



ANNUAL REPORT

FY 2013

(July 1, 2012 - June 30, 2013)

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, State Agency
Directors and Superintendent of Education:

On behalf of the membership of the Community and Residential Services
Authority, I transmit herewith the Twenty Seventh Annual Report. I am pleased
to present this summary of activities for Fiscal Year 2013 in accordance with the
requirements as set forth in Ch. 122, Sec. 14-15.01 of the Illinois School Code.

Respectfully submitted,



Dr. Seth Harkins
Chairperson

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TABLE OF CONTENTS

Executive Summary	1
History and Background	2
Future Directions & Planning	3
Fiscal Year 2013 Caseload Trends	4
Fiscal Year 2013 Activities	8
Case Information and Client Statistics	10
Prevalence of Disabling Conditions	10
Prevalence of Difficulty-of-Care Factors	11
Referral Sources	12
Number of Referrals	13
Dispute Resolution Activity	13
CRSA Consumer Satisfaction Survey	14
Summary of Expenditures	16

EXECUTIVE SUMMARY

Children who exhibit multiple impairments/disabilities, including behavior disorders or severe emotional disturbances, historically present challenges to Illinois' state service system as agencies and schools try to address the diverse service needs of this population. Many of these children do not clearly fit the service eligibility criteria or funding streams of state and local public agencies, and therefore, unacceptable numbers of children and families go un-served or are underserved by the very systems established to help them. Through its service planning assistance and dispute resolution activities, the Community and Residential Services Authority (CRSA) has been able to identify how, when and why the Illinois service system 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. To date, the CRSA has assisted in the service planning for over 10,000 children and their families and successfully addressed several thousand service disputes, including 44 of which required formal CRSA board action to resolve. This year the CRSA responded to 338 requests for assistance through Technical Assistance and Dispute Resolution activities.

During FY 13 the Authority had ongoing conversations about the steady erosion of service system infrastructure in Illinois; as the network of community-based service agencies continue to struggle to provide needed community-based services; as publically funded residential placements continue to be more difficult for parents to obtain, and as the children and families in need become more dependent on for-profit psychiatric hospitals to address the resultant services vacuum when kids and families are in crisis. The Authority is also critically discussing various plans put forth by groups aimed at restructuring the service system in Illinois. The most viable of these plans apparently rely upon a weakened community-based service infrastructure, managed-care philosophies and the use of for-profit corporations as cornerstones of a revised service system in Illinois, all of which are currently contributing to the degradation of the service system as it exists today. The state's ongoing financial crisis, the uncertainty surrounding potential benefits of the Affordable Care Act, parity legislation and private insurers entering the services marketplace add an element of uncertainty, if not incredulity about the potential emergence of an improved human services system for children in Illinois in the near term.

Clusters of children on the CRSA caseload from year to year paint a picture of challenging populations that are at increasing risk of being under-served or going unserved. During FY 13, children diagnosed with one or more mental illnesses and/or developmental disabilities have reached record levels on CRSA's caseload. Adoptive families contacting the Authority needing intensive services approached the 30% mark, setting another agency record. Similarly, children exhibiting sexual aggression doubled on the CRSA caseload this year. The Authority is witnessing an increase in "Transition Planning cases". These are cases in which the service system is challenged to coordinate multiple-agency services to children in mid and late adolescence who require seamless transitions from child and adolescent services to the adult service realm. These are would-be adult-children who are regarded by parents and professionals as being incapable of living independently as adults and who are perhaps incapable of either competitive or supported employment as adults. Most will require supported living as adults. We also still observe ongoing clusters of children who continue to fall-between-the-cracks of the service system in Illinois, including children with brain injuries and deteriorating neurological profiles, adoptive families who "lock-out" their adopted children and relinquish custody to obtain needed treatment, and dually diagnosed children. The complexity of the cases referred to the Authority for assistance continued to steadily intensify this year.

HISTORY & BACKGROUND

The Community and Residential Services Authority (CRSA) was established by the Illinois General Assembly in 1985, initially as the Residential Services Authority, and was given the following three broad responsibilities:

- Assist parents and providers to access the state's human service system in a way that minimizes barriers and maximizes outcomes,
- Act as a "safety net" for the system by resolving multiple-agency service disputes that arise when essential services cannot be provided among existing service providers/programs, and
- Plan for a more responsive, efficient and coordinated system of services to address the needs of children with behavior disorders or severe emotional disturbances and their families.

It should be noted that CRSA is a unique state agency that has efficiently and effectively conserved tax dollars over the years and substantially improved the services and the outcomes of the children and families served. The Authority recognizes that in fulfilling the CRSA Mission, the best result is conflict resolution, not creation of conflict. Over the past quarter century, the CRSA has excelled in the resolution of interagency conflict and, in the process, helping Illinois children and their families.

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

To date, the CRSA has assisted in the service planning for 10,066 children and their families, and successfully addressed several thousand service disputes, including 44 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.

Through its service planning assistance and dispute resolution activities, the CRSA has been able to identify how, when and why the Illinois service system breaks down around many Illinois children and their families. The CRSA then translates this accumulated field experience into recommendations for change, drawing attention to the service gaps and suggesting innovative practices and approaches to help solve the unique challenges in Illinois' child and adolescent service system. CRSA's collective vision for Illinois evolves as the systemic problems and barriers change: a vision that is expressed in changing CRSA Statewide Service Plans. 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 predecessor (The Residential Services Authority or RSA) came about at a time when the landscape of children's human services in Illinois was being changed by shifting federal service approaches and funding models that had been taking root for a decade. Among those changes were the evolving federal Medicaid program that assured services to impoverished children and their families and the advent of special education services for children with disabilities. Both of those programs forced states to rethink how, when and where to deliver critical services to children and their families and how to be more collaborative in the provision and funding of these services. The growing pains that occurred in response to those systemic challenges in Illinois led to the creation of the RSA and its evolution into the CRSA five years later.

The Mission and the Vision of the CRSA are not static, but rather, need to evolve periodically. The CRSA staff and board recognize that the national and state service landscapes are 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. The human service system in Illinois is currently being reshaped by a slowly recovering economy, by the gradual and unpredictable implementation of sweeping changes in national healthcare service delivery and funding, all of which challenges the Authority to keep current and adapt its approach to assistance offered to clients. 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 every few years to adapt to the changing service system 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 nearly three decades of concerted effort among CRSA member agencies and other stakeholders. Even though Illinois stakeholders try to work more collaboratively to redesign the service system to be more pro-active and efficient, Illinois consumers still rely too often on law suits 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, don't fit the system as it changes. Kids and families need a "safety net" to fall back upon.

The CRSA remains committed to identifying those systemic casualties; giving them a voice and finding a door for them into an ever changing, and at times, incomprehensibly complicated service system in Illinois. In the process, the CRSA strives to draw attention to those systemic casualties so that the gaps in the system can be identified, addressed and filled.

FISCAL YEAR 2013 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 13, CRSA staff responded to 338 calls for assistance; 333 of which pertained to children and adolescents requiring assistance with service planning and service provision and 5 of which were systemic *Information Only* requests. During FY 13, 171 (51.3%) of the requests for CRSA assistance were individuals seeking help with community-based plans of service and 154 (46.2%) of the requests for CRSA assistance were calling to explore funding pathways to support residential treatment. CRSA staff note a gradual shift in emphasis from residential treatment to community-based approaches in recent years. In spite of the increasing numbers of multiple-agency planning activities and proposed initiatives that occur in Illinois, CRSA member agencies, for the most part, continue to make service and funding decisions within closed and centralized networks and resistance to multiple-agency Child and Family Team planning in communities continues to be an issue triggering referrals to CRSA.

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

Children with Major Mental Illness: There were 301 requests for assistance in FY 13 (90.4%) pertaining to children with one or more documented major mental illnesses. The most commonly documented major mental illnesses were Bi-polar disorder (30.8%), Depression (21.9%), Post Traumatic Stress Disorder (12.2%), Schizophrenia/Psychosis (9.63%), and Obsessive Compulsive Disorder (6.3%). There were 57 children (8.9%) with unspecified mental illness(s).

During FY 13 the percentage of children diagnosed with one or more forms of mental illnesses reached an all-time high for CRSA at 90.4 percent of the caseload. 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 continue to become more limited.

Special Education: Special education continues to be a large common denominator for the majority of children served by CRSA. During FY 13, 233 of the children and adolescents referred to CRSA (69.9%) were involved in special education or were actively seeking special education services at the time of referral. There were 140 requests for CRSA assistance in FY 13 (42% of the FY 13 caseload) specifically requesting CRSA assistance to address issues and concerns related to special education. The majority of these requests are from parents calling CRSA to explore ways to improve their child's academic performance or behavioral adjustment at school or who have general questions about special education procedures. The percentage of parents with children in special education who were explicitly seeking residential placements through their Local Educational Agencies (LEAs) was 7.2 %

of CRSA caseload in FY 13. CRSA has taken 3 referrals from parents in FY 13 who were seeking ways to address bullying at school.

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 the Individuals with Disabilities Education Act (IDEA), involving ISBE, DHS/DMH and DHS/DDD and which has not been updated since 2002. CRSA concludes that Interagency Agreement deliberations would include ISBE, DHS, DCFS, IDJJ and HFS.

Medicaid Eligible Children and Families: 228 children referred to CRSA for assistance in FY 13 (68.4%) were Medicaid eligible. The Authority remains concerned that children and families who are *not* Medicaid eligible (privately insured and under-insured) will have increasing difficulty getting their mental health service needs met at the community level, eventually resulting in children who will be under-served or unserved, many of which may default to the juvenile justice system.

Children Diagnosed with Attention Deficit Disorder with or without Hyperactivity: 172 children referred to CRSA in FY 13 (51.6%) were documented with either Attention Deficit Hyperactivity Disorder or Attention Deficit Disorder. This continues to be the most common co-existing condition/diagnosis seen on our caseload.

Children with Behavior Disorders: There were 154 requests for assistance in FY 13 (46.2%) pertaining to children with one or more documented behavior disorders. The most commonly documented behavior disorders among this population were Oppositional Defiant Disorder (48.7%), Attachment Disorders (29.2%), Conduct Disorder (7.7%), Intermittent Explosive Disorder (5.8%) and Other (7.8%).

Children with Developmental Disabilities: Children with diagnosed developmental disabilities have become a large CRSA sub-population in recent years, increasing from 8% of CRSA's caseload in FY 06 to a high of 41.4% of CRSA's caseload FY 13. 138 children referred to CRSA during FY 13 (41.4%) carried developmental disability diagnoses. Within this cohort 52 children had a diagnosis of Autism (37.7%), 27 children had a diagnosis of Asperger's Disorder (19.5%), 23 children had a diagnosis of Pervasive Developmental Disorder (16.6%), 19 children had IQs below 70 (13.7%) and 6 children were diagnosed with unspecified developmental disabilities (3.6%). 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, 71 children (51.4%) were being referred to seek out community-based service arrangements.

In FY 08 only one third of the CRSA's Developmental Disability sub-population were seeking residential placement. In FY 13, 48.5 % of this sub-population were seeking residential placement. This increase in demand for residential treatment for this disability group is discouraging because 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: 27.93% of the service requests for CRSA assistance in FY 13 (93 referrals) pertained to children who have been adopted. 76.34% of those requests pertained to public adoptions. The remaining 23.6% of children who were privately adopted included 8 requests for assistance for children who were adopted from foreign countries (8.6%). The majority (60 children or 64.5%) of requests for assistance with children who are adopted come from adoptive parents seeking funding for residential placements. Among these referrals in FY 13, seven adoptive families elected to “lock-out” their adopted child rather than to allow that child to remain in the adoptive home. In most of those instances parents concluded that relinquishing custody of the child to the state was the only viable way to obtain needed treatment for the child while simultaneously protecting the safety of the family and the community. Parents who attempt to obtain treatment for an adopted child through custody relinquishment are often criminalized in the courts as abusive parents, not because they are inherently abusive, but rather because the human services system is not equipped to meet the treatment needs of the child and family. These are often very compelling lose-lose situations. Custody relinquishment victimizes not only the child who loses the opportunity for permanency, that was the end goal of the adoption, but also frequently shatters the emotional and financial stability of the adoptive family who entered into the adoption to help the child obtain that sense of permanency. The Authority continues to document the disrupting adoptions it encounters in casework and in its Dispute Resolution process and recently requested the Governor’s Office appoint a Custody Relinquishment Task Force to explore the issues and to craft solutions to end the practice of custody relinquishment in Illinois.

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.

Children with Dual Diagnoses: During FY 13, 60 children (18%) referred to CRSA, carried dual diagnoses of mental illness(es) and developmental disability(ies) (MI/DD). Children who have overlapping diagnoses of mental illness and developmental disabilities most often have educational disabilities and behavior problems as well. CRSA has seen this population increase nearly seven-fold in 6 years, comprising only 2.7% of our caseload in FY 08 and now comprising 18% of CRSA’s caseload.

Coordinated service planning and service delivery among various DHS divisions and LEA’s during the high school years is a routine service need seen on CRSA’s caseload. The distinction between whether a child best fits the service criteria for DHS/DDD or DHS/DMH has become more crucial in recent years. Parents of young adolescents with dual diagnosis feel compelled to align their would-be adult child to one service division or the other at the beginning of the high school years as their public schools begin the transition planning process. They are challenged to attempt to identify which DHS division will become responsible for meeting adult supported living service needs of their would-be adult children. Public schools continue to be statutorily obligated to arrange for multiple-agency service coordination during high school years to effect a seamless transition from the child and adolescents service sphere into the adult service sphere. They also shoulder more and more responsibility for social and emotional skills development, functional daily living skills development and vocational readiness training. In Illinois, the connection between various DHS divisions and schools during the high school years is critically important for dually diagnosed adolescents and young adults.

Children Exhibiting Sexual Aggression: During FY 13, children referred with sexual aggression problems doubled from FY 12 levels on CRSA's caseload. In FY 13, 49 children (14.7%) were referred with sexual aggression identified as a primary treatment need. Among this sub-population, 40 children (81.6%) were being referred for residential treatment. Most were victims of sexual aggression themselves during their childhoods, many who were not treated and who grew to become sexual perpetrators. Without specialized treatment, all are at risk of entering the justice systems during their lifetimes.

Transition Planning to Adult Services: The CRSA caseload in recent years also identifies an increasing sub-population of "Transition Planning" cases as adolescents with varying disability profiles need to transition into the adult service sphere. This sub population has increased on the CRSA caseload over the last few years but is becoming difficult to track and measure exactly. While there are always a small number of parents who are explicitly requesting assistance with the transition planning process for older individuals, we are encountering greater numbers of children on our caseload who are younger, where transition planning is an implied secondary goal. These are children referred to CRSA for a variety of reasons including by parents and treatment professionals who are concluding that the children will become adult-children as adults. Many of these children are regarded as being incapable of living independently as adults and perhaps incapable of either competitive or supported employment as adults. Most will require supported living as adults. Several of the most challenging dispute resolution cases in Authority history were referred to CRSA as young adults who required organized transitions into adult residential service environments. This has challenged the CRSA staff and board to advocate for adult service plans which fall outside of the Authority's areas of expertise and understanding. Staff observe that children diagnosed with serious mental illness combined with developmental and intellectual disabilities, children with serious head injuries and children with deteriorating neurological profiles present challenges to the service system as systems struggle to arrange for seamless transitions from child and adolescent services to the adult service realm.

Children with Neurological Impairments

CRSA continues to receive a small number of calls for assistance for children with neurological impairments. Children diagnosed with Traumatic Brain Injury (TBI) or Acquired Brain Injury (ABI), Tourette's syndrome, Epilepsy and Cerebral Palsy frequently have other co-morbid diagnoses and typically require coordinated multiple-agency services throughout childhood and adolescence and into adulthood.

Other Sub-Populations: Other sub-populations of children with specialized service needs that have been referred to CRSA for assistance during FY 13 include, 27 children with eating disorders, 22 children with documented prenatal substance exposure, 3 children with chromosomal abnormalities, and 2 children with hearing impairments in combination with behavior disorders.

FISCAL YEAR 2013 ACTIVITIES

The CRSA board held five 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 13, the Authority has continued to focus its attention and discussion increasingly on system-wide service delivery problems and funding realities that are potentially degrading the viability of the Illinois children's human service system rather than enhancing the system. Service delivery problems themes discussed in FY 13 include:

- The network of not-for profit organizations throughout the state, which historically do much of the hands-on work for CRSA populations at the community level continue to be weakened financially to the point of non-viability within the service system. Similarly, the child and adolescent Local Area Networks (LANs) ceased to exist in FY 13. Yet, at the same time, system planners actively tout their commitment to a *future* children's human service system in Illinois in which individualized and intensified community-based services will be at the forefront as the foundational cornerstone of a revised human service system. The contradiction of ongoing slow financial strangulation of the very community-based structures that Illinois is apparently relying upon to support the system of the future, has been an ongoing conversational thread in CRSA this year.
- Illinois has become increasingly reliant on the courts to order individual children to be residentially placed in other states in Psychiatric Residential Treatment Facilities (PRTF's), funded by Illinois Medicaid, in the clear absence of Illinois developing its own continuum of PRTFs. The Authority has watched as lawsuits pertaining to Illinois' failure to provide Early Periodic Screening Diagnosis and Treatment (EPSDT) are gradually building momentum that many on the Authority conclude will inevitably lead to class action status and an eventual consent decree, as has already happened in half of the states in the nation before Illinois.
- The Authority has monitored various planning groups which have earnestly convened during FY 13 with the goal of devising plans seeking to eventually redesign the Illinois human service system for children. The Governor's Human Service Commission which finalized its recommendations and submitted them to the Governor's office during FY 13 was the most comprehensive plan reviewed by the Authority this year. This and other system redesign plans incorporate some of the CRSA service principles that have been articulated in three successive CRSA Statewide Service Plans, as well as, new service principles like best practices, and managed-care.
- The Authority has been discussing and reacting to Illinois' increasing reliance upon for-profit corporations which will apparently provide critically needed services for Illinois children and families in the future. In particular, the Authority has been tracking the costly and detrimental impact of Value Options, Inc.'s management on Illinois' Individual Care Grant (ICG) program, a program that some opine is being intentionally managed out of existence. The ICG intake numbers for the last 5 years appear to support that contention. Similarly, the Authority reviewed psychiatric hospitalization data from FY 10. The data illustrates Illinois' reliance on

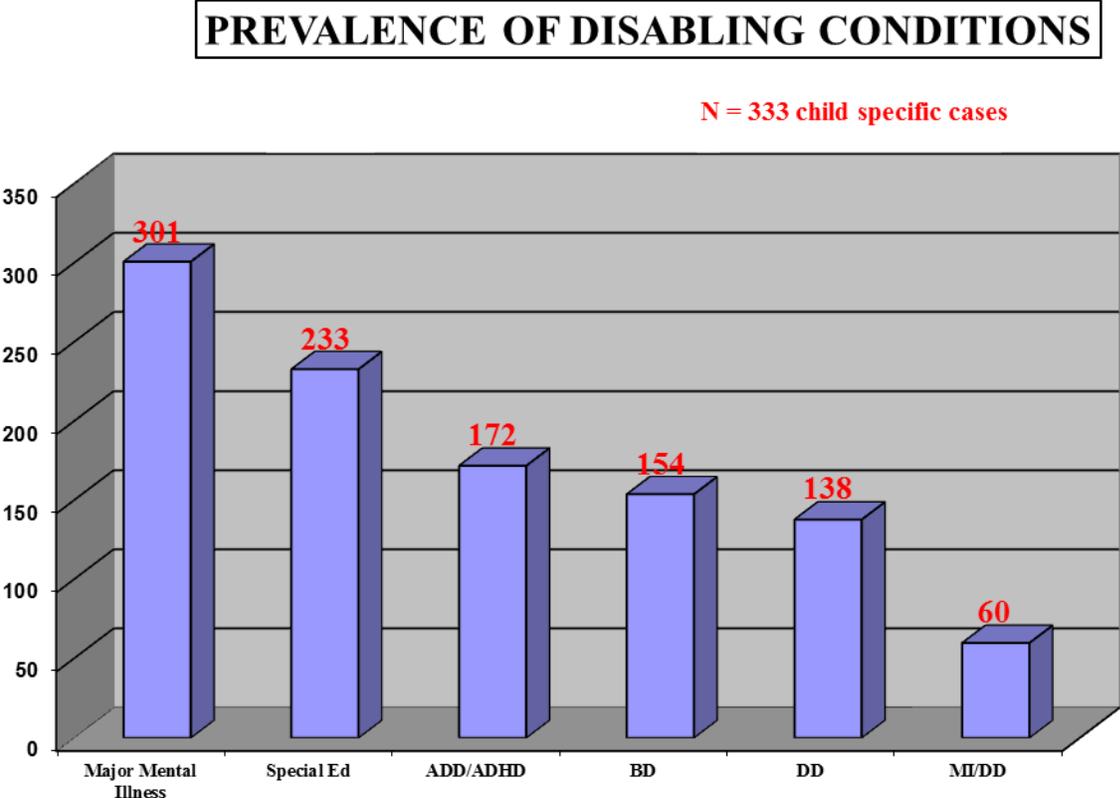
Medicaid funding to provide recurrent “revolving door”, short-term stays at privately owned psychiatric hospitals. A small number of these hospitals apparently profit exorbitantly from the decaying community-based and residential infrastructure for kids in Illinois while failing to contribute to meaningful long-term outcomes for the kids they serve. Given the performance to date, the Authority questions the wisdom of Illinois’ future reliance on outside managed care entities for its most vulnerable citizens.

- During FY 13, the Authority continues to ponder the eventual impacts on Illinois’ human service system of federal changes implied in the Affordable Care Act, Parity legislation and entrance of private insurers into the human services marketplace. The political uncertainty accompanying these initiatives keeps system planners guessing about *what* support will really be there and *when* it will be there as Illinois endeavors to predict and incorporate those resources in its redesign of its service system for children.
- On the casework front, CRSA staff participated in 460 activities with agencies, organizations and groups and child staffings: including direct participation in 369 client progress staffings, wraparound planning staffings, school staffings and other multiple-agency planning staffings. During FY 13 the Executive Director and the four CRSA Regional Coordinators participated in 91 activities with agencies, organizations and groups and maintaining liaison relationships with statewide planning groups. Such groups include the Attorney General’s Special Education Committee, the Children’s Behavioral Health Association, the Illinois Human Services Commission, the Children’s Mental Health Partnership: Residential Workgroup, the Illinois Coordinating Council, the Individual Care Grant Advisory Council and others.
- The Authority is beginning to focus its attention in FY 13 on an increasingly visible population of individuals who “fall between the cracks” of the Illinois human service system; individuals with complex emotional and behavioral disabilities who need to make coordinated and seamless transitions from the child and adolescent service system into the adult service system, many of whom will require lifelong state supported care. In November of 2012 the Illinois Department of Human Services, Division of Rehabilitation Services (DHS/DORS) provided CRSA staff and interested board members an in-service training to better understand its role in Adult Transition Planning. The Authority is seeing more calls from individuals with complex emotional and behavioral disabilities needing coordinated service planning activities to move into the adult service world. Transition Planning is a multiple-agency process which is statutorily designed to begin at age 14 & ½ years of age in Illinois but is far too often delayed until the upper teen years when transitions then become crisis driven.

CASE INFORMATION AND CLIENT STATISTICS

Prevalence of Disabling Conditions

This graph shows the range and the prevalence of disabling conditions exhibited by the 333 children and adolescents for whom CRSA was contacted for assistance during FY 13. 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.



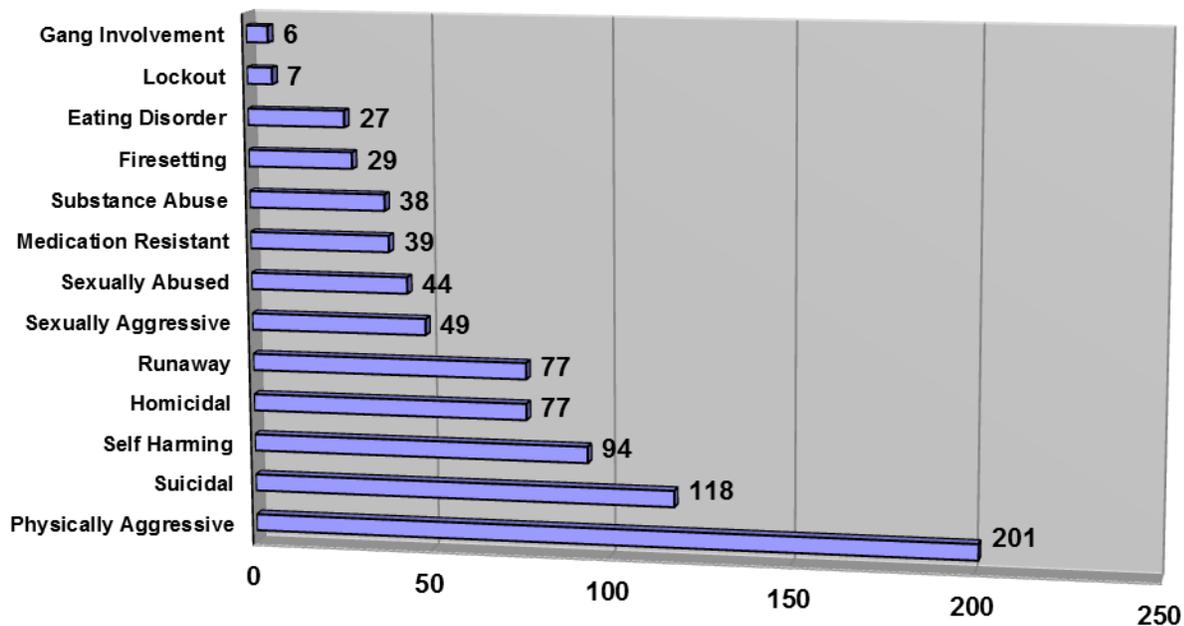
Multi-disciplinary and multiple-agency service planning is a common denominator for the children served by CRSA, given the multiple disabilities profile of the typical CRSA client.

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 13. These behaviors present programming challenges for both community-based and residential service providers, thereby limiting service availability and treatment options. 260 or 78% of the children and adolescents for whom CRSA was contacted for assistance in FY 13, exhibited one or more difficulty-of-care factors in addition to one or more disabilities. Altogether, 806 difficulty-of-care factors were recorded among the 260 referrals who exhibited such behaviors. This suggests that the average number of factors per referent is 3.1.

PREVALENCE OF DIFFICULTY OF CARE FACTORS

N = 333 child specific cases

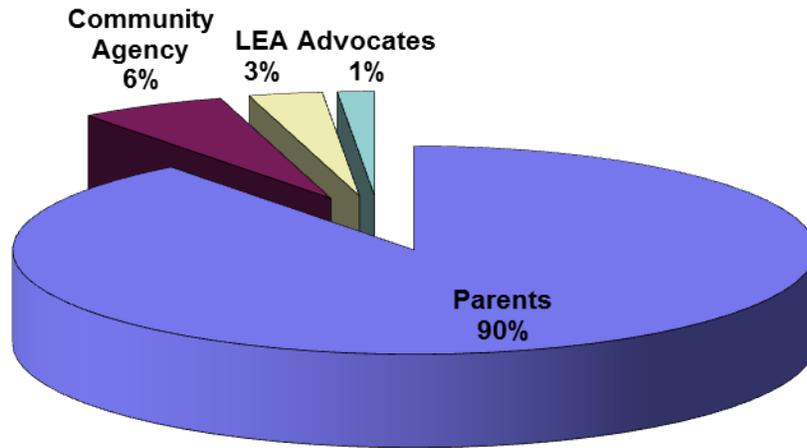


FY 08 was the first year that CRSA published prevalence of difficulty-of-care data. The FY 13 data is very similar to FY 08, FY 09, FY 10, FY 11 and FY 12 data in terms of the hierarchy of prevalent behaviors. Physical aggression and suicidal behavior remain the two most prevalent difficulty-of-care factors.

Referral Source

This chart shows the distribution of the 338 FY 13 requests for assistance by referral sources. Parents remain the largest referral source to CRSA, followed by referrals from Community Agencies, Local Education Agencies and Advocates.

FY 13 REFERRAL SOURCES



STATE AGENCIES:

Illinois State Board of Education; Department of Children and Family Services; Department of Juvenile Justice; Department of Human Services: Divisions of Mental Health, Developmental Disabilities, Rehabilitation Services, Family & Community Services and the Illinois Department of Healthcare and Family Services

LEAS:

Local Educational Agencies

ADVOCATES:

State, federal and private advocacy agencies/groups/individuals, lawyers

PARENTS:

Parent(s) or legal guardian

COMMUNITY AGENCIES:

Local community direct service provider agency

Number of Referrals

The Authority received and responded to 338 requests for assistance in FY 13. Of those, 333 were client-specific referrals and 5 referrals were systemic *Information Only* requests.

The gender data we collected during FY 13 indicates that 224 (67%) of individuals referred for services were male and 109 (33%) 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 325 to 375 referrals per year. CRSA staff continue to utilize the capacity within local systems of care to address multiple-agency cases and also increase consumer access to general services/program information through the internet. The Authority continues to note steady changes in CRSA referral trends: a widening population of children which, when referred to the Authority, are under-served or un-served. During FY 13 CRSA cases continue to be more complex.

Dispute Resolution Activity

During FY 13, five cases progressed to the level of *Staff Review*, cases which were judged to have all of the required elements that could possibly require board intervention to help resolve evolving service disputes. Two of these five cases were carried over from FY 12 and were resolved, one case was resolved within a month and the two remaining Staff Review cases will be carried over into FY 14.

During FY 13, two individual cases progressed far enough into the CRSA Dispute Resolution process to require Board intervention. During FY 13, two *Technical Assistance Conferences* were held pertaining to CRSA cases and one of which was successfully resolved at that level of board involvement. The remaining case heard at the technical assistance level remained unresolved and will be carried over into FY 14.

There were no *Authority Hearings* or *Director Reviews* held during in FY 13. None of the cases that were active within the Dispute Resolution process during FY 13 progressed to the point that Full Authority action was required to resolve evolving service disputes.

The CRSA Dispute Resolution process has evolved over the years as both CRSA staff members and Board members grappled with multiple-agency service and funding disputes that often required full Authority action and sometimes required the direct involvement of state agency directors and legislators to resolve. In February of 2009, the CRSA Dispute Resolution process was revised in an effort to streamline the process and to resolve contentious service and funding disputes at earlier levels within the process. Since that revision, the newly created Technical Assistance Conference process has been used 12 times leading to successful resolving of the disputes in 75% of those cases. In that same timeframe only three cases progressed to the level that required full board action to resolve and now, in FY 13 none of the disputes brought forward by staff required full board activity. This trend is noteworthy in that CRSA staff members and board members have partnered earlier and more openly to explore potential solutions to contentious service and funding disputes. Likewise, CRSA member agencies have become more willing to engage in service and funding disputes earlier in the process and have exhibited an intensified commitment proactively resolve disputes earlier in the process.

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 13 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 4.51, shown in the dark-shaded box.

FORMS RETURNED

	Surveys Mailed	Surveys Returned	Percent Returned
Parents	303	65	21%
Com. Agency	15	5	33%
LEA	3	2	67%
Advocates	1	1	100%
State Agency	0	0	0%
JJ	0	0	0%
	322	73	23%

QUESTIONS

Q. #1	Q. #2	Q. #3	Average
4.55	4.66	4.27	4.49
5.00	4.80	4.60	4.80
5.00	4.50	4.50	4.67
5.00	5.00	5.00	5.00
N/A	N/A	N/A	N/A
N/A	NA	NA	N/A
4.59	4.66	4.30	4.52

For FY 13, 22.67% or 73 of the 322 surveys distributed were returned.

Additional questions on the survey are optional and answered in narrative style. Of the 73 surveys returned, 97% percent or 71 of the returned surveys had a narrative response, and their responses were consistent with overall survey ratings. The majority of respondents commented that there is nothing they dislike about CRSA services.

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

Overall Consumer Satisfaction Rates

The chart below displays the weighted average response rating for each question across the last ten years. Scores have been constantly above 4.00 for the last 10 years.

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

	FY 04	FY 05	FY 06	FY 07	FY 08	FY 09	FY 10	FY 11	FY 12	FY 13	10 YEAR AVE.
Q. #1	4.36	4.66	4.87	4.82	4.93	4.59	4.88	4.61	4.50	4.59	4.68
Q. #2	4.62	4.72	4.85	4.80	4.91	4.75	4.90	4.70	4.65	4.66	4.76
Q. #3	3.75	4.2	4.54	4.49	4.80	4.33	4.60	4.30	4.64	4.30	4.40
Yearly Average	4.24	4.53	4.53	4.53	4.53	4.56	4.79	4.54	4.60	4.52	4.54

COMMUNITY AND RESIDENTIAL SERVICES AUTHORITY
FY 2013
APPROPRIATION/EXPENDITURE SUMMARY

FY 2013 APPROPRIATION	\$592,300.00
FY 2013 EXPENDITURE	\$501,362.36
UNEXPENDED FUNDS	\$90,937.64 *

TYPE OF EXPENDITURE	ALLOTMENT	EXPENDITURE	BALANCE
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PERSONNEL SERVICES

CRSA Employee Salaries	\$415,000.00	\$414,408.00	\$592.00
* Contractual Employee	\$20,000.00	\$0.00	\$20,000.00
* Contractual Services	\$21,800.00	\$0.00	\$21,800.00
* Retirement Reserve	\$25,000.00	\$0.00	\$25,000.00
Benefits Package	\$34,000.00	\$32,521.34	\$1,478.66
Staff Travel	\$25,000.00	\$13,709.68	\$11,290.32

CONTRACTUAL SERVICES

Members Travel	\$5,000.00	\$6,435.00	(\$1,435.00)
Space Allocation	\$32,000.00	\$27,608.18	\$4,391.82
Administrative Services	\$6,000.00	\$5,500.00	\$500.00
Website Development	\$2,000.00	\$0.00	\$2,000.00
Meeting Expenses	\$500.00	\$11.16	\$488.84
Staff/Board Training	\$1,000.00	\$539.00	\$461.00

COMMODITIES

Office Expenses	\$5,000.00	\$630.00	\$4,370.00
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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*