



ANNUAL REPORT

FISCAL YEAR 2023

(July 1, 2022- June 30, 2023)

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LETTER OF TRANSMITTAL

Governor JB Pritzker
Members of the General Assembly
State Agency Directors and
State Superintendent of Education
Springfield, Illinois

Dear Governor Pritzker, Members of the General Assembly, State Agency
Directors and Superintendent of Education:

On behalf of the membership of the Community and Residential Services Authority,
I transmit herewith the FY 23 Annual Report 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 blue ink, appearing to read "Neal Takiff". The signature is written in a cursive style with a large initial "N".

Neal Takiff
Chairperson

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ABOUT THE CRSA

The Community and Residential Services Authority (CRSA) is an interagency group created by the State Legislature in 1985. The CRSA is responsible for identifying and addressing barriers facing parents, professionals and providers when trying to get needed services and programs for youths with a behavior disorder or a severe emotional disturbance and their family. We work directly with parents and families of the most at-risk children in Illinois. CRSA serves the entire state of Illinois. It is not an overstatement to say that the children that the CRSA become involved with are impacted by significant challenges, engage in severe behaviors, and often have the most difficulty in accessing the current existing supports and services available to Illinois youth.

Children who exhibit multiple impairments/disabilities, including behavior disorders or severe emotional disturbances, historically present challenges to Illinois' state service system as agencies and schools try to address the diverse service needs of this population. Many of these children do not clearly fit the eligibility criteria or funding streams of state and local public agencies and therefore, go un-served or are underserved by the very systems established to help them.

THE CRSA MISSION is to promote a network of resources for Illinois youth with social and emotional health conditions to receive timely and appropriate access to the services they deserve.

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

CRSA BOARD

CRSA Board consists of representatives of the youth-serving state agencies, members of the legislature and persons appointed by the Governor. The board meets regularly to address systems gaps and persistent barriers to accessing services for youth with emotional disabilities.

The CRSA has nineteen members: nine representatives of child-serving state agencies, six public and private sector gubernatorial appointees and four members of the General Assembly or their designees. The CRSA employs an Executive Director who operates with the assistance of four expert Regional Coordinators and one support professional to fulfill the CRSA's statutory mandates.

CRSA BOARD MEMBERS

- Representatives of the House and Senate
Elementary and Secondary Education
Committees (4)
- Governor's Appointees (6)
- Attorney General's Office
Disabled Persons Advocacy Division
- Department of Children & Family
Services
- Healthcare and Family Services
- Illinois State Board of Education
- Juvenile Justice
- Human Services Division of:
 - Mental Health
 - Developmental Disabilities
 - Family and Community Services
 - Rehabilitation Services

LEGISLATIVE MEMBERS (FY23)

Senator Adriane Johnson
Senate Education Committee
Carie L. Johnstone, Designee

Senator Dan McConchie
Senate Education Committee
Matt George, Designee

Representative Michelle Mussman
House Committee on Elementary &
Secondary Education
Dr. Seth Harkins, Designee

Representative Dan Swanson
House Committee on Elementary &
Secondary Education
Dr. Kathy Briseno, Designee

STATE AGENCY DESIGNEES

Kristine Herman
Department of Healthcare and Family Services
Kristen Kennedy - alternate

Keith Polan
Department of Children and Family Services
Mamie Powell - alternate

Kimberly Pinckney
Department Human Services
Division of Rehabilitation
Susan Chapman - alternate

Barb Moore
State Board of Education
Sherry Bochenek - alternate

Lisa Betz
Department of Human Services
Division of Mental Health
Sarah Schroeder – alternate

Tyrie Fluker
Department of Corrections/Juvenile Justice
Michelle Bradley - alternate

Joy Decker
Department of Human Services
Division of Developmental Disabilities
Kathy Ward – alternate

Judith Levitan
Attorney General's Office
Emily Roznowski - alternate

Julie Stremmlau
Department of Human Services
Division of Family and Community Services
Nathan Roth – alternate

GOVERNOR'S APPOINTEES

Dr. Wynne Korr

Kimberly Johnson

Mariel Hamer-Sinclair

Neal Takiff

Carolyn Cochran Kopel

Monte Mister

POWERS & DUTIES

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

CRSA was given the following powers and duties in legislation:

- To conduct surveys to determine the extent of need, the degree to which documented need is currently being met and feasible alternatives for matching need with resources.
- To develop policy statements for interagency cooperation to cover all aspects of service delivery, including laws, regulations and procedures, and clear guidelines for determining responsibility at all times.
- To recommend policy statements and provide information regarding effective programs for delivery of services to all individuals with a behavior disorder or a severe emotional disturbance in public or private situations.
- To review the criteria for service eligibility, provision and availability established by the governmental agencies represented on this Authority, and to recommend changes, additions or deletions to such criteria.
- To develop and submit to the Governor, the General Assembly, the Directors of the agencies represented on the Authority and the State Board of Education a master plan for individuals with a behavior disorder or a severe emotional disturbance, including detailed plans of service ranging from the least to the most restrictive options; and to assist local communities, upon request, in developing or strengthening collaborative interagency networks.
- To develop a process for making determinations in situations where there is a dispute relative to a plan of service for individuals or funding for a plan of service.
- To provide technical assistance to parents, service consumers, providers, and member agency personnel regarding statutory responsibilities of human service and educational agencies, and to provide such assistance as deemed necessary to appropriately access needed services.
- To establish a pilot program to act as a residential research hub to research and identify appropriate residential settings for youth who are being housed in an emergency room for more than 72 hours or who are deemed beyond medical necessity in a psychiatric hospital. If a child is deemed beyond medical necessity in a psychiatric hospital and is in need of residential placement, the goal of the program is to prevent a lock-out pursuant to the goals of the Custody Relinquishment Prevention Act.

<https://www.ilga.gov/legislation/ilcs/documents/010500050K14-15.01.htm>

OPERATIONS

The State of Illinois provides an extensive array of services to its children and adolescents, but like many other states, has encountered difficulty connecting various public and private services. Children and adolescents who are labeled severely emotionally disordered or behaviorally disordered have multiple service needs. They frequently require a blend of educational, social, psychological, and other support

services that may not clearly fit the service eligibility criteria or funding patterns of public agencies. These circumstances may create confusion and occasional disputes between state and local human service agencies, schools and or between agencies and parents. The CRSA assists all parties in obtaining the overall objective regarding the best interest of the child on our caseload. When that cannot happen in a collaborative agreement at the Regional Coordinator level, the CRSA board can review the case in a Dispute Resolution meeting.

The Community and Residential Services Authority (CRSA) has been able to identify social service barriers for children in Illinois with complex mental health challenges. In FY 23, four CRSA Regional Coordinators facilitated complex service planning for 319 youth with severe behavioral/emotional disabilities and or complex educational needs who faced barriers accessing the Illinois public and or private services.

The following is a description of the operational structure of CRSA when receiving a referral:

Intake

- Intake involves receiving, establishing eligibility for CRSA services, documenting and processing the issues, complaints or questions from an individual, or from an individual on behalf of an organization.
- Personnel implementing Intake: CRSA has a designated Intake Coordinator.

Implementation

- Implementation involves general information gathering, making referrals, specialized resource acquisition, coordination with public and private organizations regarding a common plan of care.
- Personnel: CRSA employs four Regional Coordinators statewide to implement these objectives.

Dispute Resolution

- Dispute resolution occurs when there is a disagreement between a parent/guardian and an agency represented on the Authority regarding a plan of services; or a disagreement between two or more member agencies regarding implementation of a plan of services. The Authority has a mandate “to develop a process for making determinations in situations where there is a dispute relative to a plan of service for individuals or funding for a plan of service”. While each state agency has its own internal review processes, Illinois needed a statewide process to resolve multiple-agency disputes, so it was built into the CRSA legislation.
- Personnel: The CRSA Executive Director and Board Chairperson determine the dispute resolution team, which consists of relevant board members.
- Process: Staff and members collaborate to explore voluntary solutions to complex multi-agency, multi-systems issues regarding a plan of care.

**FY 2023
APPROPRIATION/EXPENDITURE SUMMARY**

FY 2023 APPROPRIATION	\$700,000.00
FY 2023 EXPENDITURE	\$623,575.87
LAPSED FUNDS	\$76,424.13

TYPE OF EXPENDITURE	ALLOTMENT	EXPENDITURE	BALANCE
PERSONNEL EXPENSES			
Salary	\$500,000.00	\$481,256.72	\$18,743.28
Social Security	\$14,000.00	\$13,682.46	\$317.54
Retirement	\$21,000.00	\$19,790.36	\$1,209.64
Retirement Reserve	\$20,000.00	\$13,502.21	\$6,497.79
Contractual Services	\$60,000.00	\$53,102.50	\$6,897.50
TRAVEL			
Staff	\$20,000.00	\$7,352.12	\$12,647.88
Board	\$5,000.00	\$0.00	\$5,000.00
TRAINING			
Staff Training	\$4,000.00	\$2,755.87	\$1,244.13
Board Training	\$1,000.00	\$0.00	\$1,000.00
OPERATING EXPENSES			
Facility Lease	\$25,000.00	\$18,168.84	\$6,831.16
Equipment & Office Supplies	\$20,000.00	\$7,458.51	\$12,541.49
Phones, Postage & Supplies	\$10,000.00	\$6,506.28	\$3,493.72
	\$700,000.00	\$623,575.87	\$76,424.13

FY 23 MEETINGS AND ACTIVITIES

The CRSA board held six out of the six scheduled board meetings during FY 23. The board focused on promoting and implementing the CRSA strategic objectives to best serve the CRSA population.

Most CRSA board meetings were successfully held by WebEx due to Covid-19 protocols restricting in-person meeting, however due to the restrictions being eased, CRSA's last meeting of the fiscal year was in-person at a Springfield and Chicago location.

During FY 23, CRSA Regional Coordinators participated in (209) IEP meetings, (171) other collaborative agency meetings, (53) one on one family meetings, and conducted (13) presentations and outreach efforts with agencies in their respective service areas. Additionally, CRSA staff attended an array of conferences and multi-agency meetings enhancing the multitude of liaison relationships CRSA has established. CRSA staff attended the Arc of Illinois conference, Illinois Statewide Transition Conference, and the Illinois Crisis Prevention Crisis Network (ICPN) Conference.

CRSA staff actively participate in the Mental Health Summit meetings, Medicaid Advisory Commission-Public Education Sub-Committee meetings, Special Education Advisory to the Attorney General meetings, and the Children's Behavioral Health Transformation Initiative.

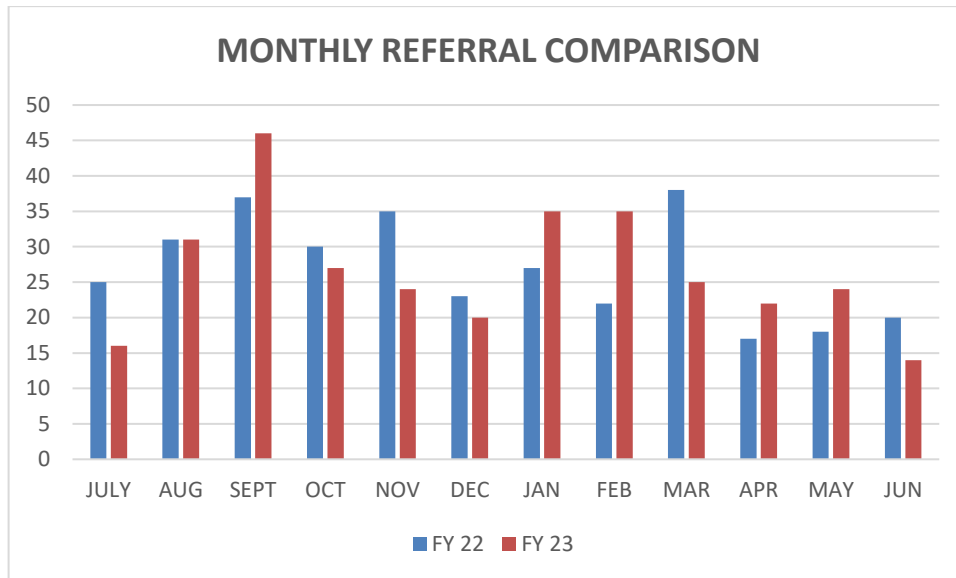
In March of 2022 Governor JB Pritzker launched the Children's Behavioral Health Transformation Initiative (CBHTI) to address the nationwide youth mental health crisis. CBHTI was tasked with evaluating and redesigning the delivery of behavioral services for children and youth in Illinois. This initiative was in part developed out of concerns and actions brought forth by CRSA. CBHTI integrates resources across the following agencies: Illinois State Board of Education (ISBE), Department of Children & Family Services (DCFS), Department of Human Services (DHS), Department of Juvenile Justice (DJJ), and Healthcare & Family Services (HFS) in an effort to minimize barriers and wait times for services for children and youth with behavioral disorders. CRSA will play a pivotal role in this process. In February of 2023 CBHTI presented a "blueprint" to Gov. Pritzker, shortly thereafter SB 724 was developed and sent to the legislature for approval. SB 724 introduced in April 2023 changed the duties and responsibilities of many of the agencies involved in the initiative. CRSA's statute was changed and absorbed into SB 724.

REFERRALS AND INTERVENTIONS

CRSA Regional Coordinators:

- Are quick to respond to calls for help for youth who have emotional difficulties and behavioral disabilities and are personally accessible to assist in coordinating a plan of care.
- Collaborate to ensure that services are planned in association with all appropriate child-serving systems in the youth's natural environment when possible.
- Promote family-focused/child-centered services that are developmentally appropriate, strength based, child specific and meet the individual needs of the youth and family.

- Are respectful regarding the behavior, ideas, attitudes, values, beliefs, customs, languages, rituals and practices characteristic to the family’s cultural group.
- Have integrity and protect participant confidentiality. They deal honestly with the public, participants and with one another.
- Are reliable to assist in the reduction of barriers to mental health and educational services for CRSA participants.
- Are successful in working with partner agencies and communities to find solutions to complex barriers that otherwise could prevent youth with social and emotional disabilities from getting the services they need.



CRSA DEMOGRAPHICS

For FY 23, CRSA Regional Coordinators responded to 319 calls for assistance. Out of those 319 calls, 246 were direct service cases and 73 were seeking information only.

Regions: CRSA serves the entire State of Illinois. We have the state broken down into four regions: Central, Northern, Southern and Cook. We track this on all referents, but some are looking for information only do not provide their location information.

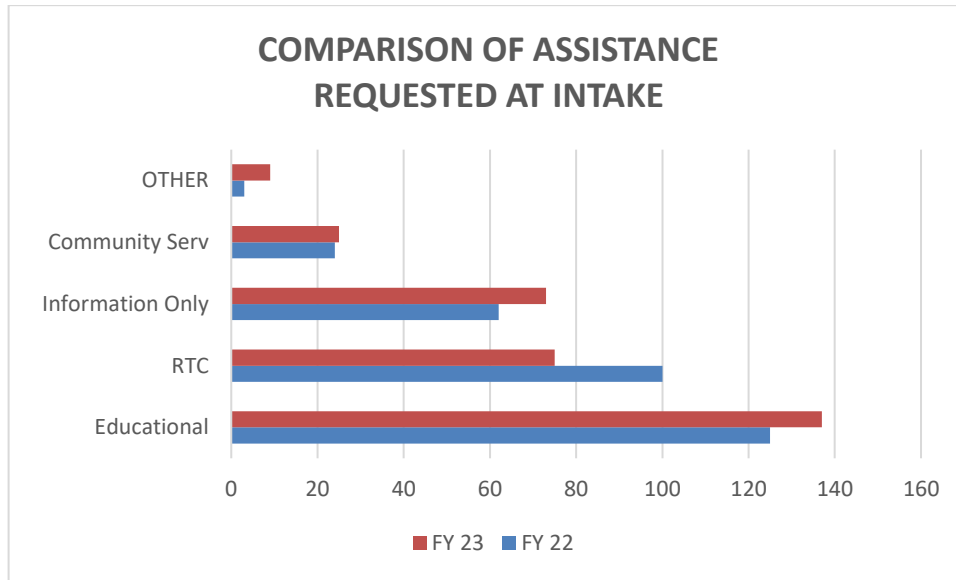
Age: CRSA served youth ranging in age from 4 to 23. The average age of youth referred to CRSA in FY 23 was age 13.5. Typically, CRSA serves youth up to the age they graduate from high school however we do receive “information-only” calls on older youth in transition which are not included in the average. Several cases this year were from professionals who had questions regarding systems navigation for the youth they served. These referents do not report the age of the youth unless a formal referral is made.

Gender: CRSA served 214 males and 86 Females this year and 23 youth did not disclose gender.

Ethnicity: Out of the 259 cases that reported ethnicity in FY 23, CRSA served 169 Caucasian youth, 44 African American, 26 Multiracial youth, 11 Hispanic youth, 5 Asian American youth, 3 American Indian, and 1 Native Hawaiian/Pacific Islander youth.

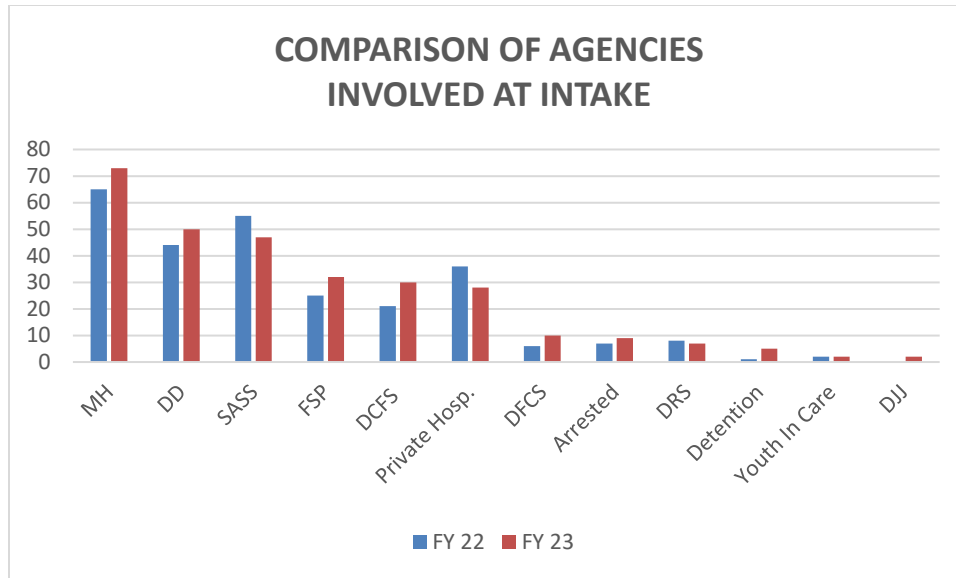
CRSA CASE ACTIVITY

Assistance Requests at Intake: This fiscal year followed the same trend as last year with the majority of assistance requested at intake was for help with educational issues rather than requests for help navigating the public system for youth in potential need for residential treatment. Below is a comparison of assistance requested at intake in FY 22 versus FY 23.



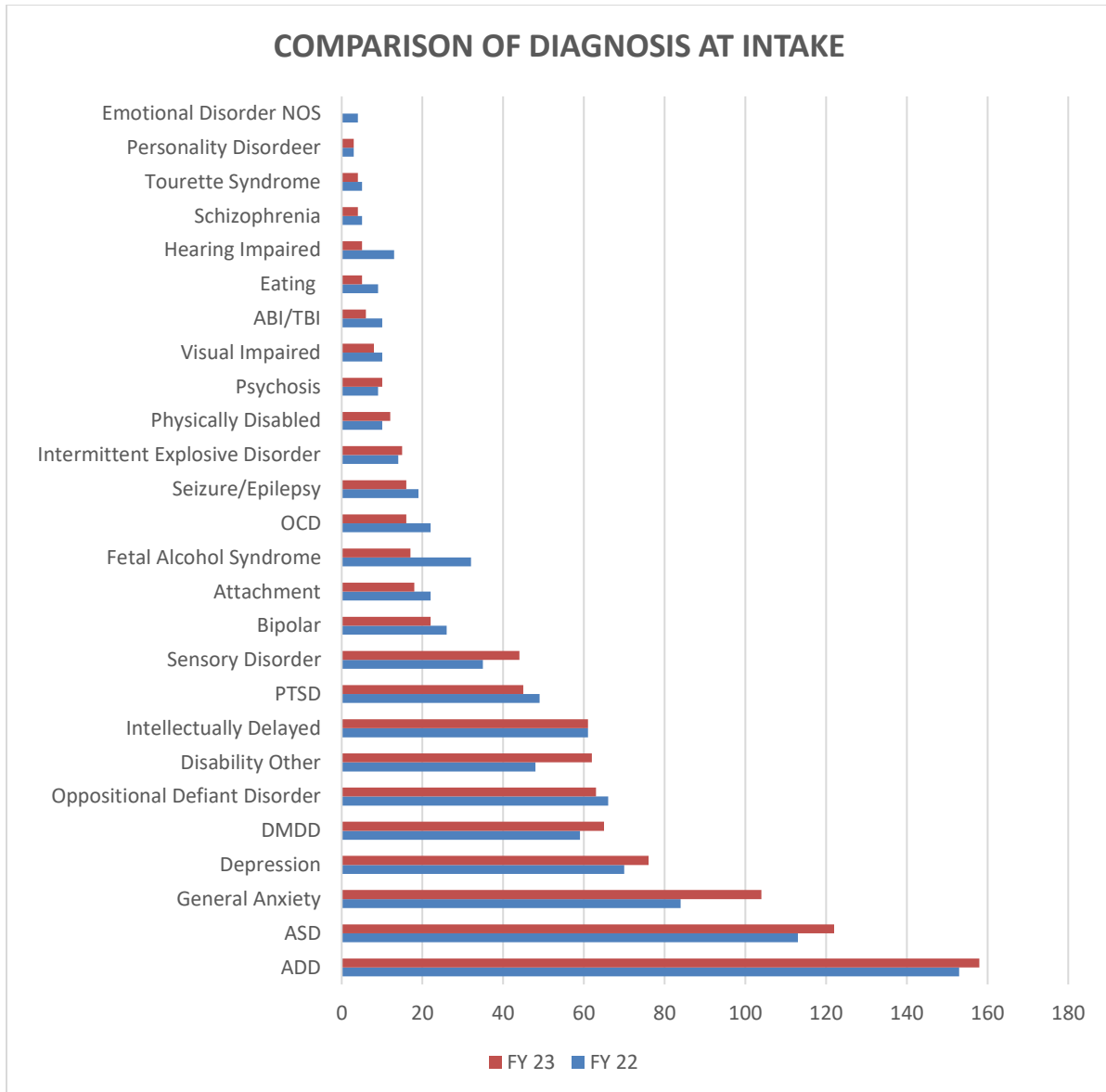
Medical coverage: Most of the youth referred to CRSA had Illinois Medicaid as medical coverage. For FY 23, 199 youth had Medicaid only, 98 youth had private insurance only and 44 youth had SSI/SSD. For some youth, SSI/SSD also had Medicaid. These categories are not mutually exclusive.

Services at intake: CRSA tracks the agencies involved at the time referral. Below is a comparison of those agencies involved in FY 22 versus FY 23.

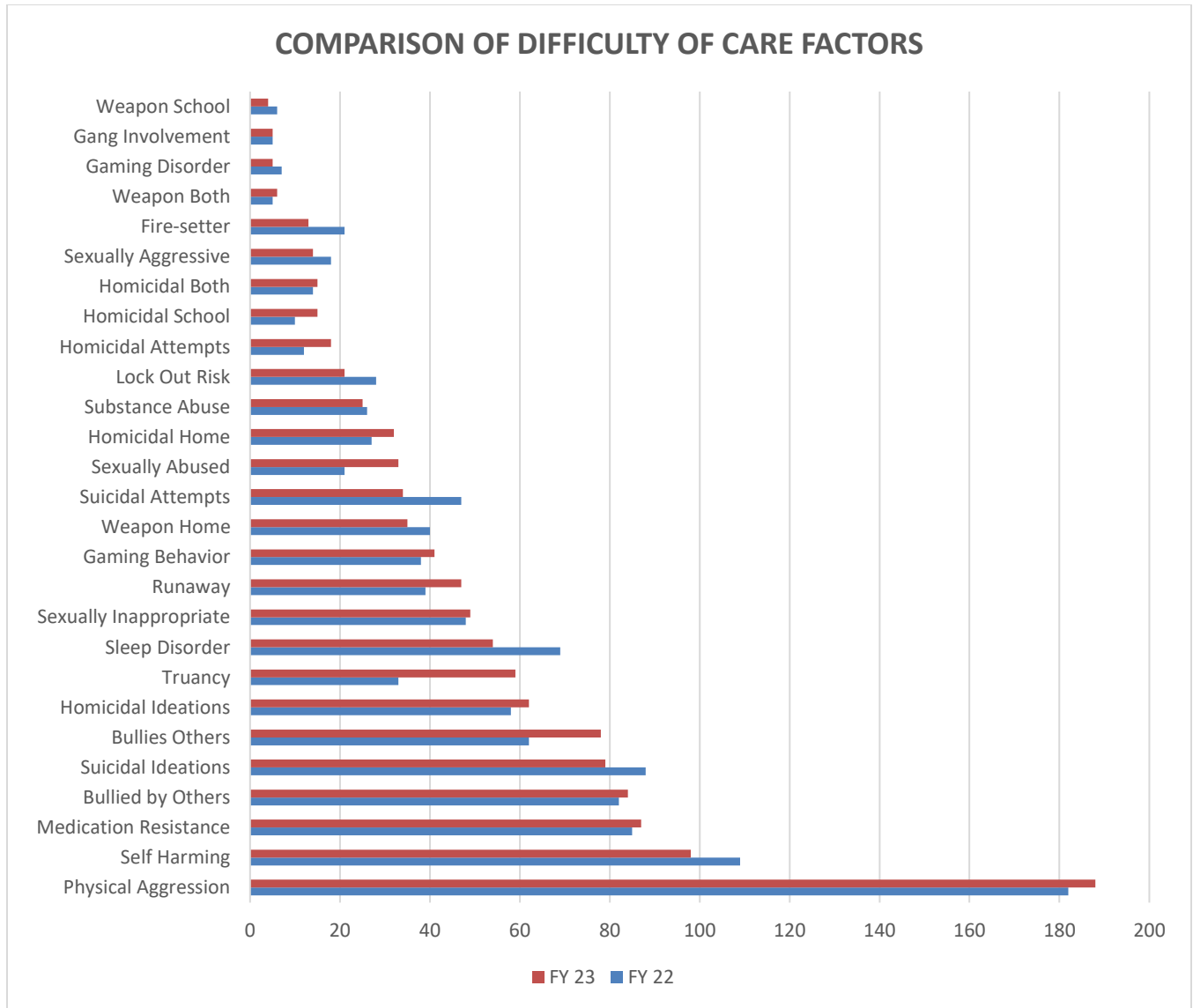


Diagnosis at Intake: Attention Deficit Disorder, Autism and Anxiety Disorder were the presenting predominant diagnoses at intake in FY 23. It is common for children and young adults referred to CRSA to have between two to five diagnosed disabilities and to exhibit four or more diagnoses at the time of referral. These multiply diagnosed individuals often had service needs for which two or more-member state agencies had overlapping service and funding responsibilities.

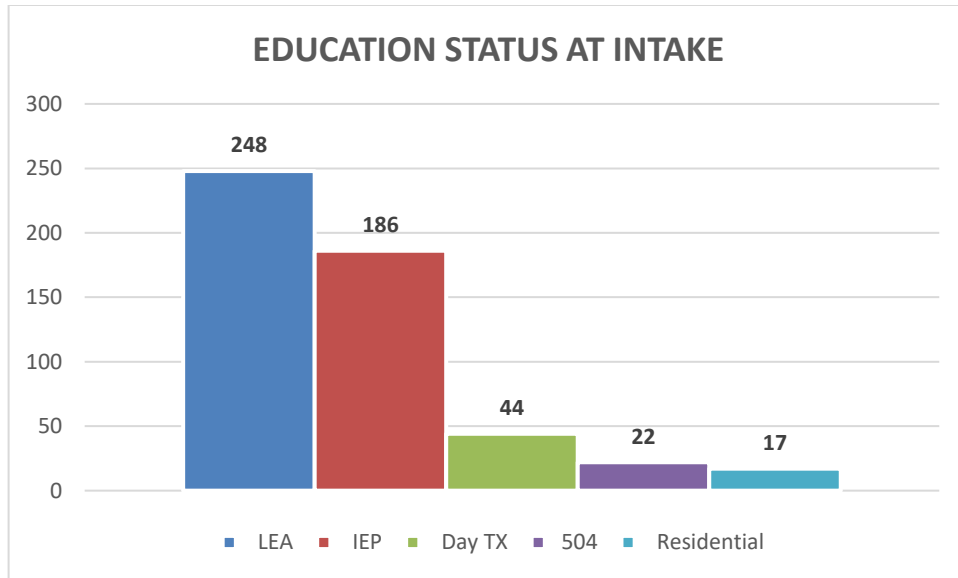
CRSA records all diagnoses reported by the referral source. Again, any one child could have more than one condition or diagnosis. The following chart is a comparison of FY 22 versus FY 23 and the predominant diagnoses when they were referred to CRSA.



Difficulty of care: Behavioral factors are important when assessing the level of services that youth with mental health or behavioral conditions may need. CRSA tracks these difficulty of care factors that impact social service delivery and wellness outcomes. Most youth referred to CRSA have more than one difficulty of care factor. As it has been for several years, physical aggression is the most significant factor impeding a youth’s stabilization at home school and their community. Out of 319 referrals, 59% of the youth served by CRSA were reported to be physically aggressive. The following chart lists several of these factors.

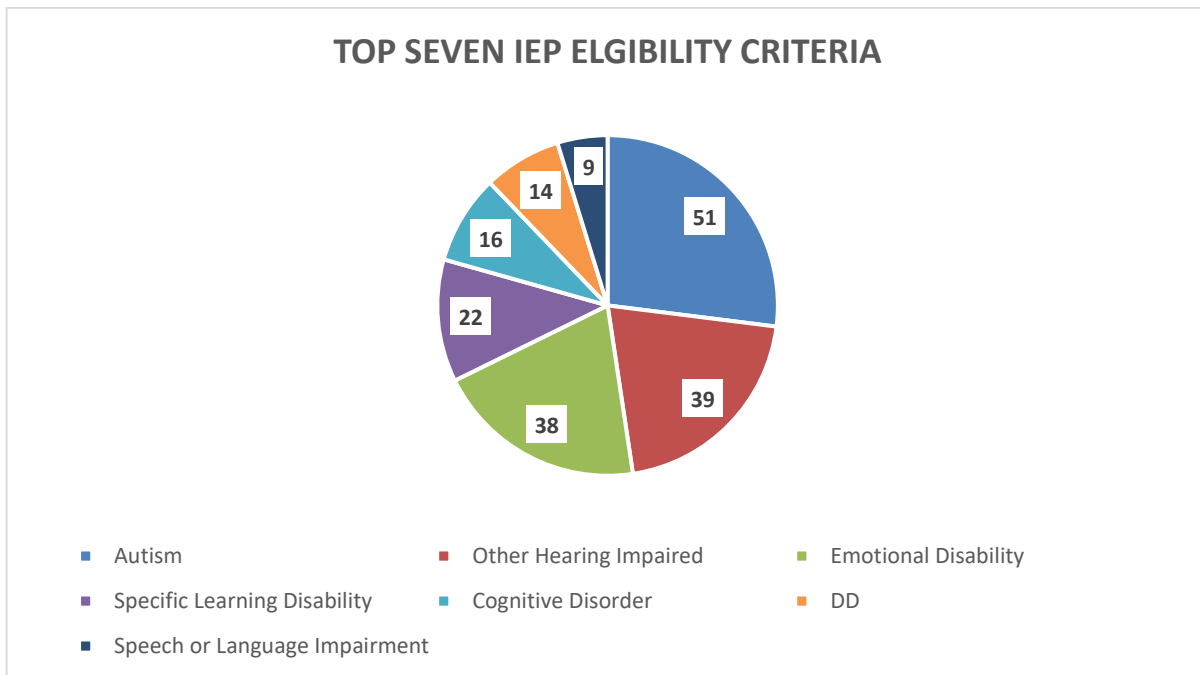


Education Services at Intake: Most youth referred to CRSA are enrolled in an educational program and already receiving special education services through an IEP. Educational classifications are selected based on what most impacts a child's learning. Youth in regular education and youth with American's with Disabilities Act 504 plans encompass the other educational status of youth at referral. When educational barriers to accessing educational services occur, CRSA staff can assist parents and districts in forming a strategy to obtain an educational plan in the best interest of their child. Below is the education status at Intake in FY 23.



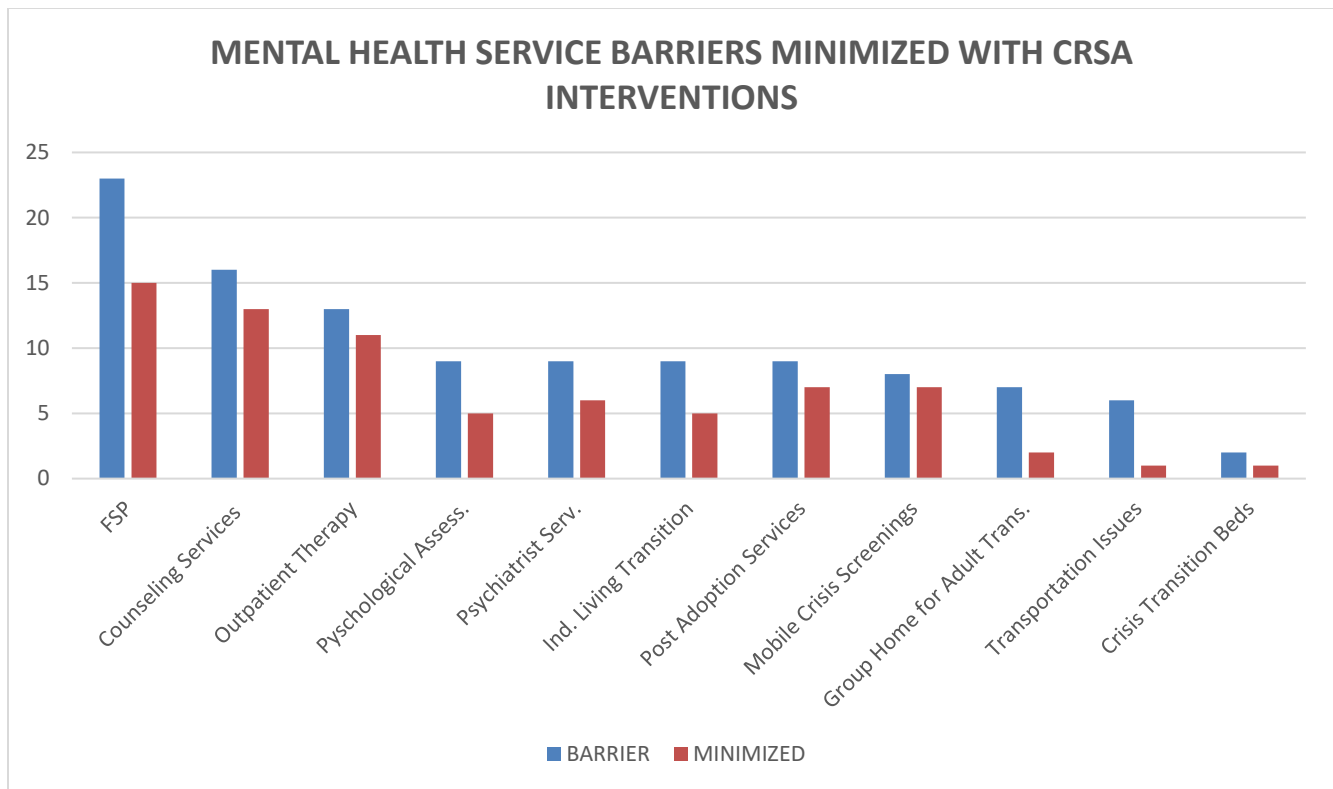
CRSA legislative duties include offering technical assistance to parents, service consumers, providers, and member agency personnel regarding statutory responsibilities of human service and educational agencies, and to provide such assistance as deemed necessary to appropriately access needed services. In addition to assisting families, CRSA tracks trends and barriers related to educational calls for help and the effectiveness of our interventions.

Most youth were referred because their parent/guardian believed that the Individual Education Plan (IEP) needed adjustments help them achieve their full educational opportunity goals. Below is the top seven IEP Eligibility Criteria for FY 23.



Mental Health Services: Local community mental health stabilization services available to youth correlates with the amount of youth presenting for residential treatment. Long waiting lists, fewer in person counseling sessions and lack of mental health professionals employed in local mental health centers were among some of the most significant issues noted again this fiscal year.

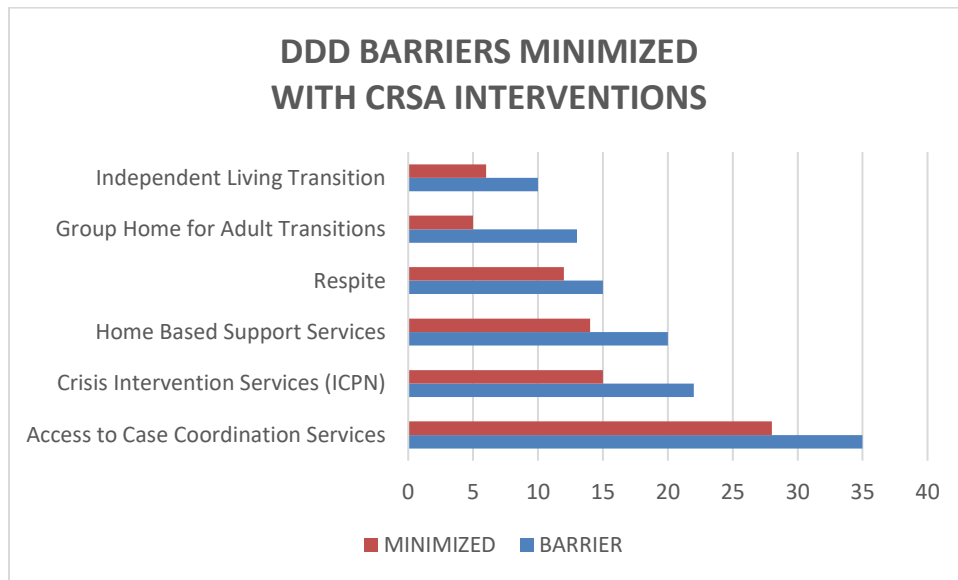
The following chart represents the CRSA interventions for youth requiring mental health services who encountered information or access barriers to receiving those services. Most often the interventions the CRSA regional Coordinators offered were assistance navigating the mental health system to get the desired positive outcomes for their youth with a severe emotional disability. The chart uses the acronym of FSP SFSP which stands for the Family Support Program and the Specialized Family Support Program. These are an array of behavioral healthcare services offered by HFS to qualifying youth with behavioral health conditions. The goal of the FSP is to support eligible youth and their families by strengthening family stability, improving clinical outcomes, and promoting community-based services. In addition, the FSP Program will pay for mental health related residential treatment if deemed clinically appropriate.



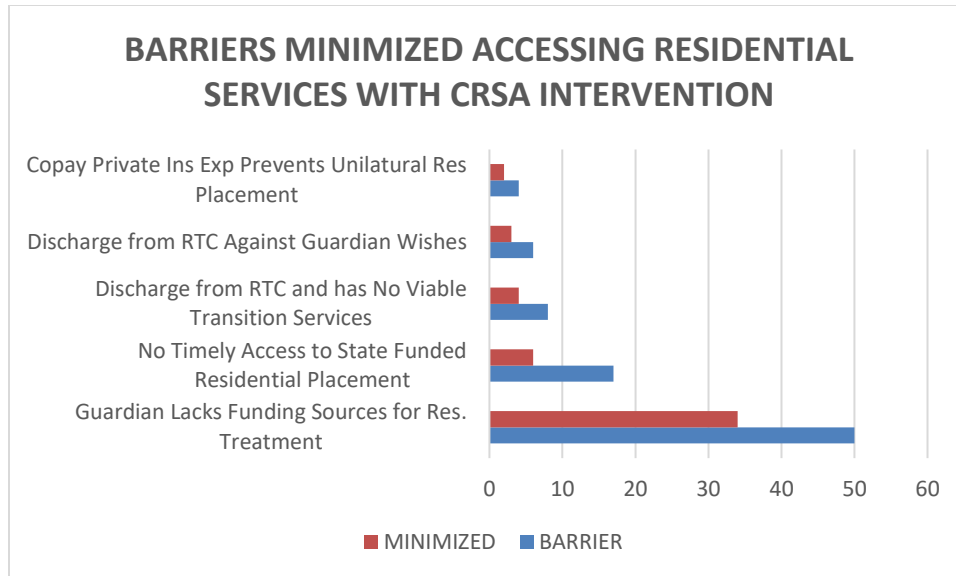
Developmental Disability Services: CRSA serves youth with Intellectual Developmental Disability (IDD) when they present with an educational a co-existing emotional disorder. DHS DDD has a process to determine eligibility for services for this population. Eligibility will require an application called PUNS or the Prioritization of Needs application. If eligible, local Independent Service Agencies aka ISC's assess the level of assistance a youth may require. The Department of Developmental Disabilities (DDD) in Illinois operates the Home and Community Based Services Waiver Programs called the Home and Community Based Services Support Waiver for Children and Young Adults with Developmental Disabilities. The waiver is for children and young adults with developmental disabilities ages four through 21 who live at home with their families and are at risk of placement in an Intermediate Care Facility for

persons with Developmental Disabilities. Support services teams (SST) through the Illinois Crisis Prevention Network are typically available to children who have already been chosen to receive the Children’s In-Home Support waiver. SST Services are intensive and assist in stabilizing youth with developmental disabilities in their homes and community. Parents that contact CRSA for help with their child with a developmental disability and a severe emotional disorder are often not aware of the avenues to seek these intensive services. As in previous years, the DHS DDD administration has been extremely helpful to eligible youth allowing them to receive SST services when contacted by CRSA on the child’s behalf.

CRSA Regional Coordinators rely strongly upon collaboration with the Illinois Service Coordination Centers who coordinate care for eligible youth to the benefit of shared clients.



Funding for Prescribed Plans of Care: CRSA Regional Coordinators tracked barriers to accessing and receiving successful clinically prescribed residential treatment. Typically when a youth’s parent/guardian is seeking residential treatment for their child, they cannot afford the extensive costs associated with that care. As a result they want to know about the various public funding sources available to them. The following chart details some of the data CRSA tracks regarding youth who have been determined, either by a licensed practitioner of the healing arts or a school district, to need residential treatment. In addition CRSA tracks issues parents encounter once their child may be placed in a treatment facility. For example, there was a significant amount of youth in placements on the CRSA caseload that were getting discharged with no viable transition services back to their communities and or schools. The CRSA Coordinators make every effort to assist families in getting in touch with their local social and educational services.



No Timely Access to Residential Treatment: CRSA began tracking the issue of no timely access to prescribed plans of care either by a youth’s physician or the local education agency last fiscal year and reported these trends to the CRSA board regularly. No timely access for the purpose of tracking the CRSA cases were the cases in which youth with approved state funding waited in excess of 3 months or more for access to the recommended treatment. There were 17 youth referred to CRSA were in this situation this fiscal year. CRSA gave this data to various member agency representative to review and staff with their collaborative resources.

SUMMARY

CRSA’s four Regional Coordinators served 319 youth with severe emotional disorders and their families. CRSA typically gets called when parents or providers believe need help with accessing services for a youth with a severe emotional disturbance. The Regional Coordinators were able to address issues of access to needed services for almost all of these youth.

Connecting with local services and service providers to collaboratively work on a plan that aids in the best interest of the youth is standard practice for the staff that serve the CRSA board. CRSA Regional Coordinators stay involved in system changes to efficiently navigate youth and families through the state service systems. Families trust CRSA to help them get the help they need for their youth with emotional and or behavioral disabilities.