



# ANNUAL REPORT

**FY 2011**

**(July 1, 2010 - June 30, 2011)**

*Building Partnerships for Children and Families*

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

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## **LETTER OF TRANSMITTAL**

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

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

On behalf of the membership of the Community and Residential Services Authority, I transmit herewith the Twenty Fifth Annual Report. I am pleased to present this summary of activities for Fiscal Year 2011 in accordance with the requirements as set forth in Ch. 122, Sec. 14-15.01 of the Illinois School Code.

Respectfully submitted,

Gary Seelbach  
Chairperson

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Senate Committee on Elementary &  
Secondary Education  
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Gubernatorial Appointee

**Mr. Gary Seelbach, Chairperson \***  
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**Vacant**  
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**Dr. Robert Bloom**  
Gubernatorial Appointee

**Mr. Brooke Whitted\***  
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# EXECUTIVE SUMMARY

Children who exhibit multiple impairments/disabilities, including behavior disorders or severe emotional disturbances, historically present challenges to Illinois' state service system as agencies and schools try to address the diverse service needs of this population. Many of these children do not clearly fit the service eligibility criteria or funding streams of state and local public agencies, and therefore, unacceptable numbers of children and families go un-served or are underserved by the very systems established to help them. It is this disconnect between service needs and service provision that provided the impetus for the creation of the Community and Residential Services Authority (CRSA). In FY 11, the CRSA completed its 25th year of service to Illinois children with behavior disorders or severe emotional disturbances and their families. The CRSA staff have assisted in the service planning for 9,374 children and their families and successfully addressed several thousand service disputes, including 42 that required formal CRSA board action to resolve. During FY 11 the CRSA responded to 384 requests for assistance and two service/funding disputes which required board action.

Through its service planning assistance and dispute resolution activities, the CRSA has been able to identify how, when and why the Illinois service system breaks down around many Illinois children and their families. The CRSA then uses this accumulated field experience to draw attention to the service gaps. The Authority is increasingly challenged to assertively translate systemic gaps highlighted in dispute resolution cases into "system change" activities.

The challenge that we see coming for children and adolescents with mental illness is that while state financial resources continue to shrink, both residential and community-based supports are becoming more limited. Another concern that CRSA has expressed for this population is that children and families who are not Medicaid eligible (privately insured and under-insured) have increasing difficulty getting their mental health service needs met at the community level.

During FY 11, the CRSA board had ongoing conversations about the state's fiscal crisis and its impact on the child and adolescent service system. Conversational threads included: sufficiency of community-based mental health services relative to client need; administrative barriers to mental health service expansion through EPSDT; PRTFs; the lack of coordinated statewide multiple-agency service planning and the ongoing practice of parents relinquishing custody of their multiply disabled children to DCFS in order to get their children's clinical needs met.

The complexity of the cases referred to the Authority for assistance has steadily intensified since 2005. Among the children and adolescents referred for treatment in a residential setting are an increasing number of children whose disabilities, diagnostic profiles and life circumstances are so complex that they could qualify for residential funding from three or more agencies. As such, CRSA staff are challenged by the time consuming process of pulling member agencies together to actively collaborate with one another at the front end of the decision making process to determine which system is best suited to meeting the child and family's needs.

# 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 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.

It should be noted that CRSA is a unique state agency that has efficiently and effectively conserved tax dollars over the years and literally saved the lives of the children and families served. The Board of the CRSA, in collaboration with the Executive Director, recognizes that in fulfilling the CRSA Mission, the best result is conflict resolution, not creation of conflict. Over the past quarter century, the CRSA has excelled in the resolution of interagency conflict and, in the process, helping Illinois children and their families.

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

To date, the CRSA has assisted in the service planning for 9,374 children and their families, and successfully addressed several thousand service disputes, including 42 of which required formal CRSA board action to resolve. The Authority has also made formal system reform recommendations in the form of three successive CRSA Service Plans, the first in 1991, the second in 1994 and the most recently updated Statewide Service Plan adopted in FY 2000.

Through its service planning assistance and dispute resolution activities, the CRSA has been able to identify how, when and why the Illinois service system breaks down around many Illinois children and their families. The CRSA then translates this accumulated field experience into recommendations for change, drawing attention to the service gaps and suggesting innovative practices and approaches from around the nation to help solve the unique challenges in Illinois' child and adolescent service system. A collective vision for Illinois has evolved: a vision that is expressed in the CRSA Statewide Service Plans. 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 CRSA has a responsibility to actively support all initiatives that are consistent with its Mission, Vision and Statewide Service Plan. CRSA pledges to collaboratively bring forward difficult issues that are seen as barriers to interagency agreement and foster an interactive, inclusive and meaningful process for resolving these barriers.

Illinois is a diverse state. Service delivery capability, service infrastructure and funding are influenced by variables including geographic location, demographics, local taxing realities, local/regional service traditions and political considerations. As such, CRSA recognizes the need to account for these variables in both its service delivery and service planning functions.

- The CRSA staff and board have concluded that CRSA needs to do strategic planning at least every two years instead of every five years. The human service system in Illinois is being rapidly reshaped by a receding economy both at the state and national levels and by changes in national healthcare policy, all of which challenges the Authority to adapt its approach to technical assistance offered to clients as well as system reform recommendations.
- CRSA board members and staff recognize that cultivating and effectively utilizing relationships with member agencies, with the legislature and with the Governor's office is a strategic goal for the CRSA. Goal attainment in these areas will be needed so that the CRSA maintains productive and cordial relationships with member agencies and working relationships with other governmental entities. Similarly, more groups and individuals both inside the Authority and outside of the Authority are challenging the board to work toward accomplishing more of its "systems change" duties through collaborative work with private and governmental providers.
- The Authority needs to continue to seek out ways to support the child and adolescent Local Area Networks (LANs) movement in Illinois. The LANs were suggested in CRSA service plans but state agency participation and financial support for the LANs during the last 16 years has been slow to materialize. Many Authority members and staff conclude that legislation may ultimately be needed if the LANs are going to become a reliable statewide infrastructure through which multiple-agency decision making and coordinated service provision can be made available to the CRSA population.

# FISCAL YEAR 2011 CASELOAD TRENDS

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

During FY 11, CRSA staff responded to 384 calls for assistance; 371 of which pertained to children and adolescents requiring assistance with service planning and service provision and 13 of which were systemic *Information Only* requests. During FY 11, 182 of the requests for CRSA assistance were individuals seeking help with community-based plans of service and 182 of the requests for CRSA assistance were calling to explore pathways to publicly funded residential placement for very severely impaired children. While CRSA staff note a gradual shift in emphasis from residential treatment to community-based approaches in recent years, the staff support activities required to establish and/or assist multidisciplinary, multiple-agency child and family teams at the community level to support community-based plans of services is both time and travel intensive. In spite of the increasing numbers of multiple-agency initiatives and the existence of the child and adolescent local area networks (LANs) throughout 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.

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

**Special Education:** Special education continues to be a common denominator for the majority of children served by CRSA. During FY 11, 273 of the children and adolescents referred to CRSA (73.5%) were involved in special education or were actively seeking special education services at the time of referral. There were 130 requests for CRSA assistance in FY 11 (35% of the FY 11 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 (92.3%). The number of parents with children in special education who were seeking residential placements through their Local Educational Agencies (LEAs) was 7.7% of this special education cohort. CRSA has taken 8 referrals from parents who were seeking ways to address bullying at school (2.1%).

CRSA has observed that as residential placements within DHS/DMH and DHS/DDD are more difficult to obtain, parents are increasingly looking to their public school districts for residential treatment and to DCFS for residential treatment of publicly adopted children. There is a consensus on CRSA that the time is right for Illinois to revisit the interagency agreement mandated by IDEA,

involving ISBE, DHS/DMH and DHS/DDD and which has not been updated since 2002. CRSA concludes that Interagency Agreement deliberations should include ISBE, DHS, DCFS, IDJJ and HFS.

**Children with Major Mental Illness:** There were 221 requests for assistance in FY 11 (59.5% pertaining to children with one or more documented major mental illnesses. The most commonly documented major mental illnesses were Bi-polar disorder (49.7%), Depression (29.4%), Schizophrenia/Psychosis (15.3%), Post Traumatic Stress Disorder (14.47%) and Obsessive Compulsive Disorder (4.9%)

The challenge that we see coming for children and adolescents with mental illness is that while state fiscal resources continue to shrink, both residential and community-based supports for children with mental illness are becoming more limited. Another concern that CRSA has expressed for this population is that children and families who are not Medicaid eligible (privately insured and under-insured) have increasing difficulty getting their mental health service needs met at the community level, eventually resulting in more costs expended in other parts of the system, such as psychiatric hospitals and Corrections.

**Children Diagnosed with Attention Deficit Disorder with or without Hyperactivity:** 175 children referred to CRSA in FY 11 (47.1%) 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.

**Medicaid Eligible Children and Families:** 224 children referred to CRSA for assistance in FY 11 (60.3%) were Medicaid eligible. This includes publicly adopted children, children whose families are eligible for Medicaid and children in ICG residential placements for more than 90 days under 94(r), a Medicaid eligibility category and designation for children who do not live with a caretaker relative for more than 90 days.

**Children with Behavior Disorders:** There were 156 requests for assistance in FY 11 (42%) pertaining to children with one or more documented behavior disorders. The most commonly documented behavior disorders were Oppositional Defiant Disorder (44.2%), Reactive Attachment Disorder (32%), Intermittent Explosive Disorder (14.1%), and Conduct Disorder (6.4%). It should be noted that these children constitute the most severe end of the continuum of such cases.

**Children with Developmental Disabilities:** 106 children referred to CRSA during FY 11 (28.5 %) carried developmental disability diagnoses. Within this cohort 34 children had stand-alone Autism Spectrum diagnoses (32%). The remaining 72 children had *multiple* developmental disability diagnoses (67.9%) including diagnoses of autism, Asperger's syndrome, pervasive developmental disorder, IQ below 70, Down syndrome and mental retardation. It was common for children diagnosed with developmental disabilities to have three or more developmental disability diagnoses simultaneously, in various combinations. Within the overall developmental disability cohort, 50 children (47.13%) were being referred to seek out community-based service arrangements. Children with developmental disabilities has become a large CRSA sub-population in recent years, increasing from 8% of CRSA's caseload in FY 06 to a high of 36% of CRSA's caseload in FY 10 and has now reduced to 28.5% of CRSA's caseload in FY 11.

Children diagnosed on the autism spectrum either with a stand-alone or co-morbid diagnosis comprised 61.3% of the developmental disability sub-population. Children with IQ's less than 70

comprise 22.6% of this sub-population. In FY 08 only one third of this sub population were seeking residential treatment. In FY 09, 42 % of the referents for this sub-population were seeking residential treatment. In FY 10, 43.7% of this sub- population was seeking residential treatment. In FY 11, 52.8% of this sub-population was seeking residential treatment. This is up from 42% in FY 09, and 43.7% in FY 10. This increase in demand for residential treatment for this disability group is discouraging because CRSA has observed that very few children and adolescents with developmental disabilities return to community-based settings once they enter residential settings, regardless of the age of residential entry. Given this reality, the long range goal of successfully assisting individuals with developmental disabilities to live in community-based settings as adults might be hindered as more and more of these individuals enter residential treatment facilities as children and adolescents.

**Adoption Services:** 24.2% of the initial service requests for CRSA assistance in FY 11 (90 referrals) pertained to children who have been adopted. 66.6% of those requests pertained to public adoptions. 17.8% pertained to children who were privately adopted including 12 requests for assistance for children who were adopted from foreign countries. The remaining 14 adopted children (15.5%) were family adoptions in which relatives took over guardianship of children from the extended family. The majority (77 children or 85.6%) of requests for assistance with children who are adopted come from adoptive parents seeking funding for residential placements. This represents a 17 percentage point increase from FY 10. DCFS continues to maintain an internal process for evaluating and making decisions about children who are publicly adopted and whose adoption is at risk of disruption or failure. Although these are time consuming cases CRSA staff observe that many adoptions that seem destined to disrupt at the time of case opening are successfully stabilized over time utilizing DCFS' adoption disruption protocol and by coordinating services in the community. Some adoptions, however, do fail and the children again become wards of DCFS. We note that there are few resources and service options for disrupting *private* adoptions especially for international adoptions and adopted children and their families who are not Medicaid eligible. Parents often "lock out" their publicly adopted child when the child presents a danger to others, thereby involving DCFS.

**Children with Dual Diagnoses:** During FY 11, 41 children (11%) referred to CRSA, carried dual diagnoses. This cohort broke down into two sub groups: 35 children diagnosed with mental illness(es) and developmental disability(ies) (MI/DD) and 6 children diagnosed with mental illness(es) and substance abuse problems (MI/SA). During FY 11, all of the MI/SA referents were requesting residential treatment.

Children who have overlapping diagnoses of mental illness and developmental disabilities most often have educational disabilities and behavior problems as well. This population cohort comprised only 2.7% of our caseload in FY 08. During FY 11 this population comprises 9.4% of CRSA's caseload.

Over the last decade, the previously sharp distinction between whether a child fits the service criteria for DHS/DDD or DHS/DMH has been blurred to the point that internal deliberations between the DDD and DMH Divisions of DHS are now routinely needed to make effective service planning, transition planning and funding decisions. Problematic behaviors for this population do appear more frequently in schools and public schools are challenged to shoulder more and more responsibility for social and emotional skills development, functional daily living skills development and vocational readiness training. As a result, the decision making surrounding which agency should accept primary service planning and implementation responsibility for an individual with mental illness, developmental disability and educational disability has become very complex. These cases are very labor intensive for local provider agencies, CRSA staff and relevant member agency staff. These

cases also carry a high likelihood of advancing to the CRSA dispute resolution process if service planning and/or funding decision making breaks down at any level.

### **Children with Neurological Impairments**

In FY 11, CRSA received 10 calls for assistance for children with neurological impairments, (22.6% of the FY 11 caseload). In this cohort we assisted 7 children with Traumatic Brain Injury (TBI) or Acquired Brain Injury (ABI), 1 child a seizure disorder, two children diagnosed with Tourettes Syndrome, and three children diagnosed with Cerebral Palsy (CP). The majority of these children had other co-morbid diagnoses as well.

**Transition Planning to Adult Services:** The CRSA caseload in recent years also identifies an increasing sub-population of “Transition Planning” cases as adolescents with varying disability profiles need to transition into the adult service sphere. In FY 11 CRSA was contacted to help facilitate the development of transition plans from the child and adolescent system to the adult service system planning for 20 individuals, comprising 5.3% of CRSA caseload in FY 11. 75% of this cohort were either considering or actively seeking to arrange for adult residential service options for their would-be adult children.

The slowing increasing number of these cases over time is worrisome for CRSA staff who observe many of the children on our caseload are not capable of living independently as adults and many are not capable of either competitive or supported employment as adults. Several of the most challenging dispute resolution cases in Authority history presented as young adults who required organized transitions into adult residential service environments. Staff observe that children on the autism spectrum, children with serious head injuries and children with deteriorating neurological profiles present challenges to the service system as systems struggle to arrange for seamless transitions from child and adolescent services to the adult service realm.

**Other Sub-Populations:** Other sub-populations of children with specialized service needs that have been referred to CRSA for assistance during FY 11 include: 36 children who exhibit sexual aggression (9.7%): 22 (61%) of whom were seeking residential placement: 12 children with documented prenatal substance exposure (3.2%): 7 parents who contacted CRSA who were considering “psychiatric lock-outs” (1.8%): 2 of which were voluntary relinquishments and 5 of whom were actively considering relinquishing custody to DCFS, but who would not have considered it had there been viable treatment alternatives, 6 children who were homeless (1.6%) at the point of referral, and 3 children with hearing impairments in combination with behavior disorders (less than 1%).

# FISCAL YEAR 2011 ACTIVITIES

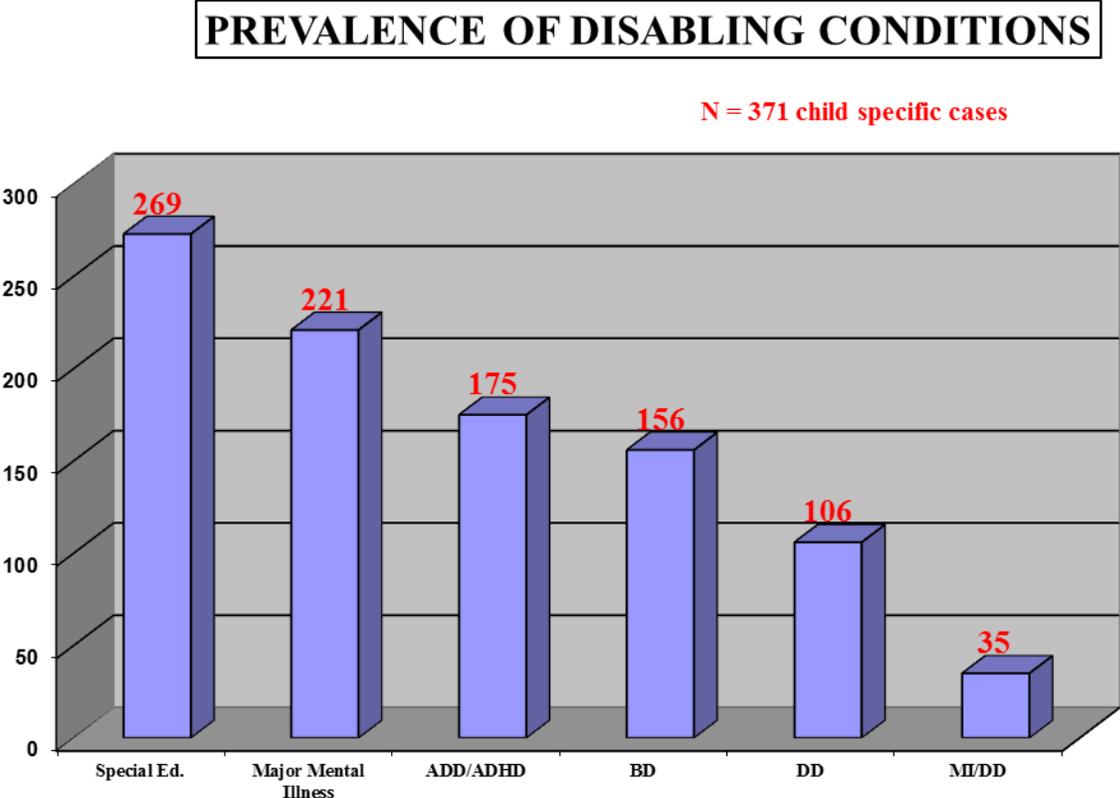
The CRSA board held six full board meetings that focused on promoting and implementing the concepts advanced in the CRSA Statewide Service Plan in addition to providing technical assistance and carrying out dispute resolution responsibilities.

- During FY 11, the Authority has discussed undertaking activities beyond the traditional statutory powers and duties of technical assistance to referents, dispute resolution and the publishing of periodic State Service Plan recommendations. There has been pressure from both within CRSA's board and outside of CRSA's board to utilize the Authority's interagency platform to assertively address specific policy and planning issues related to children and adolescents. However, these discussions are ongoing and there is some concern at the board level that pressures to expand the reach of the Authority's work, especially in the absence of additional resources, will dilute the focus of the agency which has a proven 25 year track record of excellence. CRSA is renowned for assisting families through the maze of the Illinois service system on a case-by-case basis and for working to secure agreement between state agencies that are often in conflict. This is the CRSA at its creative best.
- During FY 11, the Authority has heard specific requests to become involved in the appointment of two statewide task forces.
  - ❖ To examine the possible expansion of Early Periodic Screening Diagnosis and Treatment (E.P.S.D.T.) services as well as the expansion of Psychiatric Residential Treatment Facilities (PRTFs) in Illinois for Medicaid eligible children and families. The Authority has not moved forward on this request for involvement.
  - ❖ To recommend the appointment of a statewide task force leading to legislation to examine services planning and delivery to individuals with Traumatic Brain injuries and Acquired Brain Injuries (TBI and ABI). The Authority has not moved forward on this recommendation pending the resolution of a related dispute currently before the Authority.
- Additionally, during FY 11, the Authority has recommended that the Department of Human Services, Division of Developmental Disabilities (DHS/DDD) consider amending its educational co-funding practices/policies, bringing them into synchrony with recent related statutory changes in the Illinois School Code. It appears that discussion is underway within DHS/DDD regarding this recommendation.
- The CRSA board and staff held a CRSA Strategic Planning Conference in June 2011. Points of consensus from the Conference are currently being processed and emergent goals and activities will be set in FY 12.
- CRSA staff participated in 724 activities with agencies, organizations and groups and child staffings: including direct participation in 460 Wraparound staffings, school staffings and other multiple-agency planning staffings. CRSA's Network Development Coordinator participated in 79 statewide activities, enhancing communication among state and local agencies and strengthening youth serving networks with a primary emphasis on LANs support. The Executive Director and the four Regional Coordinators at CRSA participated in 185 activities with agencies, organizations and groups and maintaining liaison relationships with statewide planning groups. Such groups included Illinois State Advisory Council on the Education of Students with Disabilities, Positive Behavior Interventions and Support Network: Statewide LAN Leadership Team, Illinois Federation of Families, Attorney General's Special Education Committee, Children's Mental Health Partnership: Educational and Residential Workgroups, Individual Care Grant Advisory Council, the DHS/DMH Statewide Children and Adolescent Advisory Council and Transition Workgroup, Children's Behavioral Health Association and the Lockout Sub-Committee.

# CASE INFORMATION AND CLIENT STATISTICS

## Prevalence of Disabling Conditions

This graph shows the range and the prevalence of disabling conditions exhibited by the 371 children and adolescents for whom CRSA was contacted for assistance during FY 11. It is the norm for children and adolescents served by CRSA to exhibit two to five diagnosed disabilities and behavior problems at the time of referral.



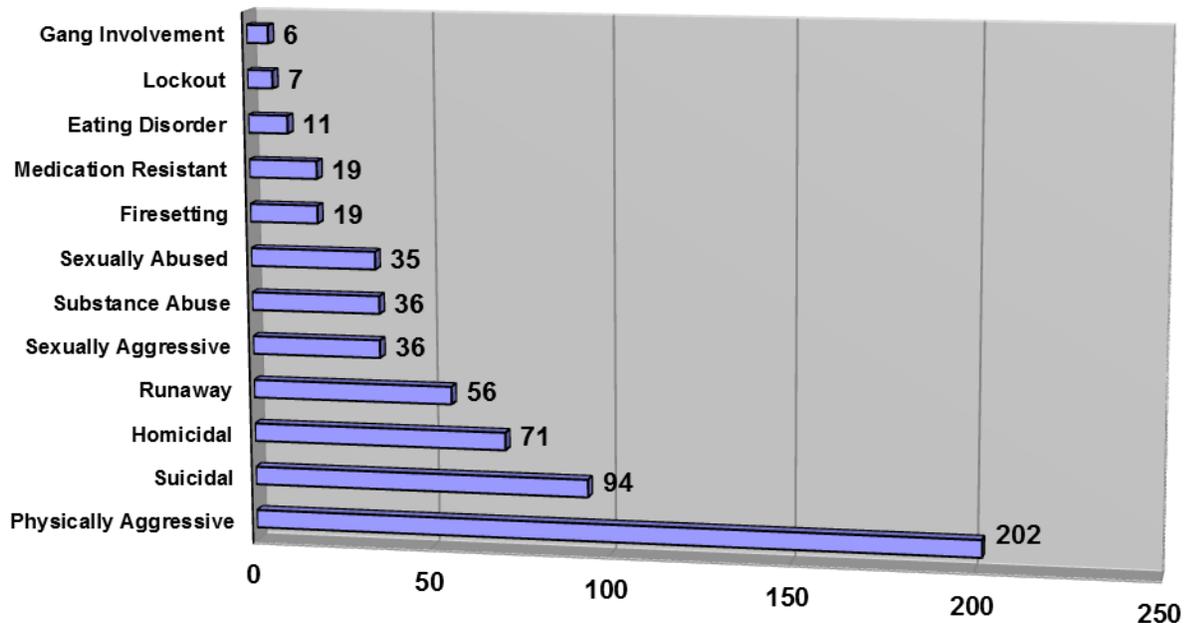
Multi-disciplinary and multiple-agency service planning is a common denominator for the children served by CRSA, given the multiple disabilities profile of the typical CRSA client

## Prevalence of Difficulty-of-Care Factors

This graph shows the range and the prevalence of serious behavior problems which CRSA tracks as “difficulty-of-care factors” exhibited by the children and adolescents for whom CRSA was contacted for assistance during FY 11. These behaviors present programming challenges for both community-based and residential service providers, thereby limiting service availability and treatment options. 241 or 64.9% of the children and adolescents for whom CRSA was contacted for assistance in FY 11 exhibited one or more difficulty-of-care factors in addition to one or more disabilities. All together, 592 difficulty-of-care factors were recorded among the 241 referrals who exhibited such behaviors. This suggests that the average number of factors per referent is 2.45.

### PREVALENCE OF DIFFICULTY OF CARE FACTORS

N = 371 child specific cases

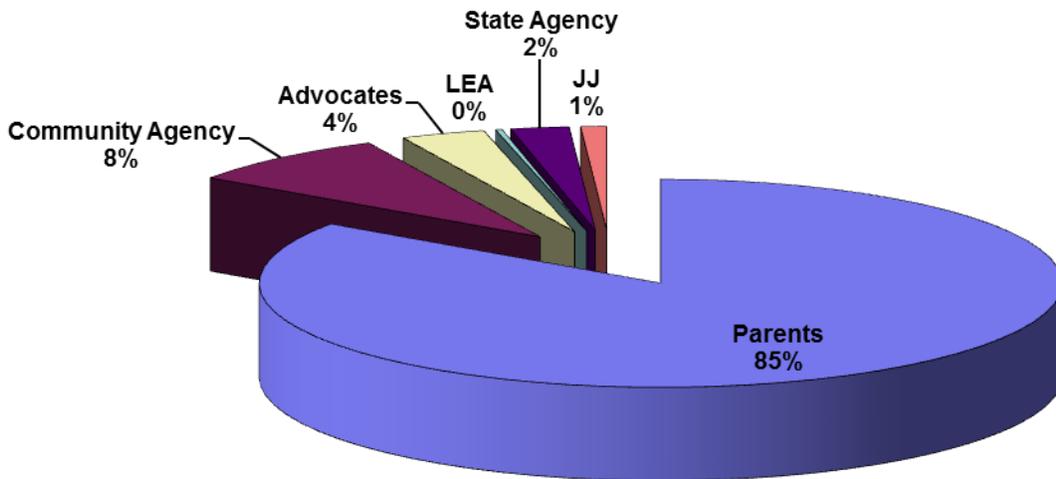


FY 08 was the first year that CRSA published prevalence of difficulty-of-care data. The FY 11 data is very similar to FY 08, FY 09 and FY 10 data in terms of the hierarchy of prevalent behaviors. Physical aggression and suicidal behavior remain the two most prevalent difficulty-of-care factors.

## Referral Source

This chart shows the distribution of the 384 FY 11 requests for assistance by referral sources. Parents remain the largest referral source to CRSA, followed by referrals from Community Agencies and Advocates.

### FY 11 REFERRAL SOURCES



- |                            |   |
|----------------------------|---|
| <b>STATE AGENCIES:</b>     | 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, and Community Health and Prevention; Department of Healthcare and Family Services |
| <b>LEAS:</b>               | Local Educational Agencies  |
| <b>ADVOCATES:</b>          | State, federal and private advocacy agencies/groups/individuals, lawyers  |
| <b>PARENTS:</b>            | Parent(s) or legal guardian   |
| <b>COMMUNITY AGENCIES:</b> | Local community direct service provider agency  |

## **Number of Referrals**

The Authority received and responded to 384 requests for assistance in FY 11. Of those, 371 client-specific and 13 referrals were systemic *Information Only* requests.

The gender data we collected during FY 11 indicates that 65.4% of individuals referred for services were male and 34.5% were female. This 2 to 1 male-to-female ratio is very consistent with historical agency norms.

Demand for CRSA services has stabilized in recent fiscal years, hovering in the range of 350 to 400 referrals per year. CRSA staff continue to utilize the capacity within the LANs and other local systems of care to address multiple-agency cases and increase consumer access to general services/program information through the Internet. The Authority continues to note steady changes in CRSA referral trends: a widening population of children which are presenting as under-served or un-served and a significant increase in case complexity and severity.

## **Dispute Resolution Activity**

During FY 11, three individual cases progressed far enough into the CRSA Dispute Resolution process to require Board intervention. During FY 11, two Technical Assistance Conferences were held and in both of those case the dispute remained unresolved and moved to the Authority hearing level. Three Authority Hearings were also held in FY 11, two of which occurred around one case and a third that occurred around another case. During FY 11 one of the cases that progressed through the Dispute Resolution process to the level of Authority Hearing led to the development of a viable plan of services that would resolve the dispute, but the case was not implemented by the parents. In the remaining case that progressed to Authority Hearing, the case dispute remained unresolved with a Director Review appearing imminent in FY 12. CRSA Dispute Resolution cases are generally much more labor intensive and increasingly require a higher degree of multi-systems specialization for both CRSA staff and member agencies to resolve.

In both of the disputes that went before the Authority during this fiscal year, the children and their families were the subject of well publicized newspaper articles, drawing attention to the gaps in the system that their cases represent. One of the disputes before the Authority in FY 11 involves a young adult with an Acquired Brain Injury which will prevent the individual from working at any level as an adult and from living in an open community setting without compromising public safety. This case has been open for “Transition Planning” assistance for more than two years while this individual’s overall needs were met by his public school district. However, agencies on the Authority have not yet been able to arrange for a smooth transition to a responsible adult service plan.

# CRSA CONSUMER SATISFACTION SURVEY

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

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

Question 2.) Were your ideas treated with respect?

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

The “Forms Returned” chart below displays the total number FY 11 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 4.54, shown in the dark-shaded box.

	FORMS RETURNED			QUESTIONS			
	Surveys Mailed	Surveys Returned	Percent Returned	Q. #1	Q. #2	Q. #3	Average
Parents	317	89	28%	4.60	4.70	4.29	4.53
Com Agencies	17	2	11.7%	5.00	4.50	4.50	4.66
Advocates	4	0	0%	N/A	N/A	N/A	
LEA	0	0	0%	N/A	N/A	N/A	
SA	4	2	50%	5.00	5.00	5.00	5.00
JJ	3	0	0%	N/A	N/A	N/A	
	<b>345</b>	<b>93</b>	<b>27%</b>	<b>4.61</b>	<b>4.70</b>	<b>4.30</b>	<b>4.54</b>

For FY 11, 27%, or 93 of the 345 surveys distributed, were returned.

Additional questions on the survey are optional and answered in narrative style. Of the surveys returned, 93.5% percent or 87 of the returned surveys had a narrative response, and their responses were consistent with overall survey ratings. The majority of respondents commented that there is nothing they dislike about CRSA services.

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

## Overall Consumer Satisfaction Rates

The chart below displays the weighted average response rating for each question across the last eight years. Scores have been constantly above 4.00 for the last 8 years.

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

### CONSUMER SATISFACTION RATES

	<b>FY 04</b>	<b>FY 05</b>	<b>FY 06</b>	<b>FY 07</b>	<b>FY 08</b>	<b>FY 09</b>	<b>FY 10</b>	<b>FY 11</b>
Q. #1	4.53	4.66	4.51	4.76	4.77	4.27	4.76	4.61
Q. #2	4.58	4.72	4.60	4.70	4.79	4.42	4.82	4.70
Q. #3	4.18	4.19	4.20	4.29	4.43	4.02	4.54	4.30
<b>Yearly Weighted Average</b>	<b>4.43</b>	<b>4.52</b>	<b>4.44</b>	<b>4.58</b>	<b>4.66</b>	<b>4.24</b>	<b>4.71</b>	<b>4.54</b>

**COMMUNITY AND RESIDENTIAL SERVICES AUTHORITY**  
**FY 2011**  
**APPROPRIATION/EXPENDITURE SUMMARY**

<b>FY 2011 APPROPRIATION</b>	<b>\$575,000.00</b>
<b>FY 2011 EXPENDITURE</b>	<b>\$509,819.65</b>
<b>LAPSED FUNDS</b>	<b>\$65,180.35</b>

TYPE OF EXPENDITURE	ALLOTMENT	EXPENDITURE	BALANCE
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**PERSONNEL SERVICES**

CRSA Employee Salaries	\$436,000.00	\$407,161.83	\$28,838.17
Retirement Reserve	\$25,000.00	\$0.00	\$25,000.00
Benefits Package	\$34,500.00	\$31,388.27	\$3,111.73
Staff Travel	\$30,000.00	\$21,301.47	\$8,698.53

**CONTRACTUAL SERVICES**

Members Travel	\$5,000.00	\$6,496.59	(\$1,496.59)
Space Allocation	\$31,000.00	\$29,493.00	\$1,507.00
Administrative Services	\$7,000.00	\$5,400.00	\$1,600.00
Website Development	\$2,000.00	\$0.00	\$2,000.00
Meeting Expenses	\$500.00	\$311.39	\$188.61
Staff/Board Training	\$1,000.00	\$75.00	\$925.00

**COMMODITIES**

Office Expenses	\$3,000.00	\$8,192.10	(\$5,192.10)
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