent Mental Health Advisory Council, the ARC Leadership Conference, the Statewide Hearing Impairment Consortium, and others.

CASE INFORMATION AND CLIENT STATISTICS

Prevalence of Disabling Conditions

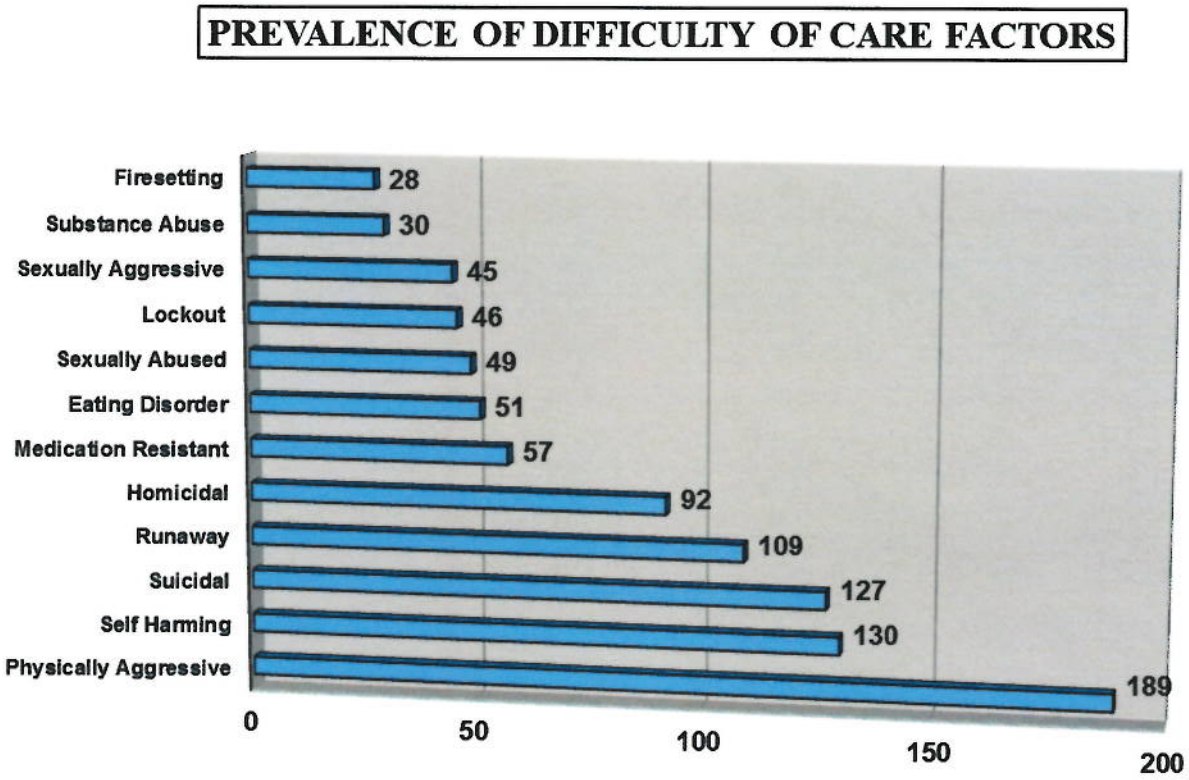
This graph shows the range and the prevalence of disabling conditions exhibited by the 270 children and adolescents for whom CRSA was contacted for assistance during FY 16. It is the norm for children and adolescents served by CRSA to exhibit two to five diagnosed disabilities and behavior problems at 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

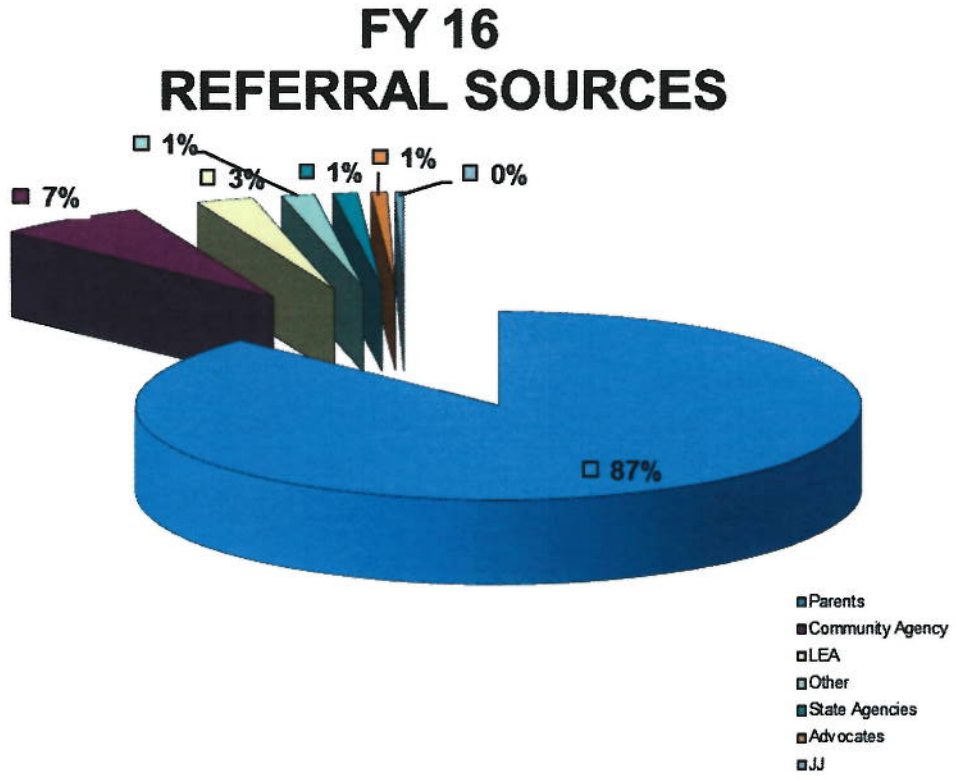
This graph shows the range and the prevalence of serious behavior problems which CRSA track as "difficulty of care factors" exhibited by the children and adolescents for whom CRSA was contacted for assistance during FY 16. These behaviors present programming challenges for both community-based and residential service providers, thereby limiting service availability and treatment options. 231 or 83% of the children and adolescents for whom CRSA was contacted for assistance in FY 16, exhibited one or more difficulty-of-care factors in addition to one or more disabilities. Altogether, 953 difficulty of care factors were recorded among the 231 referrals who exhibited such behaviors. This suggests that the average number of factors per referent is 4.1.



FY 08 was the first year that CRSA published prevalence of difficulty-of-care data. The FY 16 data is consistent in terms of the hierarchy of prevalent behaviors. Physical aggression and suicidal behavior remain the two most prevalent difficulty-of-care factors.

Referral Source

This chart shows the distribution of the 277 FY 16 requests for assistance by referral sources. Parents remain the largest referral source to CRSA, followed by referrals from Community Agencies, Local Education Agencies and State 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 277 requests for assistance in FY 16. Of those, 270 were client-specific referrals and 7 referrals were systemic *Information Only* requests.

The gender data we collected during FY 16 indicates that 201 (74%) of individuals referred for services were male and 69 (26%) were female.

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. It is increasingly common for children and young adults referred to CRSA to have between two to five diagnosed disabilities and to exhibit 4 or more serious behavior problems at the time of referral. It is also increasingly common for these individuals to have service needs for which 3 or more member agencies have overlapping service and funding responsibilities. During FY 16, CRSA cases continue to be more complex, requiring sustained technical assistance, often over a period of months to access needed services.

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 10,979 requests for help through June 30, 2016 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 which often 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:

- Twenty (20) evolving case disputes have been successfully resolved at the Staff Review level through informal consultations between CRSA staff and member agency designees.

- Fourteen (14) evolving case disputes have been successfully resolved through the newly created Technical Assistance Conference process in which small conference panels are convened in 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 now actively partnering 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.

The evolution of the CRSA dispute resolution process has continued during FY 15 and FY 16 as the Authority has experienced an increase in fast moving and increasingly complex multiple-agency service and funding referrals.

FY 16 Dispute Resolution Activities

During FY 16, eleven (11) cases met all of the required elements for dispute resolution and could require board intervention to help resolve evolving service disputes.

- Four were carried over from FY 15 at the level of Staff Review and all four of these cases were resolved during of FY 16.
- Seven cases were opened during FY 16 which progressed to the level of Staff Review. Of these:
  - Four cases were resolved at the Staff Review level during this fiscal year,
  - Two case were resolved during the fiscal year after Technical Assistance Conferences had been convened, and
  - One case was carried over into FY 17, pending resolution.

None of the cases that were active within the Dispute Resolution process during FY 16 progressed to the point that Full Authority action was required to resolve evolving service disputes.

Referral Circumstances Contributing to Dispute Resolution Activities

During FY 16, eleven (11) cases requiring dispute resolution activity to resolve evolving service disputes involved. Among them:

- All of these children presented risk of harm to self or others warranting psychiatric hospitalization.
- All of these cases involve situations for which parents are seeking residential treatment.
- Eight (8) of these individuals (72.7%) are diagnosed with one or more mental illness and exhibit significant emotional and behavioral problems.
- Seven (7) of the eleven cases (63.6%) involved children between the ages of 11 and 14 who experienced psychiatric lockouts and the risk for custody relinquishment through the juvenile courts.
- Six (6) of these children (54.5%) are adopted.
- Four (4) of these individuals are diagnosed with developmental disabilities and exhibit significant emotional and behavioral problems.
- Three (3) of the cases (27.2%) involved young adults, all age 20, who were at risk of incarceration or homelessness at the time of referral unless publicly funded adult supported living arrangements could be developed for them.
    - One of these individuals had been publically adopted and is developmentally disabled.
    - Two of these individuals are deaf in combination with mental illness and/or development disability.
- One (9%) involved a child with multiple disabilities, age 12, diagnosed with mental illness, autism, major neuro-cognitive disorder secondary to pre-natal substance exposure and Reactive Attachment Disorder, whose adoptive parents were seeking publicly funded residential treatment.

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 every 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 16 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 4.41, shown in the dark-shaded box.

FORMS RETURNED

	Surveys Mailed	Surveys Returned	Percent Returned
Parents	241	57	23.6%
Com. Agency	8	1	12.5%
LEA	5	1	20.0%
Other	3	2	66.7%
Advocates	1	0	0.0%
State Agency	1	0	0.0%
	259	**61**	**23.5%**

QUESTIONS

Q. #1	Q. #2	Q. #3	Average
4.40	4.68	4.25	4.44
5.00	5.00	4.00	4.67
4.00	4.00	1.00	3.00
4.50	4.50	4.00	4.33
4.40	**4.66**	**4.18**	**4.41**

For FY 16, 61 of the 259 surveys (23.5%) distributed, were returned.

Additional questions on the survey are optional and answered in narrative style. Of the 61 surveys returned, 91% percent or 56 of the returned surveys had a narrative response, and their responses were consistent with overall survey ratings. The majority of respondents used positive descriptive adjective information, individualized perspective and support they received. There were also some respondents whose comments indicated that they were overwhelmed by the complexity of the service system and by the demands the system placed on them to access services. A few indicated what the information and perspectives CRSA offered, while helpful, were too late to the help their child.

* *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 07	FY 08	FY 09	FY 10	FY 11	FY 12	FY 13	FY 14	FY 15	FY 16	10 YEAR AVE.
Q. #1	4.76	4.93	4.27	4.76	4.61	4.49	4.59	4.47	4.56	4.40	4.58
Q. #2	4.70	4.91	4.42	4.82	4.70	4.63	4.66	4.56	4.61	4.66	4.67
Q. #3	4.29	4.80	4.02	4.24	4.30	4.28	4.30	4.12	4.26	4.18	4.28
Yearly Average	**4.58**	**4.66**	**4.24**	**4.71**	**4.54**	**4.47**	**4.52**	**4.38**	**4.50**	**4.41**	**4.50**

COMMUNITY AND RESIDENTIAL SERVICES AUTHORITY

FY 2016

APPROPRIATION/EXPENDITURE SUMMARY

FY 2016 APPROPRIATION	**$579,000.00**
FY 2016 EXPENDITURE	**$0.00**
LAPSED FUNDS	**$579,000.00**

TYPE OF EXPENDITURE	ALLOTMENT	EXPENDITURE	BALANCE
PERSONNEL SERVICES			
CRSA Employee Salaries	$440,000.00	$0.00	$440,000.00
Retirement Reserve	$25,000.00	$0.00	$25,000.00
Benefits Package	$33,000.00	$0.00	$33,000.00
Staff Travel	$25,000.00	$0.00	$25,000.00
CONTRACTUAL SERVICES			
Members Travel	$10,000.00	$0.00	$10,000.00
Space Allocation	$25,000.00	$0.00	$25,000.00
Administrative Services	$8,000.00	$0.00	$8,000.00
Website Development	$3,000.00	$0.00	$3,000.00
Meeting Expenses	$1,000.00	$0.00	$1,000.00
Staff/Board Training	$4,000.00	$0.00	$4,000.00
COMMODITIES			
Office Expenses	$5,000.00	$0.00	$5,000.00

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