



CRSA

Community & Residential Services Authority

ANNUAL REPORT

FY 2017

(July 1, 2016 - June 30, 2017)

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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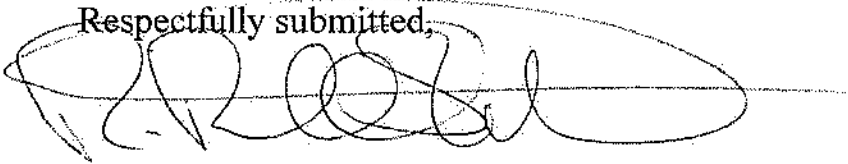
LETTER OF TRANSMITTAL

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 Thirty First Annual Report. I am pleased to
present this summary of activities for Fiscal Year 2017 in accordance with the
requirements as set forth in Ch. 122, Sec. 14-15.01 of the Illinois School Code.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Randy Staton", written over a horizontal line.

Mr. Randy Staton
Chairperson

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Senate Education Committee
Vacant

Senator Chuck Weaver
Senate Education Committee
Mr. David Elder, Designee**

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House Committee on Elementary &
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Dr. Seth Harkins, Vice Chairperson*

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House Committee on Elementary &
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Illinois State Board of Education

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Mr. Gary Seelbach**
Gubernatorial Appointee

Ms. Toni Hoy, Secretary*
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* Executive Committee
**Alternate to Executive Committee

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EXECUTIVE SUMMARY

Children and adolescents and young adults who exhibit multiple impairments/disabilities, including severe emotional disturbances or behavior disorders, historically present challenges to Illinois' public services agencies including schools as they try to address the diverse service needs of this population. Many of these youth do not clearly fit the service eligibility criteria or funding streams of state and local public agencies and their families have encountered barriers to accessing the right services, in the right settings and at the right times. Since 1985, through its technical assistance and dispute resolution activities, the Community and Residential Services Authority (CRSA) has assisted in the service planning for 11,258 youth and their families and successfully addressed several thousand service impasses including 54 service and funding disputes which required CRSA board action to resolve.

During FY 17 the Authority responded to 279 requests for assistance and addressed seven cases through its Dispute Resolution process. This year while CRSA member agencies have begun to transform critical programs to address populations of youth in crisis, the Authority continued to express concern about the ongoing erosion of child and adolescent service system infrastructure in Illinois, as providers and community-based service agencies struggled to recover from a two-year statewide budget impasse. Youth and families in crisis have continued to rely upon psychiatric hospitals to fill the vacuum of mental health care and funding scarcities in communities. While the complexity of the cases referred to the Authority for assistance continued to steadily intensify during FY 17, the Authority effectively utilized staff and Board assets to review and pre-emptively resolve service delivery impasses in seven emergent dispute resolution cases during FY 17.

CRSA's caseload identifies challenging populations whose families encounter barriers to accessing the right services, in the right settings and at the right times. During FY 17 youth and young adults diagnosed with intellectual/developmental disabilities in combination with mental health challenges continue to be a rapidly growing CRSA sub-population contacting CRSA for assistance. During FY 17 six of the seven cases which progressed through the CRSA dispute resolution process involved disrupting adoptions as adoptive families "lock-out" their adopted children and risk relinquishing custody to obtain needed treatment. The Authority continued to address "Transition Planning" cases involving individuals in their mid and late adolescence who were at risk of incarceration or homelessness at the time of referral unless publicly funded adult supported living arrangements could be arranged for them.

The CRSA remains committed to identifying youth and young adults whose families encounter barriers to accessing the right services, in the right settings, at the right times and helping them to access needed services through increasing complex public and private provider networks and schools in Illinois. In the process, the CRSA strives to draw attention to gaps to improve access to care and services.

HISTORY & BACKGROUND

The Residential Services Authority (RSA) was established by the Illinois General Assembly in 1985, initially 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 growth of special education services for youth with disabilities. Both of those programs forced states to rethink how, when and where to deliver critical services to youth 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 Community and Residential Services Authority CRSA five years later. The Authority was given the following three broad responsibilities:

- Assist parents and providers to access the state's public service system and schools 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 entity which strives to improve 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 thirty-one years the CRSA has excelled in the resolution of interagency conflict and in the process, helping Illinois youth, young adults 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.

Since 1985, through its technical assistance and dispute resolution activities, the Community and Residential Services Authority (CRSA) has assisted in the service planning for 11,258 children and their families and successfully addressed several thousand service impasses including 54 service and funding disputes which required CRSA board action to resolve. The Authority also made formal system reform recommendations in the form of three successive CRSA Service Plans offering 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.

Through its service planning assistance and dispute resolution activities to families contacting the CRSA for assistance the Authority has been able to identify youth and young adults whose families encounter barriers to accessing the right services, in the right settings at the right times and helps them to access needed services. 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, adolescent and young adult service systems.

FUTURE DIRECTIONS & PLANNING

The Mission and the Vision of the CRSA are not static, but rather, need to periodically evolve. The CRSA staff and board recognize that the national and state service landscapes are once again 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. Due to the small size of the CRSA staff we are very adaptable; able to effect changes in service approach and focus quickly. The Authority is now engaging in strategic planning to adapt to the changing service systems to better serve its clients.

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, even after 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 proactive and efficient, Illinois consumers still rely too often on class action 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; kids and families who, for one reason or another, do not fit the system as it changes. Kids and families need a “safety net” to fall back upon.

The CRSA remains committed to identifying children and young adults whose families encounter barriers to accessing the right services, in the right settings at the right times and helping them to access needed services through increasing complex public and private provider networks and schools in Illinois.

FISCAL YEAR 2017 CASELOAD TRENDS

The CRSA receives requests for assistance from parents or professionals who are experiencing difficulty garnering the right services in the right settings, at the right times for a child with a behavior disorder or severe emotional disturbance. A referral to CRSA often implies a breakdown or a gap somewhere in public and private provider networks and schools in Illinois. 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 17, CRSA staff responded to 279 calls for assistance: 269 (96.4%) of which pertained to children and adolescents requiring assistance with service planning and service provision and 10 (3.6%) of which were systemic Information Only requests. Among the client specific referrals in FY 17, 142 callers (52.7%) were seeking CRSA help to explore funding pathways to support residential treatment and 127 (4.2%) of the callers were seeking CRSA help to acquire community-based services. CRSA staff continues to observe 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, most of the CRSA member agencies 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 referral calls 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 based upon individuals contacting CRSA for assistance. This helps the CRSA identify referral trends and diagnostic sub-populations needing service assistance.

Medicaid Eligible Children and Families: 179 children referred to CRSA for assistance in FY 17 (66.5%) were Medicaid eligible.

Special Education: Special education continues to be a large common denominator for the majority of children served by CRSA. During FY 17, 178 of the children and adolescents referred to CRSA (66.1%) were involved in special education or were actively seeking special education services at the time of referral. The majority of special education related 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.

Children Diagnosed with Attention Deficit Disorders: There were a total of 146 youth referred to CRSA in FY 17. Of the 146 children that were referred to CRSA in FY 17, (54.2%) were documented with either Attention Deficit Hyperactivity Disorders or Attention Deficit Disorders. This continues to be the most common co-existing condition/diagnosis seen on our caseload.

Children with Major Mental Illness: There were 144 requests for assistance in FY 17 (53.5%) pertaining to children with one or more documented major mental illnesses. The most commonly documented major mental illnesses were Bi-polar disorder (38.8%), Depression (37.5%), Mood Disorder (30.5%), Post-Traumatic Stress Disorder (28.4%), Schizophrenia/Psychosis (7.92%), and

Obsessive-Compulsive Disorder (1.04%). There were 18 children (12.2%) with unspecified mental illness(es).

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 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 47.5% of CRSA's caseload FY 17. 128 children referred to CRSA during FY 17 carried one or more intellectual/developmental disability diagnoses. Within this cohort 92 children had a diagnosis of Autism or Autism Spectrum Disorder (71.8%), 40 children had IQs below 70 (31.25 %), 34 children had diagnoses of intellectual disabilities (26.5%), 33 children were diagnosed with unspecified developmental disabilities (25.78%) and 3 children had a diagnosis of Pervasive Developmental Disorder (2.3%), It was common for children diagnosed with intellectual/developmental disabilities to have three or more such diagnoses simultaneously, in various combinations.

Children with Behavior Disorders: There were 104 requests for assistance in FY 17 (38.6%) pertaining to children with one or more documented behavior disorders. The most commonly documented behavior disorders among this population were Oppositional Defiant Disorder (59.6%), Attachment Disorders (28.8%), Intermittent Explosive Disorder (16.34%), Conduct Disorder (4.8%), and Other (16.3%).

Adoption Services: 79 of the service requests for CRSA assistance in FY 17 (29.3%) pertained to children who have been adopted. 73.4% of those requests pertained to public adoptions. The remaining 27.6% of children who were privately adopted included 9 requests for assistance for children who were adopted from foreign countries (11.4%). The majority of requests for assistance with children who are adopted come from families seeking funding for residential placements.

CRSA board and staff remain concerned about the limited array of specialized post-adoption providers and resources available for families who choose to adopt as well as 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 for adopted children is even more acute for international adoptions and children adopted within their extended families who are not Medicaid eligible.

Children with Dual Diagnoses: During FY 17, 42 children 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 saw this population increase nearly six-fold in 10 years, comprising only 2.7% of our caseload in FY 08 and now comprising 15.6% of CRSA's caseload.

Lock-outs/Custody Relinquishment Risk¹:

During FY 17, 27 families (10%) “locked-out” their child rather than to allow that child to remain in the home. 20 of these children were biological children (74%). In most of those instances, parents concluded that locking their child out of the home, usually during a psychiatric hospitalization, was the only viable way to obtain needed treatment for the child while simultaneously protecting the safety of the family and the community. Families who attempt to obtain treatment for a 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.

Coordinated transition planning for adult children: Public schools continue to be statutorily obligated to arrange for multiple-agency service coordination during high school years to affect a seamless transition from the child and adolescents service sphere into the adult service sphere. Coordinated service planning and delivery among various DHS divisions and LEA’s and DCFS during the high school years is a routine service need seen on CRSA’s caseload. Based upon the parents contacting CRSA for assistance with adult transition planning concerns, CRSA observes that meaningful adult transition planning services are often left to the last possible moment, and that adult transition planning services that do exist are often superficial to the need.

¹ “lockouts” occur when a parent, guardian, or caregiver denies a minor access to the home or refuses to pick up a minor upon hospital discharge. Sometimes parents want to use lockouts affirmatively in order to get help, but this is a risky process that can have negative repercussions for the family as well as the child. The context of lockouts is that they often occur when a child who has been diagnosed with a severe mental illness or behavioral disorder is being discharged from a hospital or residential treatment program despite a family’s belief the child is not ready, has not received adequate treatment, and/or is still unsafe to return home. Frequently, a minor may be discharged from the hospital due to lack of funding for continued care. (The Family Defense Center)

FISCAL YEAR 2017 ACTIVITIES

The CRSA board held six full board meetings during FY 17 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 17, the Authority continued to focus its attention and discussion on the shrinking community-based service system and emergent populations of kids and families falling between through the cracks of the service system which have been intensified by the 2-year statewide budget impasse and the uncertainty it brings for providers and consumers. Service delivery problems discussed in FY 17 by the Authority include the continuing erosion of child and adolescent services system infrastructure. This includes the increasing shortage of fully trained front line professionals in community-based agencies and programs which contribute to the shortage of services and programs consumers rely upon to access services when they need them. The increasing shortage of vitally important clinical child psychologists and child psychiatrists who are willing to take Medicaid clients, particularly in rural Illinois also continues to impede consumer access to vital programs and services. Community-based and residential programs have closed their doors during FY 17 due to protracted payment delays by the State.

Through the case referred to CRSA for assistance the Authority continued to monitor the administration and effectiveness of the Individual Care Grant (ICG) Program during FY 17 under the new management by the Department of Healthcare and Family Services (HFS). During FY 17 the Authority observed steady improvement and stabilization in the general administration of the ICG program. CRSA staff observed that parents were able to apply for and obtain ICGs in a timely manner noting a reduction of critical administrative barriers to the ICG application process. At the end of FY 17 the Authority noted some ongoing ICG related problems, among them the inability of parents to acquire timely Medicaid-paid psychological and psychiatric evaluations needed to apply for the ICG and the apparent lack of licensed residential ICG capacity which led to long waiting times between ICG awards and actual placement of the children.

During FY 17 the Authority continued to encourage relevant member agencies to implement requirements of the Custody Relinquishment Prevention Act, (PA: 98-0808) which is several years overdue. The Illinois Department of Children and Family Services continued to publish statewide lock-out and Custody Relinquishments data during FY 17 as required by the Act so as to officially document the scope of statewide custody relinquishment problem. During FY 17 CRSA member agencies also introduced and rolled out the Specialized Family Service Program (SFSP), designed to implement another requirement of the Custody Relinquishment Prevention Act, to prevent unnecessary custody relinquishments. By the end of FY 17, the numbers of families contacting CRSA for help in Lock-out situations dropped significantly prompting the Authority placed its Ad Hoc Custody Relinquishment Risk Committee on inactive status. CRSA staff will continue to watch lock-outs and custody relinquishment cases referred to the Authority trends over time and to comment on implementation of the SFSP program.

During FY 17 there was little progress on the achievement of a settlement or consent decree in The N.B. class action lawsuit. A proposed settlement of the N.B lawsuit failed to be approved by the Federal court in December 2016 at a fairness hearing when the Judge ordered plaintiffs and defendants to continue settlement negotiations. The Authority voiced ongoing concerns as Illinois became increasingly reliant on the N.B lawsuit 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. The Authority is also concerned that the N.B Lawsuit was becoming a one-way pipeline for Illinois children with disabilities to be treated 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 individuals into the adult services sphere, following treatment. The Authority continues to watch for progress toward resolution of the N.B Class action lawsuit and to help consumers access the N.B lawsuit to obtain needed medically necessary services for their children. The CRSA's dispute resolution process will also continue to facilitate solutions for children and adolescents needing to transition from N.B. placements.

The Authority continued to effectively utilize staff and Board assets to review and pre-emptively resolve service delivery impasses in emergent dispute resolution cases during FY 17. Seven dispute resolution cases required the specialized attention of CRSA staff and member agencies to access residential funding and services for children who were at risk of falling between the cracks of the system. All seven cases were fully resolved by the end of the fiscal year. None of these cases necessitated review by the newly created CRSA Case Review Committee instituted in FY 16.

During FY 17, CRSA staff directly participated in 243 client progress staffings, wraparound planning staffings, school staffings and another multiple-agency planning staffings. The Executive Director and four, full time CRSA Regional Coordinators participated in 55 activities with agencies, organizations and groups and maintaining liaison relationships with statewide planning groups including the Attorney General's Special Education Committee, the Community Behavioral Healthcare Association and the Mental Health Summit. CRSA members and staff also conferred with six State Senators, participated in state and local training conferences.

During FY 17 the Authority appointed a CRSA Statute Review Committee to review CRSA's legislative charter and to propose amendments to the CRSA legislation to modernize the mission, membership and duties of the Authority as well as to keep pace with current systemic realities and changing service landscape. The Committee proposes to do a "gaps" analysis to drive the discussion.

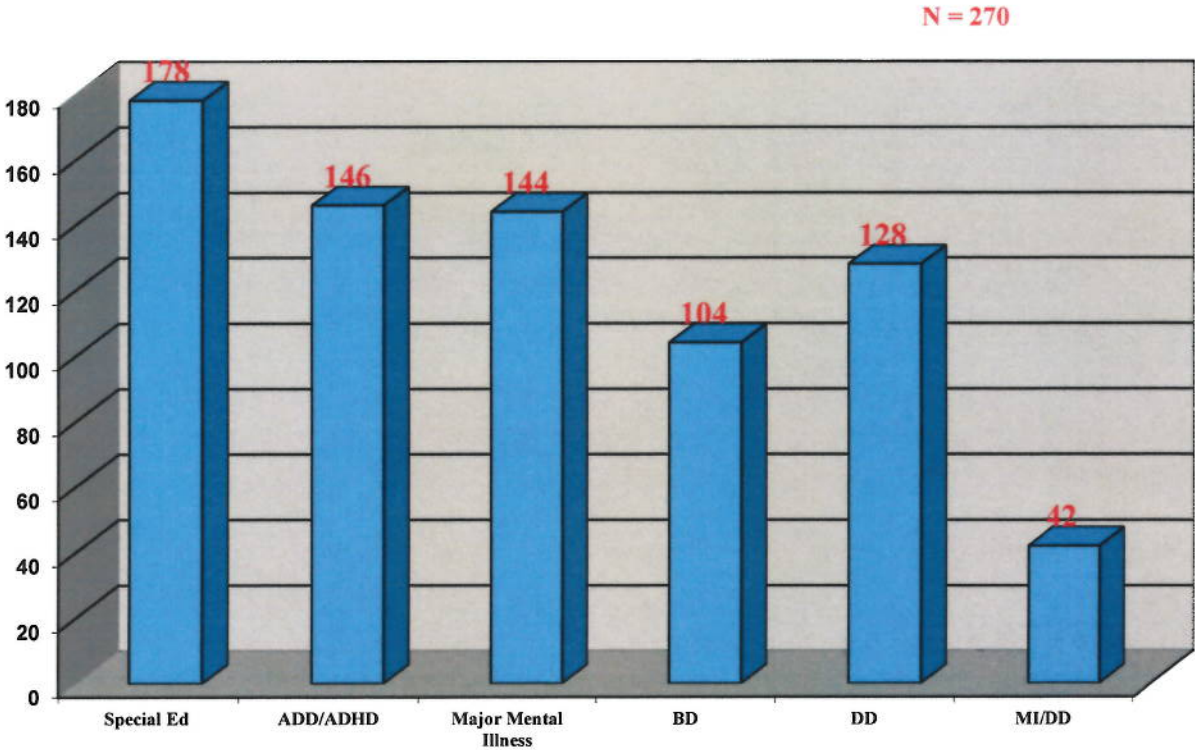
During FY 17 CRSA's Executive Director announced intention to retire at the end of December 2017 and the Authority appointed an Executive Director Recruitment and Selection Committee to seek out and hire a new Executive Director. The Committee outlined a process and a timetable to find and announce the hiring of a new Executive Director by November 2017 and to arrange for a 30 to 45-day executive transition overlap.

CASE INFORMATION AND CLIENT STATISTICS

Prevalence of Diagnosed Disabilities

This graph shows the range and the prevalence of diagnosed disabilities exhibited by the 269 children and adolescents for whom CRSA was contacted for assistance during FY 17. 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.

PREVALENCE OF DIAGNOSED DISABILITIES

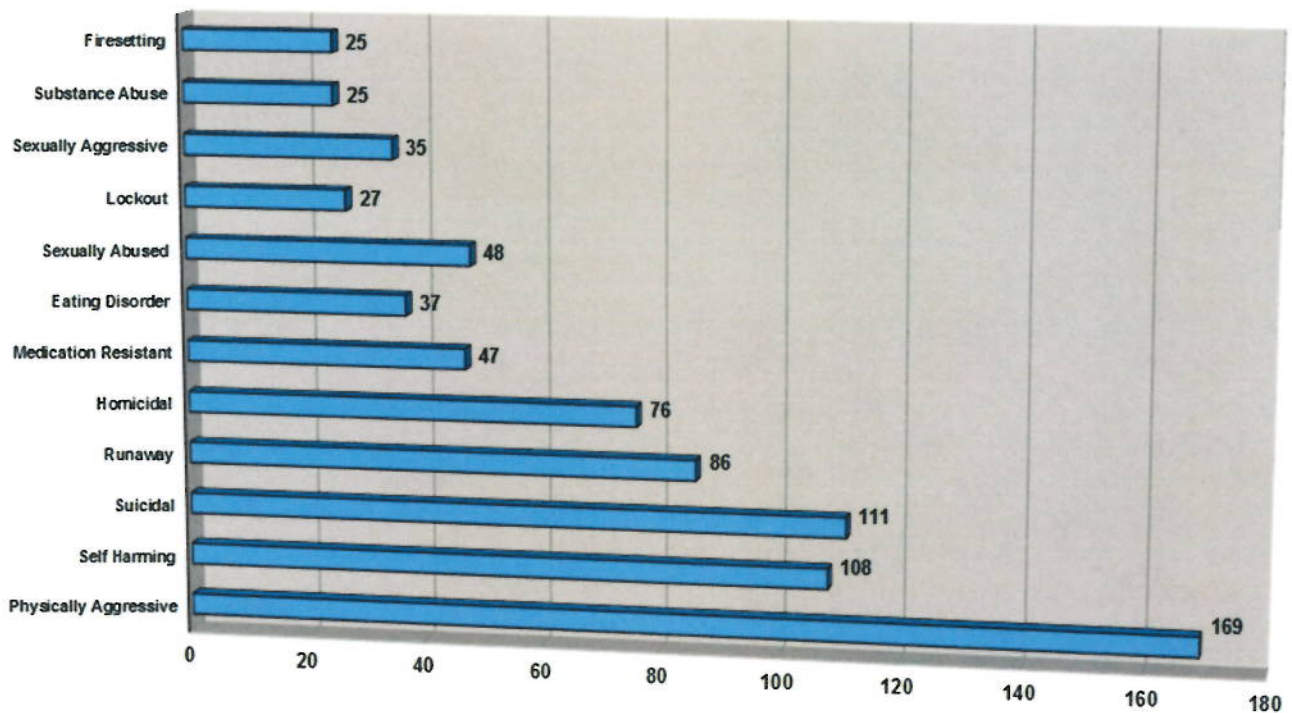


Multi-disciplinary and multiple-agency service planning is a common denominator for the children served by CRSA, given the multiple disabilities profile of the typical CRSA client.

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. 219 or 81.4% of the children and adolescents for whom CRSA was contacted for assistance in FY 17, exhibited one or more difficulty-of-care factors in addition to one or more disabilities. Altogether, 794 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 3.6.

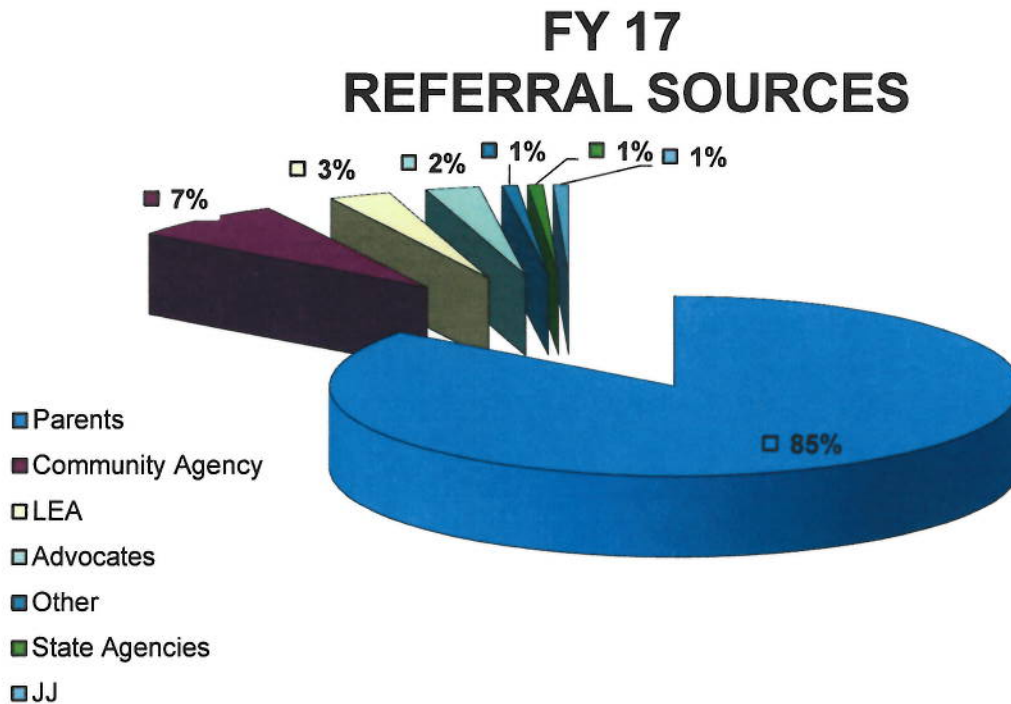
PREVALENCE OF DIFFICULTY OF CARE FACTORS



FY 08 was the first year that CRSA published prevalence of difficulty-of-care data. The FY 17 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 reported by callers contacting CRSA for assistance.

Referral Sources

This chart shows the distribution of the 279 FY 17 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

LEA'S:

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 279 requests for assistance in FY 17. Of those, 269 were client-specific referrals and 10 referrals were systemic *Information Only* requests.

The gender data we collected during FY 17 indicates that 192 (71%) of individuals referred for services were male and 77 (29%) were female.

The Authority continues to note steady changes in CRSA referral trends: a widening population of children which, when referred to the Authority, encounter barriers to accessing the right services, in the right settings and at the right times. It is increasingly common for youth and young adults referred to CRSA to have between two to five diagnosed disabilities and to exhibit four or more serious behavior problems at the time of referral. It is also increasingly common for these individuals to have service need for which three or more member agencies have overlapping service and funding responsibilities. During FY 17 CRSA cases continue to be more complex, requiring sustained technical assistance, often over a period of months to help callers 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 had 11,258 requests for help through June 30, 2017 where youth and young adults 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 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 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.

Since the last major revision of the CRSA Dispute Resolution process in 2009 :

- Twenty-seven (27) 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 continued during FY 15, FY 16 and FY 17 as the Authority experienced an increase in fast moving and increasingly complex multiple-agency service and funding referrals.

FY 17 Dispute Resolution Activities

During FY 17, seven (7) cases met all of the required elements for dispute resolution and could require board intervention to help resolve evolving service/funding disputes.

- One case was carried over from FY 16 at the level of Staff Review and were resolved during of FY 17.
- Six cases were opened during FY 17 which progressed to the level of Staff Review and all six cases were resolved at the level of Staff Review during FY 17.

None of the cases that were active within the Dispute Resolution process during FY 17 progressed to the point that Full Authority action was required to resolve evolving service disputes.

Referral Circumstances Contributing to Dispute Resolution Activities

During FY 17, Seven (7) cases requiring dispute resolution activity to resolve evolving service/funding disputes.

- All seven of these cases involve situations for which parents are seeking residential treatment with the expectation that the child would receive psychiatric help outside of their home environment.
- All seven of the cases involved children between the ages of 11 and 18 who experienced psychiatric lockouts and the risk for custody relinquishment through the juvenile courts.
- Six (6) of the 7 cases (86%) involved Disrupting Public Adoptions. One (1) child (14%) was in a Biological family.
- Of the seven individuals served, 6 are males (86%), ranging in age from 8 to 18 and one is a female, age 16.
- All seven of these children presented risk of harm to self or others experienced repeat psychiatric hospitalizations.
- Six (6) of these individuals (86%) are diagnosed with one or more mental illness and exhibit significant emotional and behavioral problems.
- Five (5) of these individuals are diagnosed with developmental disabilities (71.4%) and exhibit significant emotional and behavioral problems.
- Five (5) of these individuals are dually diagnosed with developmental/Intellectual disabilities and mental illness.
- Four (4) of the cases (57%) are adult transition planning cases involved young adults, between the ages of all age 16 and 18 who were at risk of homelessness at the time of referral unless publicly funded adult supported living arrangements could be developed for them.
- Two (2) of the cases involved children in N.B. funded out-of-state residential PRTFs needing to transition back to Illinois based residential environments.

Funding Breakdown

- Four of the cases were resolved when ICGs were awarded to support residential placements
- One individual was placed in an Adult State Operated Developmental Center (SODC)
- One individual was placed in a residential school by his LEA.
- One individual returned to the home community/family with community bases services/supports.

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 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 17 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 4.79, shown in the dark-shaded box.

	FORMS RETURNED			QUESTIONS			
	Surveys Mailed	Surveys Returned	Percent Returned	Q. #1	Q. #2	Q. #3	Average
Parents	260	43	16.5%	4.70	4.70	4.40	4.60
Com. Agency	8	2	20%	5.00	5.00	3.50	4.50
LEA	4	1	25%	4.00	4.00	4.00	4.00
Juv. Justice	2	1	50%	4.00	5.00	4.00	4.33
State Agency	1	1	100%	5.00	5.00	4.00	4.66
Advocates	1	0	0%				
Other	0	0	0%				
	276	48	13.5%	4.68	4.71	4.33	4.79

For FY 17, 48 of the 247 surveys (19.4%) distributed, were returned.

Additional questions on the survey are optional and answered in narrative style. Of the 48 surveys returned, 91% percent or 44 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.

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, on a five point scale, 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 08	FY 09	FY 10	FY 11	FY 12	FY 13	FY 14	FY 15	FY 16	FY 17	10 YEAR AVE.
Q. #1	4.93	4.27	4.76	4.61	4.49	4.59	4.47	4.56	4.40	4.68	4.58
Q. #2	4.91	4.42	4.82	4.70	4.63	4.66	4.56	4.61	4.66	4.71	4.66
Q. #3	4.80	4.02	4.24	4.30	4.28	4.30	4.12	4.26	4.18	4.33	4.28
Yearly Average	4.66	4.24	4.71	4.54	4.47	4.52	4.38	4.50	4.41	4.79	4.52

COMMUNITY AND RESIDENTIAL SERVICES AUTHORITY

FY 2017

APPROPRIATION/EXPENDITURE SUMMARY

FY 2017 PPROPRIATION	\$579,000.00
FY 2017 EXPENDITURE	\$536,984.59
LAPSED FUNDS	\$42,015.41 *

TYPE OF EXPENDITURE	ALLOTMENT	FY 16 EXP.	FY 17 EXP.	BALANCE
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PERSONNEL SERVICES

CRSA Employee Salaries	\$410,000.00	\$0.00	\$403,826.00	\$6,174.00
Retirement Reserve	\$25,000.00	\$0.00	\$0.00	\$25,000.00
Benefits Package	\$35,500.00	\$0.00	\$33,583.87	\$1,916.13
Staff Travel	\$38,500.00	\$18,741.91	\$18,381.72	\$1,376.37

CONTRACTUAL SERVICES

Members Travel	\$7,800.00	\$2,886.32	\$2,966.85	\$1,946.83
Space Allocation	\$46,000.00	\$22,776.16	\$20,685.35	\$2,538.49
Administrative Services	\$9,500.00	\$4,000.00	\$5,665.72	(\$165.72)
Website Development	\$0.00	\$0.00	\$0.00	\$0.00
Meeting Expenses	\$600.00	\$159.65	\$0.00	\$440.35
Staff/Board Training	\$600.00	\$129.89	\$539.00	(\$68.89)

COMMODITIES

Office Expenses	\$5,500.00	\$362.51	\$2,279.64	\$2,857.85
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* *These are funds which were allocated to meet anticipated needs, but which did not need to be expended during this Fiscal Year*