Community & Residential Services Authority

ANNUAL REPORT

FISCAL YEAR 2020

(July 1, 2019- June 30, 2020)

100 North First Street, W-101
Springfield, Illinois 62777-0001
877/541-2772
217/524-1529 (fax)
www2.illinois.gov/CRSA

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 33rd Annual Report. I am pleased to present this summary of activities for Fiscal Year 2020 in accordance with the requirements as set forth in Ch. 122, Sec. 14-15.01 of the Illinois School Code.

Respectfully submitted,

Robert Bloom PhD
Chairperson

LEGISLATIVE MEMBERS

Senator Jennifer Bertino-Tarrant
Senate Committee on Elementary & Secondary Education
Ms. Carie Johnstone, Designee*

Senator Chuck Weaver
Senate Committee on Elementary & Secondary Education
Mr. Matt George, Designee – Vice-Chairperson*

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

Representative Avery Bourne
House Committee on Elementary & Secondary Education
Dr. Kathleen Briseno, Designee

STATE AGENCY DESIGNEES

Ms. Michelle Eckoff
Illinois Department of Healthcare and Family Services

Ms. Juliana Harms, Secretary*
Illinois Department of Children and Family Services

Director Rahnee Patrick
Ms. Michelle Scott- Terven
Illinois Department of Human Services
Division of Rehabilitation Services

Ms. Maureen Haugh-Stover
Illinois Department of Human Services
Division of Developmental Disabilities

Mr. Mark Smith*
Illinois Department of Juvenile Justice

Ms. Lisa Betz*
Illinois Department of Human Services
Division of Mental Health

Ms. Gabrielle Hill
Illinois Attorney General's Office

Ms. Abbey Storey**
Illinois State Board of Education

Ms. Julie Stremlau
Illinois Department of Human Services
Office of Family and Community Services

GOVERNOR'S APPOINTEES

Mr. Neal Takiff*
Gubernatorial Appointee

Dr. Robert Bloom, Chairperson*
Gubernatorial Appointee

Dr. Andrew Beatty**
Gubernatorial Appointee

Mr. Merlin Lehman
Gubernatorial Appointee

Gary Seelbach
Gubernatorial Appointee

Vacant
Gubernatorial Appointee

* Executive Committee
**Executive Committee Alternate

TABLE OF CONTENTS

ABOUT CRSA	PAGE 1
CRSA BOARD	PAGE 2
POWERS AND DUTIES	PAGE 3
OPERATIONS	PAGE 3 - 4
FISCAL YEAR 2020 EXPENDITURES	PAGE 5
FY 2020 ACTIVITY	PAGE 6 - 8
STATISTICAL SUMMARY	PAGE 9 - 21
REPORT ON OBJECTIVES	PAGE 22
DEFINITIONS	PAGE 23

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 difficultly in accessing the current existing supports and services available to Illinois youth.

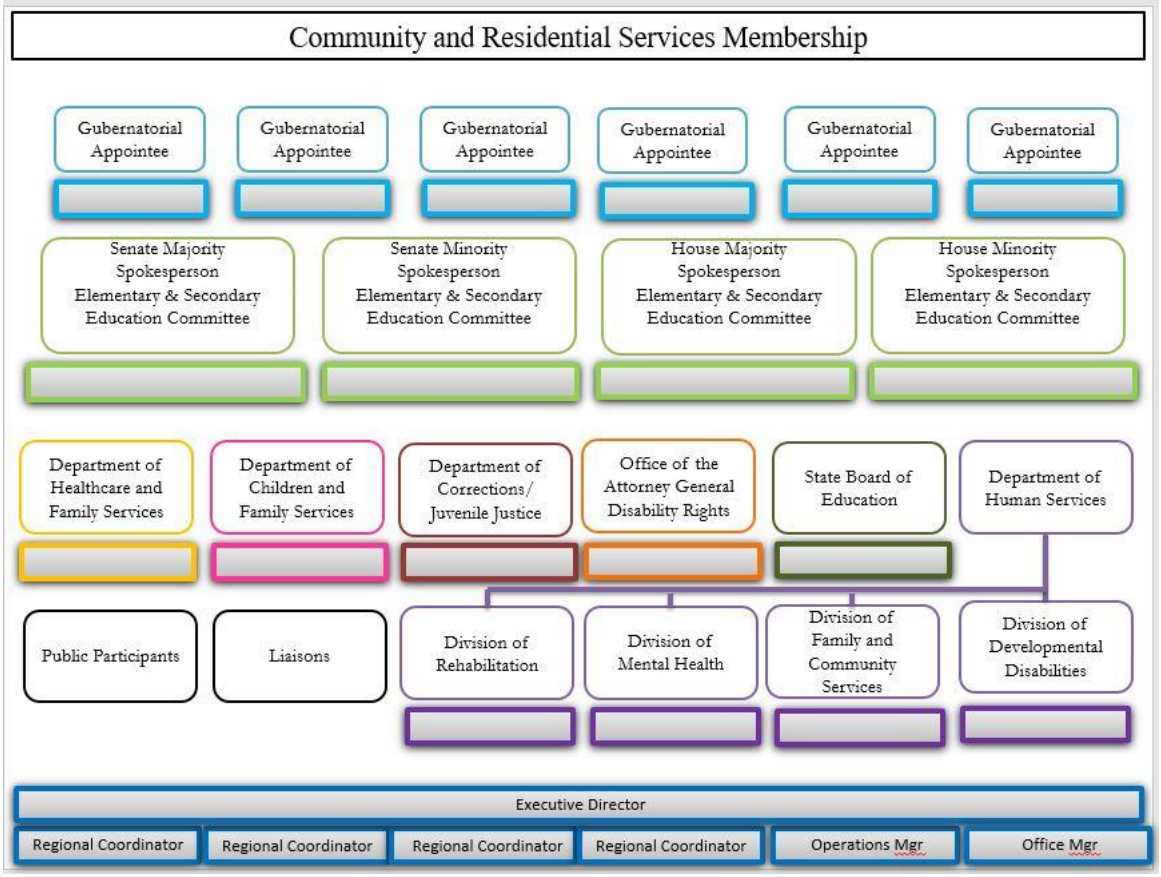
Children who exhibit multiple impairments/disabilities, including behavior disorders or severe emotional disturbances, historically present challenges to Illinois' state service system as agencies and schools try to address the diverse service needs of this population. Many of these children do not clearly 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.

OUR 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.

OUR 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.

The 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 two support professionals 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 and Family Services
- Department of Healthcare and Family Services
- Illinois State Board of Education
- Department of Juvenile Justice
- Department of Human Services
  - Division of Mental Health
  - Division of Developmental Disabilities
  - Division of Rehabilitation Services
  - Division of Family and Community Services

POWERS AND DUTIES

[1]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.

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 and schools and 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

[1] (105 ILCS 5/14-15.01) (from Ch. 122, par. 14-15.01)
Sec. 14-15.01. Community and Residential Services Authority

collaborative agreement at the Regional Coordinator level, the CRSA board can review the case in a Dispute Resolution meeting. (Dispute Resolution described below).

The Community and Residential Services Authority (CRSA) has been able to identify the Illinois social service barriers for children with complex mental health challenges. In FY 20, four CRSA Regional Coordinators facilitated cohesive complex service planning for 291 children with severe behavioral/emotional disabilities and/or complex educational needs who faced barriers to accessing the Illinois public and private services designated to help them.

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 Director and board Chair 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. During FY 20, all potential dispute resolution cases were resolved through informal consults with relevant agency board members.

COMMUNITY AND RESIDENTIAL SERVICES AUTHORITY FY 2020

APPROPRITION/EXPENDITURE SUMMARY

FY 2020 APPROPRIATION	**$650,000.00**
FY 2020 EXPENDITURE	**$572,826.33**
LAPSED FUNDS	**$77,173.67**

TYPE OF EXPENDITURE	ALLOTMENT	EXPENDITURE	BALANCE
PERSONNEL SERVICES			
CRSA Employee Salaries	$488,800.00	$465,184.00	$23,616.00
Retirement Reserve	$25,000.00	$0.00	$25,000.00
Social Security	$15,500.00	$14,434.80	$1,065.20
Retirement	$19,500.00	$18,611.18	$888.82
Contractual Employee	$5,000.00	$3,613.75	$1,386.25
TRAVEL			
Staff Travel	$30,000.00	$23,568.90	$6,431.10
Members Travel	$5,000.00	$1,794.12	$3,205.88
PROFESSIONAL DEVELOPMENT			
Staff Development	$1,000.00	$1,061.00	($61.00)
Member Development	$500.00	$0.00	$500.00
OPERATING EXPENSES			
CDW Governmental	$19,000.00	$19,000.00	$0.00
Equipment & Office Supplies	$5,700.00	$5,616.70	$83.30
Facility Lease	$25,000.00	$12,352.52	$12,647.48

CRSA carries over $25,000 every year for retirement unless it's used, no one retired in FY 2020. Staffing vacancies left $52,000.

FY 2020 ACTIVITY

Due to the Covid-19 pandemic the CRSA board held five out of the 6 scheduled board meetings during FY 20. The board focused on promoting and implementing the concepts advanced in CRSA Strategic Plans which resulted in the refinement of our mission and vision to serve the youth of Illinois even during the pandemic:
Our 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.
Our CRSA Vision is that every youth in Illinois shall be socially and emotionally healthy enough to have the opportunity to achieve their fullest potential and participate in developing their identity and role in society.

Only one board meeting in April was interrupted due to COVID-19. CRSA passed timely bylaws that allowed the board meetings to be held by video conference while still complying with the Open Meetings Act.

In the Spring of 2019, CRSA was requested by a school district and various parents to host a symposium for parents, schools, agencies and providers addressing high acuity mental health needs for youth requiring therapeutic residential treatment who have no viable therapeutic residential treatment options. As a result, a committee was formed, and a symposium was planned for May 2020. Because of Covid-19 restrictions we could not hold the symposium as scheduled. CRSA planned the symposium to elicit the scope and nature of the lack of psychiatric hospitalizations and psychiatric residential treatment for Illinois's youth with severe and intensive behavioral health conditions and to propose solutions to this state-wide problem.
A symposium was considered important because Illinois' youth with complex behavioral health conditions need timely and appropriate access to vital intensive psychiatric hospitalization and/or therapeutic residential treatment delivered by credentialed well trained psychiatric professionals.
Youth with highly acute mental health needs requiring therapeutic residential treatment often have limited or no access to psychiatric residential treatment due to behaviors that do not respond to established therapeutic milieus. These youths are typically referred to as "Treatment Resistant". If admitted to treatment, they often have multiple premature and unsuccessful residential treatment discharges. The public systems which fund residential placements for youth are often limited to proprietary lists within their respective agencies. This limits access to other treatment options if a youth is not eligible for admission to one of the preferred provider facilities. In addition to this issue, if these youths have criminal histories, placing them residentially becomes even more problematic.
While waiting for an appropriate available residential placement, youth who are treatment resistant may require emergency admissions to hospitals for behavioral incidents related to their mental health conditions. Some youth with severe behavioral conditions, have actually been denied admission to private psychiatric hospitals due to the risk they pose to themselves, the hospital and/or the hospital staff. As a result, these mentally fragile youths at times are simply "not treated" and can escalate to harming themselves and/or their families. When a youth with severe behavioral disabilities is admitted to a private psychiatric hospital, they may exceed the hospitals planned length of stay due to their threats of harm to themselves or others once released. The lack of available, appropriate and timely residential treatment

for youth who are hospitalized "beyond medical necessity" affects the youth's ability to heal in a less restrictive milieu, increases the cost of care and the potential for custody relinquishment. Often continuity of care planning cannot be established, and the youth may not be able to return home due to safety risks to themselves, their families and their communities.

Goal of Symposium:

Youth with complex behavioral health conditions would receive timely and appropriate access to necessary intensive psychiatric hospitalization and/or therapeutic residential treatment delivered by credentialed, well trained, psychiatric professionals.

Objective:

Relevant public entities would have the resources, methods and means to timely and appropriately place youth who are treatment resistant in facilities that match the youth's level of need.

Four primary topics were planned be discussed:

1) One State Funded Hospital (SOF): Create one state funded, no decline, state operated psychiatric hospital and residential treatment facility to professionally and ethically treat, evaluate and advocate for youth who were under-served due to the severity of their mental and/or behavioral health conditions. Hospitalization at a SOF could stabilize a youth to step down to less restrictive treatment settings or home with intensive supports arranged through community linkage agreements.
2) Credentialed Direct Care Workers: Urge Illinois to create a Mental Health Professional Certification and offer incentives for obtaining the credentials necessary to work in a therapeutic milieu. Often direct line staff who spend the majority of time with the youth in treatment centers and private hospitals are making minimum wage and are minimally trained in ongoing evidenced based trauma informed behavior management interventions. Conversely, well trained line staff would increase a youth's successful completion of residential program goals that are consistent with standard clinical practices.
3) One Off Agreements or Single Case Agreements: Advocate for "One Off" agreements which can supersede traditional contracts and allow for agencies to share residential resources rather than the mutually exclusive lists code departments maintain today. This would require the creation of an interagency agreement to support cooperation among agencies.

Because of the economic downturn and health concerns that the state of Illinois faced with the onset of Covid-19 restrictions CRSA tabled the symposium. CRSA chose to address these objectives in 2021 as potential legislation.

FISCAL YEAR 2020 REGIONAL COORDINATOR ACTIVITIES

The CRSA Regional Coordinator: CRSA Regional Coordinators are consultants, troubleshooters and sometimes a "systems alarm bell". CRSA is a unique agency, which will never have the same exact issue for any given case. Overall, Regional Coordinators mostly function as a "systems- guide" and collaborative partner for parents, agencies and communities. CRSA staff understand protocols for accessing established state services and resources for youth with behavioral health care needs.
CRSA Regional coordinator activities: CRSA Staff work for the initiatives set by the CRSA board and established legislative objectives. Regional coordinators:

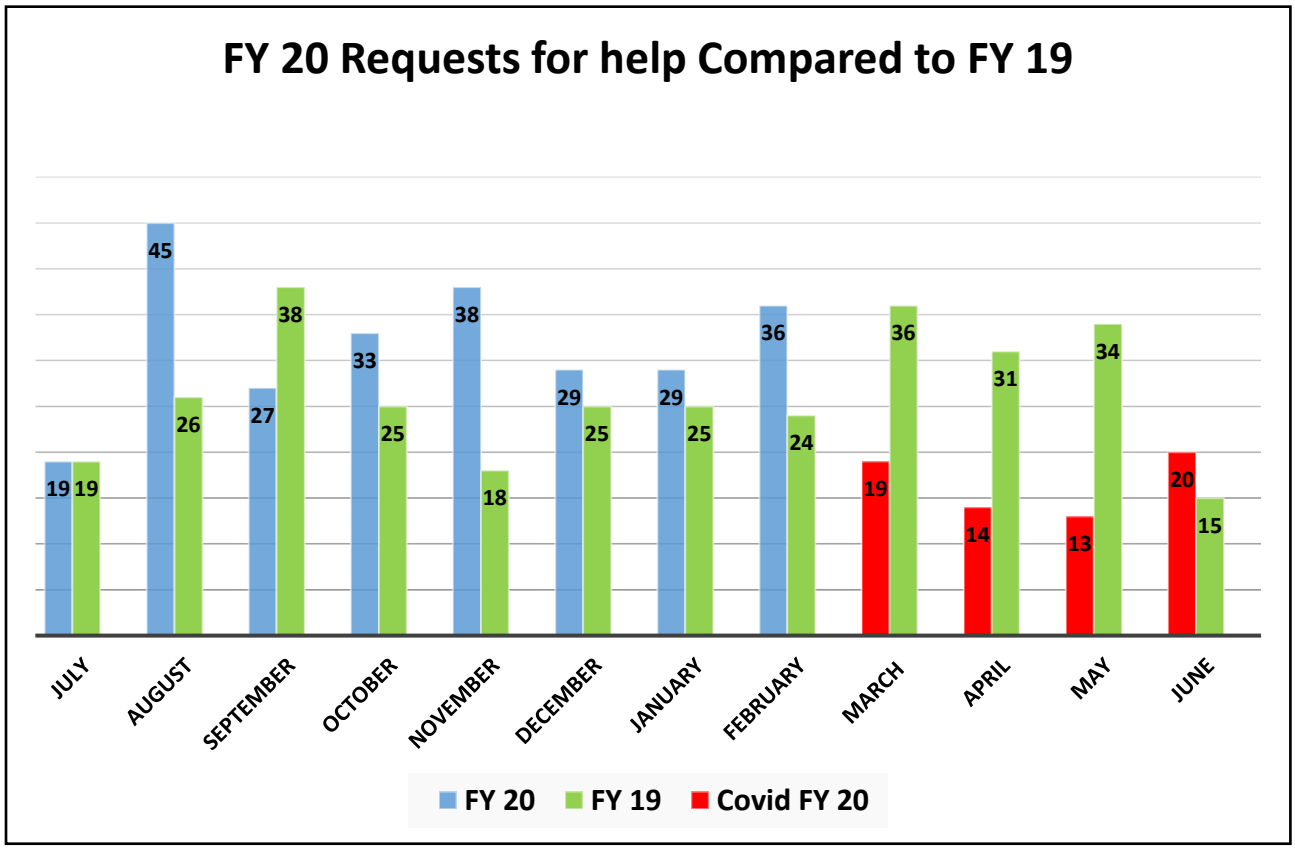
- Are quick to respond to calls for help for youth who have emotional difficulties and behavioral disabilities and are personally accessible to assist in coordinating a plan of care.
- Collaborate to ensure that services are planned in association with all appropriate child-serving systems in the youth's 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.

FY 20 CRSA Regional Coordinator Community Outreach: CRSA believes that the best results are achieved by reaching out to like-minded individuals invested in the mental health wellness of youth. Since July 2019, Regional Coordinators participated in over 114 engagements. They ranged from sponsoring trainings for parent support groups, attending school meetings with parents, reaching out to support groups that can help the individuals served by CRSA, testifying at legislative hearings about timely and relevant mental health issues affecting children , meeting with legislators about the CRSA mission to help youth in need, workshop presentations, working informational booths at community events, attending and holding online webinar and teleconference meetings to support the stabilization of youth with severe emotional disabilities.

CRSA Regional Coordinators are seasoned experts in linking youth and families who struggle with behavioral health disabilities to the needed services in their regions. If a barrier cannot be minimized it is not due to lack of diligence on behalf of CRSA, it is because the service or resource just does not exist or is overwhelmed. CRSA board members are informed of these systemic statewide barriers through regular Regional Coordinator and Director reports.

STATISTICAL SUMMARY

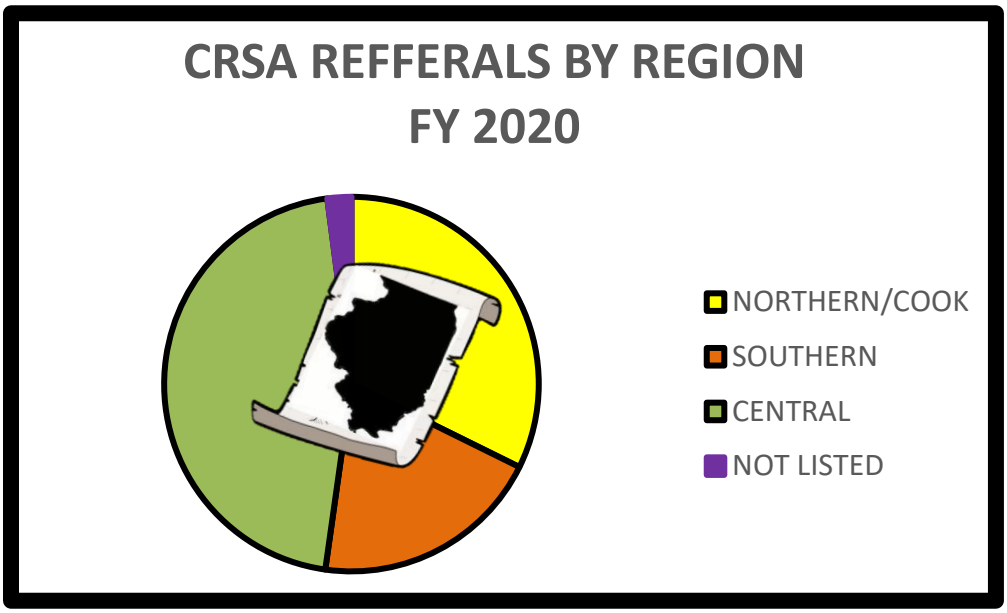
During the last four months of FY 20, COVID epidemic shutdowns were newly enforced. CRSA received fewer calls for help than we historically had received for the month of March, April and May. However, for June, referrals increased. Most calls for help at that time were for youth who needed educational assistance seconded by requests for assistance pursuing psychiatric/behavioral residential treatment.



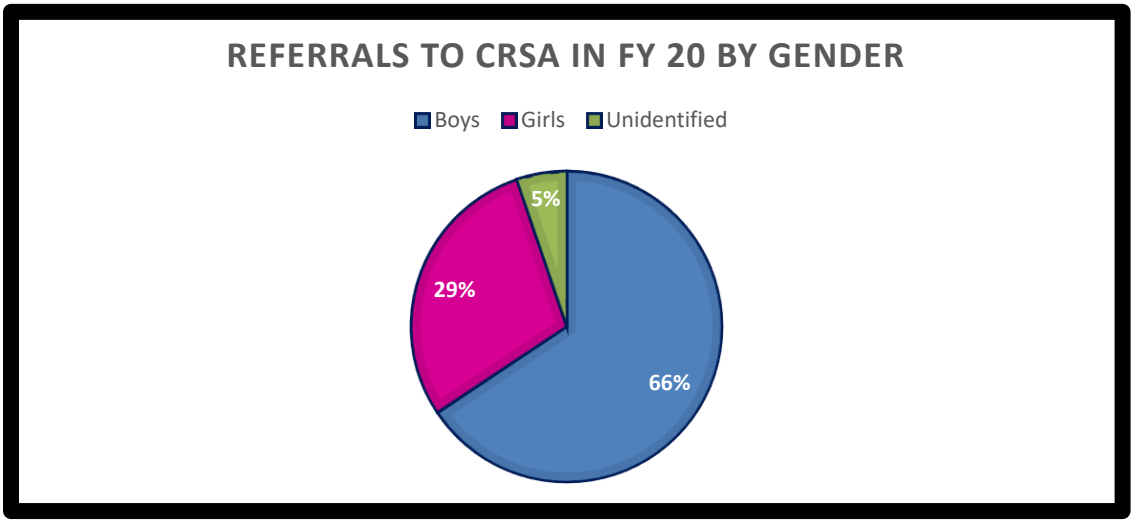
For FY 2020, CRSA Regional Coordinators responded to 291 calls for assistance. The following is a breakdown of the CRSA referred youth's age, region, gender, ethnicity, referral expectations at intake, medical coverage, diagnosis, and difficulty of care factors, barriers to educational, mental health, developmental disability service needs, and how those barriers are minimized with CRSA intervention. In addition, if the barriers fall short of remaining barriers to service, these issues are targeted as services gaps that may need CRSA board action.

Age: CRSA serves school age youth typically ages 4 to 22. The average age of youth referred to CRSA in FY 2020 was age 14. CRSA served children from ages four to twenty-eight for the fiscal year 2020. Typically, CRSA only serves youth up to the age they graduate from high school however we do receive "information-only" calls on older youth in transition.

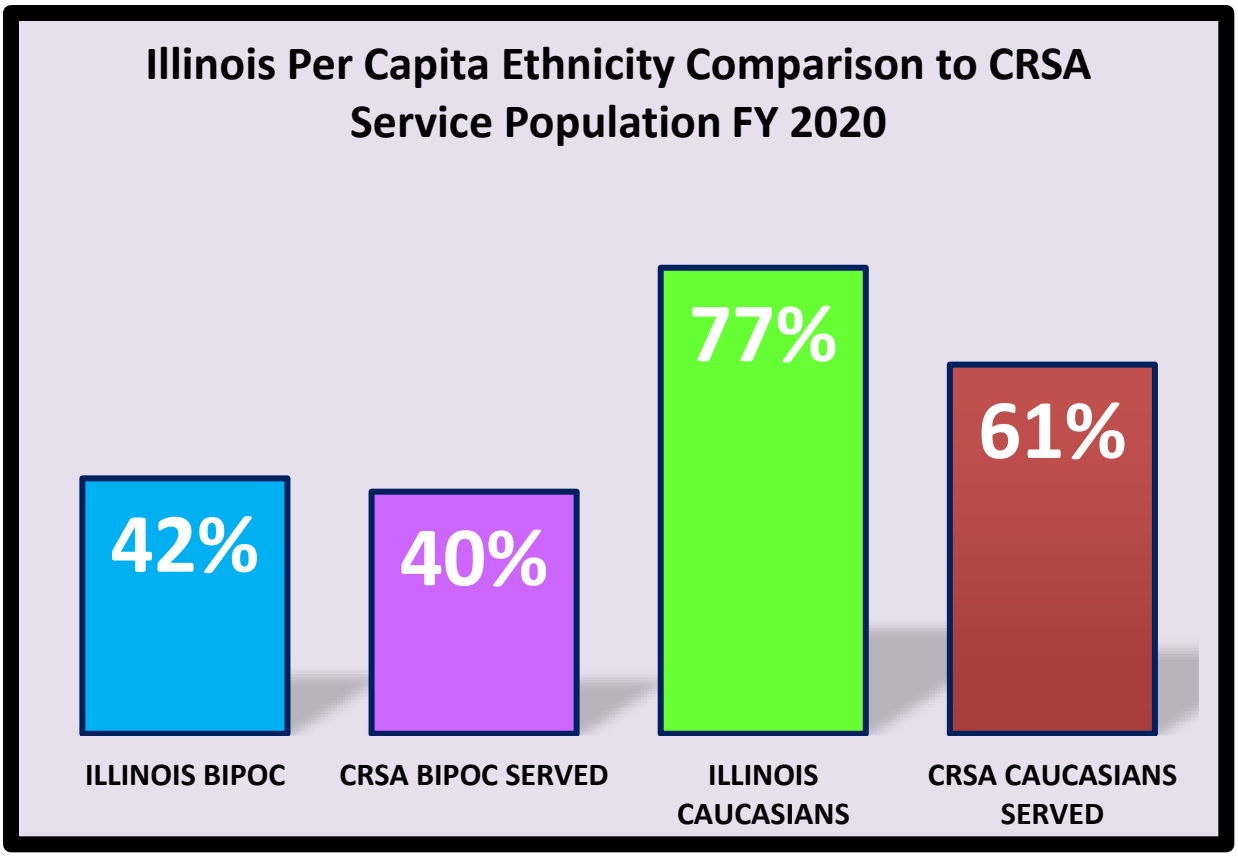
Regions: CRSA serves all regions of Illinois. The majority of youth served were in the Central and Northern Regions.



Gender: CRSA served 191 boys and 85 girls this year and 15 youth unidentified.

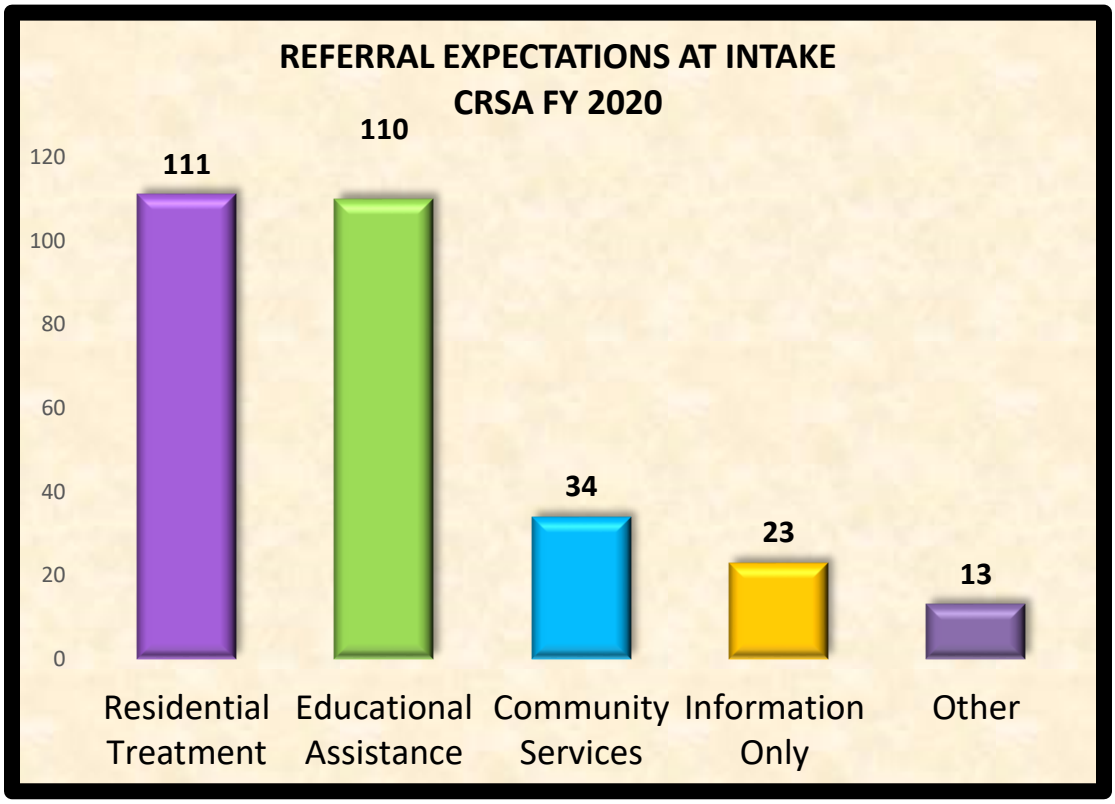


Ethnicity: CRSA served 174 Caucasian youth, 68 African American youth, 24 Hispanic youth, 28 Native American youth and 4 Asian American youth in FY 2020. Forty-two percent of the Illinois population are non-Caucasian. CRSA served 117 non-Caucasian youth which is statistically proportionate to Illinois demographic population.

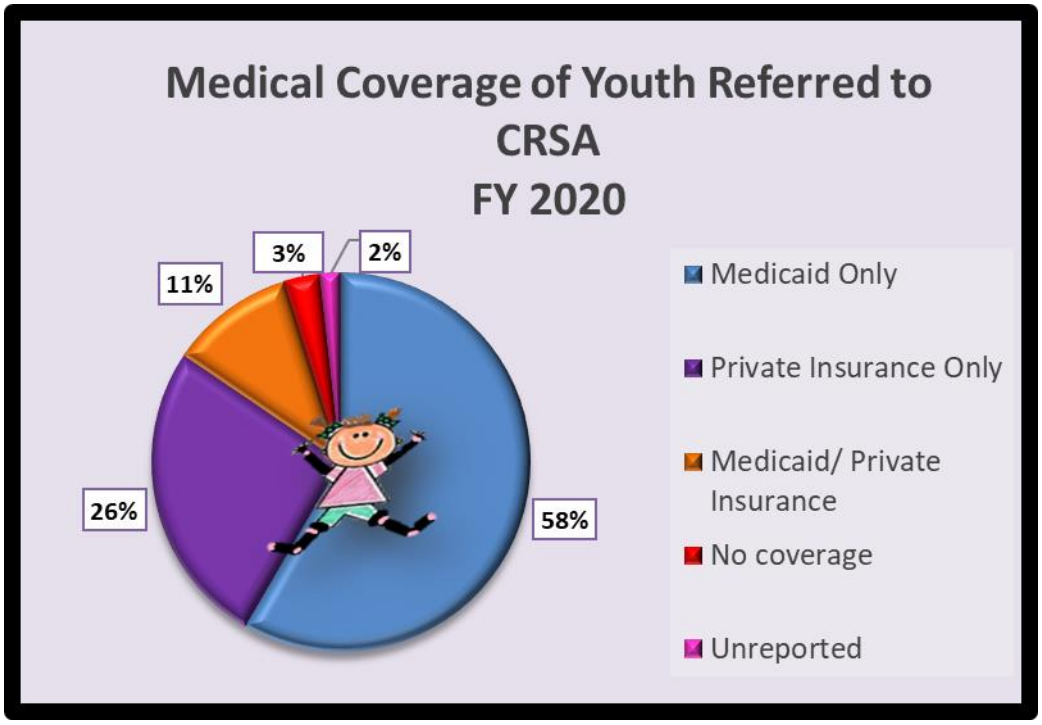


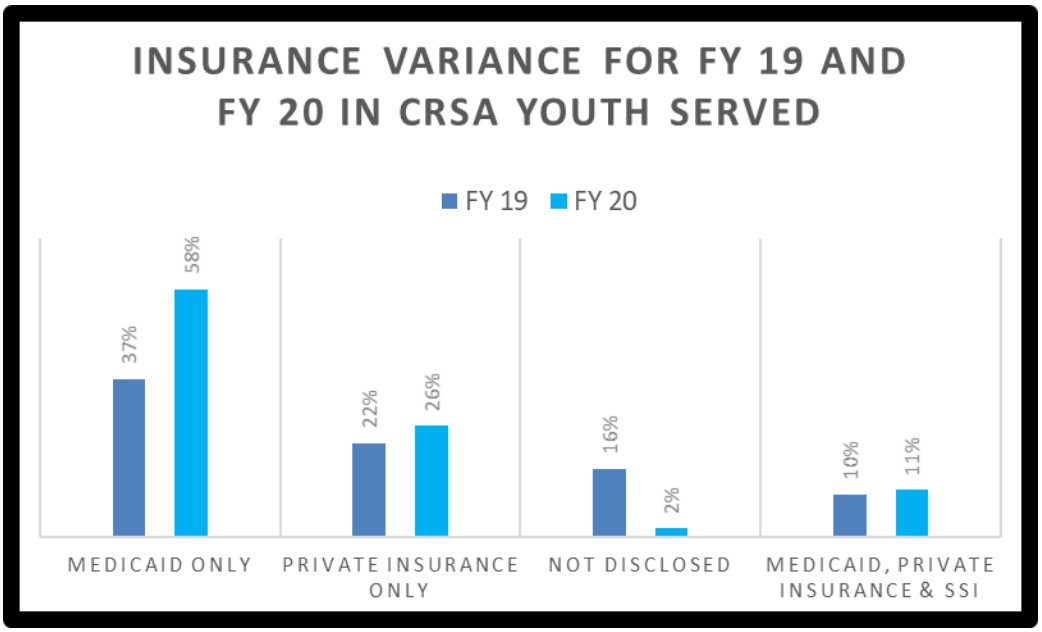
- https://www.census.gov/quickfacts/IL

Referral expectations at intake: Because a large portion of the referrals to CRSA are from families with children who are demonstrating behavior and emotional difficulties, 66% of our referrals were from families and agencies seeking assistance with obtaining residential treatment for their youth. This is a 14% increase over last fiscal year. Most other referrals are regarding assistance with school and/or community supports.

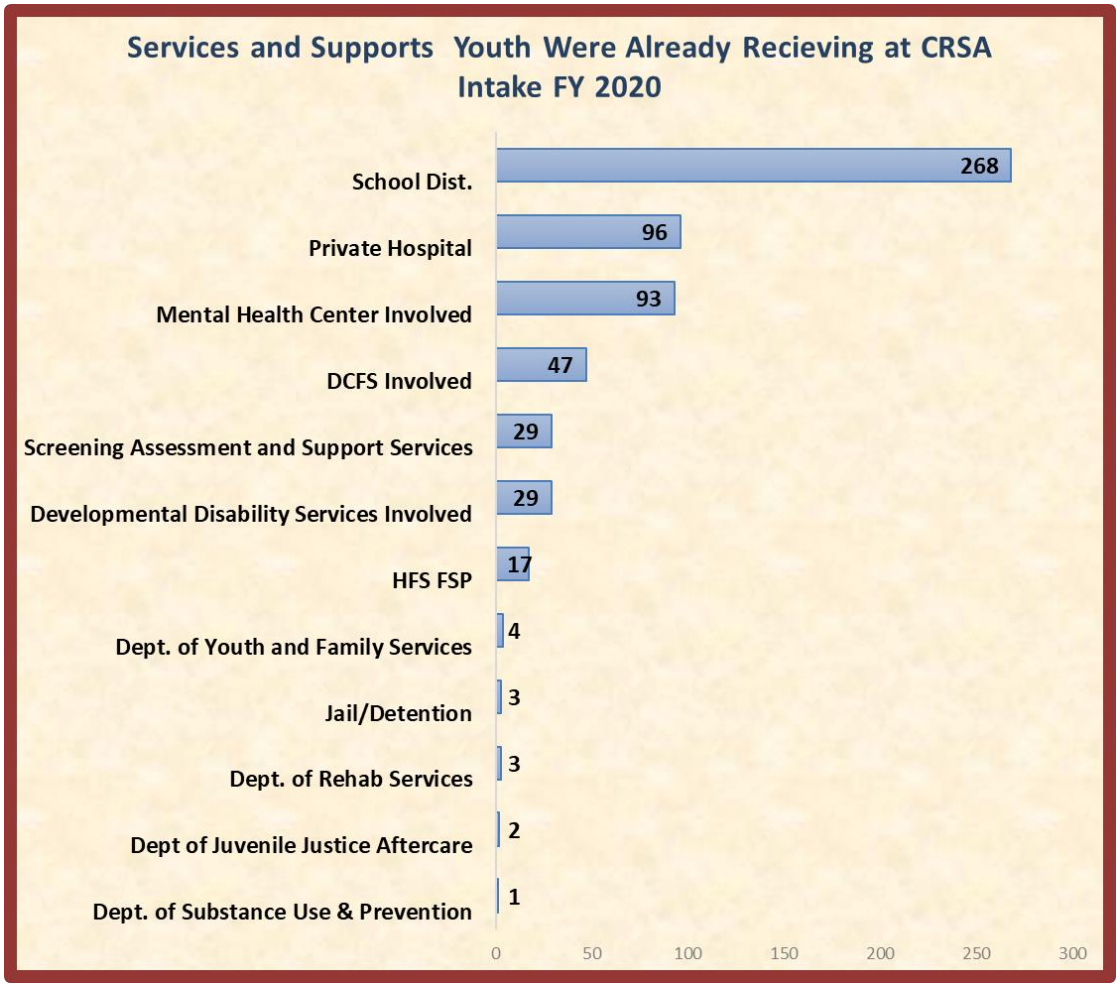


Medical coverage: The majority of youth referred to CRSA had Illinois Medicaid as medical coverage. More children referred in FY 20 were insured by Medicaid than children in FY 19. Insurance coverage also increased during FY 20 over FY 19 for youth referred to CRSA.



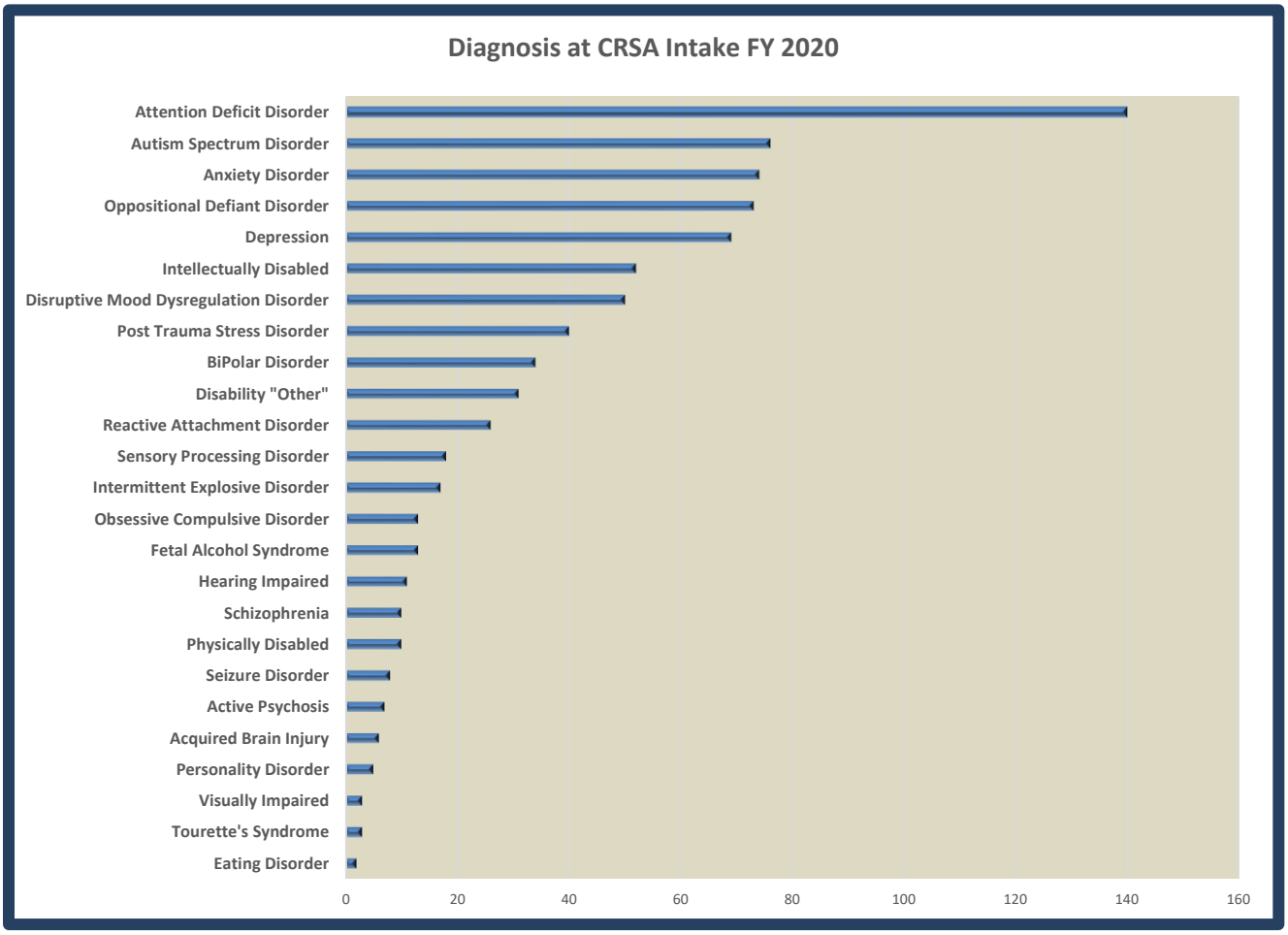


Services at intake: CRSA tracks the type of services youth are currently receiving at the time of referral and services to best navigate linkage plans and increased mental health and educational supports. One third of the referrals to CRSA have been in a private psychiatric hospital within the last two years.



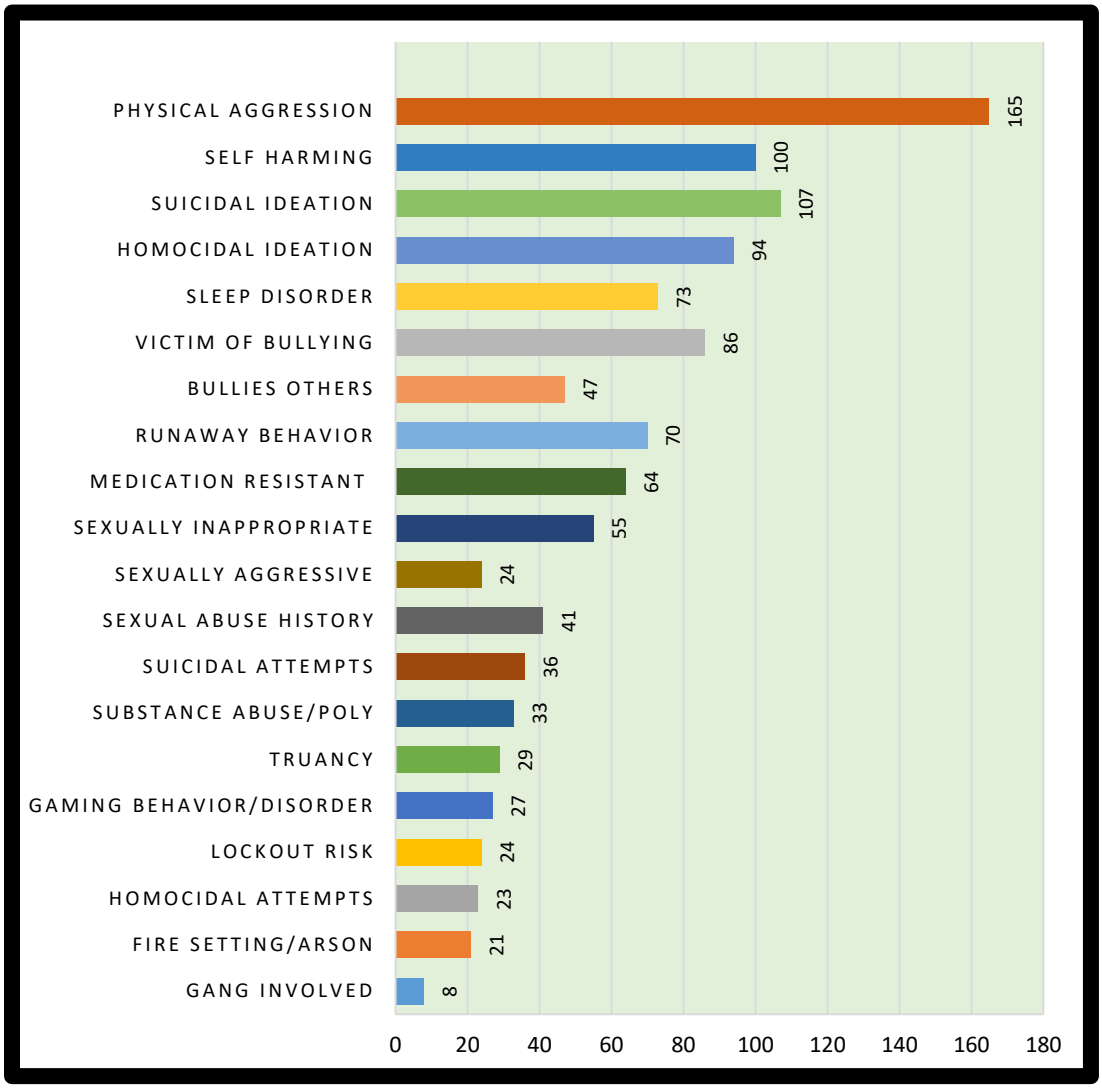
Diagnosis at intake: Attention Deficit Disorders, Autism, Anxiety disorders, Oppositional Defiant Disorders and Depression were the top five presenting diagnoses at intake in FY 2020. It is common for children and young adults referred to CRSA to have between two to five diagnosed disabilities and to exhibit four or more serious behavior problems at the time of referral. These dually 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. Any one child could have more than one condition or diagnosis. The following chart reflects a youth's predominant diagnoses and difficulty of care factors when they are 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. According to the Mayo Clinic: "*Mental health is the overall wellness of how you think, regulate your feelings and behave. A mental illness, or mental health disorder, is defined as patterns or changes in thinking, feeling or behaving that cause distress or disrupt a person's ability to function. Mental health disorders in children are generally defined as delays or disruptions in developing age-appropriate thinking, behaviors, social skills or regulation of emotions. These problems are distressing to children and disrupt their ability to function well at home, in school or in other social situations.*"

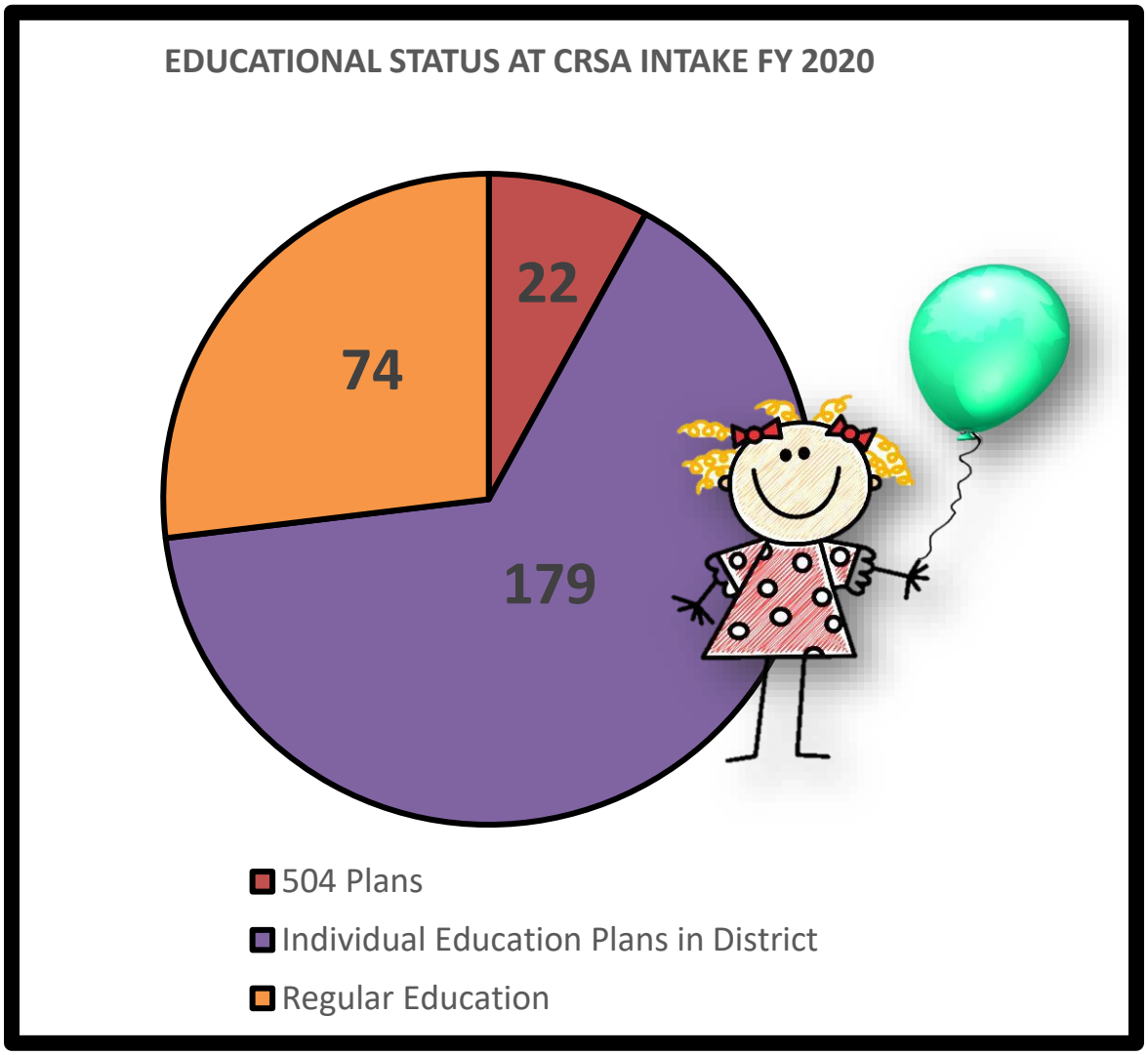
Difficulty of Care Factors of Youth Referred to CRSA FY 2020



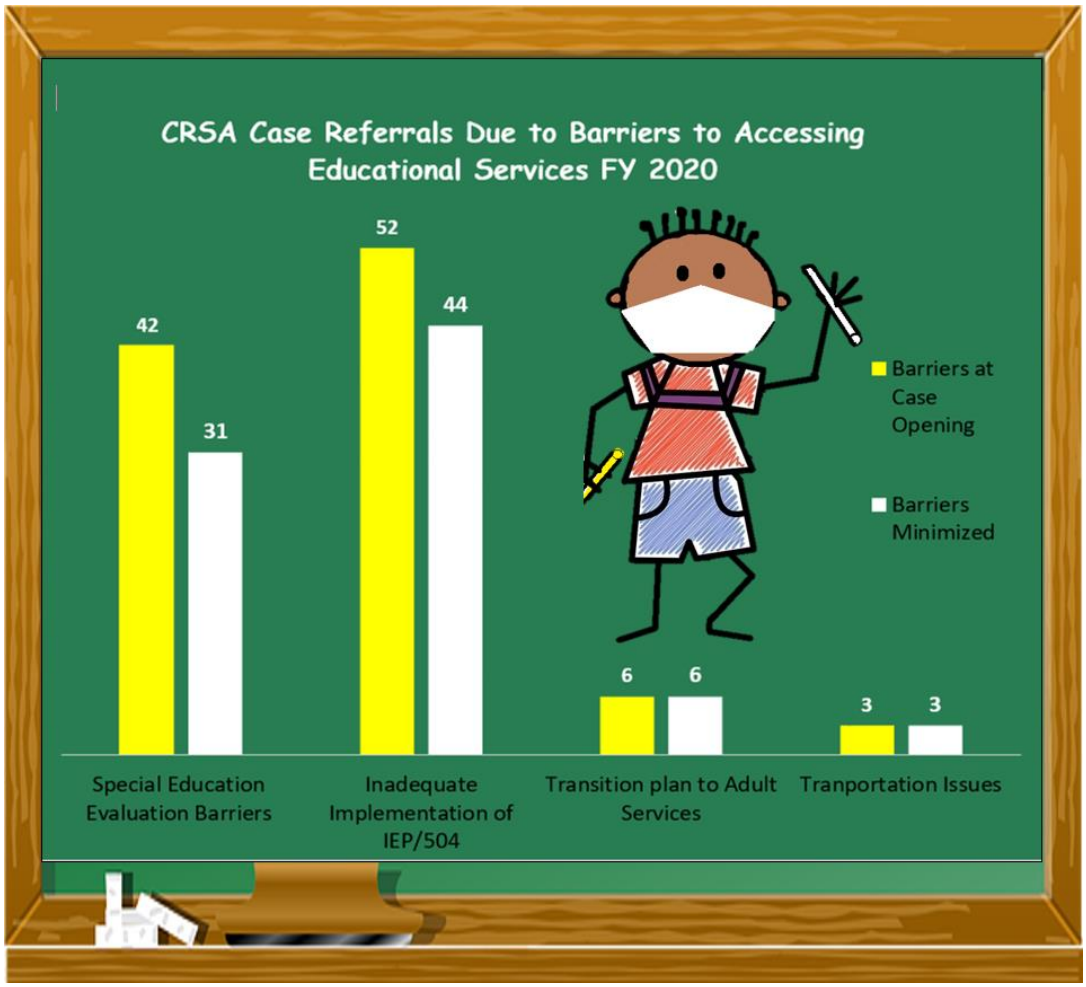
Most Youth Referred to CRSA Have More than One Difficulty of Care Factor.

EDUCATION:

Education services at intake: Most youth referred to CRSA are enrolled in an educational program and already receiving special education services. The largest majority of those youth were referred because their parent/guardian believed that the Individual Education Plan (IEP) was not properly implemented. Youth in regular education with Americans 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.



As in our legislative duties, CRSA provides 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 how effective our interventions are.



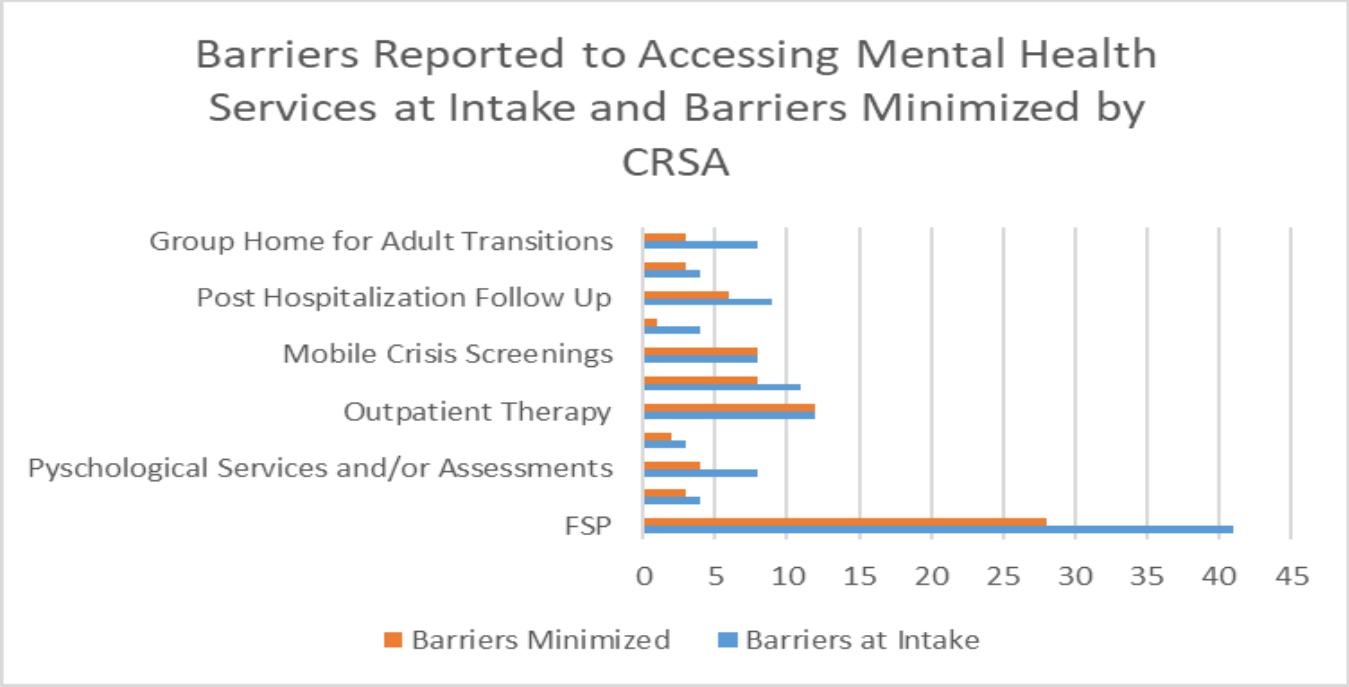
MENTAL HEALTH SERVICES

CRSA received 112 requests for help accessing mental health services for youth. We successfully minimized barriers for 88% of those cases even during a pandemic outbreak.
Most calls were for assistance with community and residential mental health services for an appropriate plan of care for youth. PA 98-0808 requires crisis transition beds be available for youth who have stayed in hospitals beyond medical necessity and are at risk of lock out. Transition type facilities for youth who are hospitalized beyond medical necessity and youth statewide are just not adequate to meet the need.

Outpatient community-based Counseling: CRSA observed no improvement in access to community-based counseling over last year. This excerpt from the FY 2019 report continues to be applicable for FY 2020. **"***CRSA Regional Coordinators continued to observe that intensive outpatient therapy and case management services delivered in the youth's home or community more than once a week were seldom available to that intensity. Youth whom CRSA served who had existing local mental health services at intake, typically were not receiving intensive outpatient community-based counseling. Although several reforms for outpatient community stabilization services for youth were well described in the Community-Based Behavioral Services (CBS)Provider Handbook Illinois Department of Healthcare and Family Services these reforms were not yet fully implemented this fiscal year. To complicate matters Illinois is experiencing severe shortages in the mental health field."* For youth requiring a more intensive level of treatment, Covid-19 and changes to seclusion and restraint rules restricted several residential treatment facilities from accepting new admissions during the latter part of FY 2020.

The lack of child and adolescent psychiatrists and outpatient counselors are two areas listed as an ongoing problem in Illinois. The number of behavioral healthcare professionals needed to remove the shortage designation in health professional shortage areas is high in all states surrounding Illinois, especially in rural areas. However, Illinois started seeing significant increases in these shortages between 2017 and 2018[2].
In FY 2020 most referrals to CRSA for mental health assistance, was for access to a program called the Family Support Program (FSP). FSP formerly known as the Individual Care Grant program, provides access to intensive mental health services and supports to youth with a severe emotional disturbance. 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.[3] In addition the FSP grant will pay for psychiatric residential treatment if deemed clinically appropriate.

[2] HRSA Data Warehouse
[3] https://www2.illinois.gov/hfs/MedicalProviders/behavioral/Pages/icg.aspx

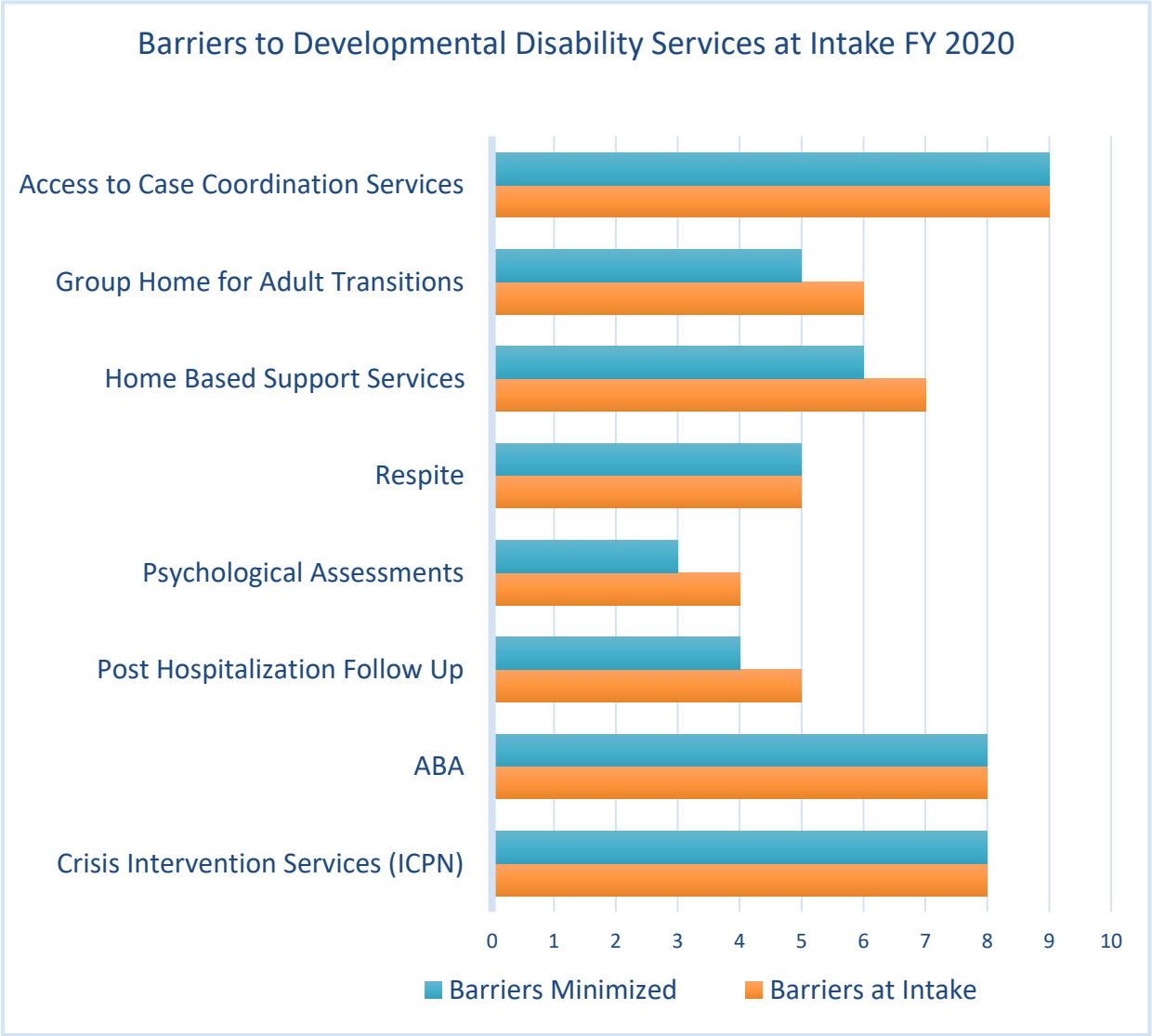


DEVELOPMENTAL DISABILITY SERVICES

Intellectual Developmental Disability (IDD)Youth: The Department of Developmental Disabilities (DDD) in Illinois operates HFS Home and Community Based Services Waiver Programs called the Home and Community Based Services Support Waiver for Children and Young Adults with Developmental Disabilities. This waiver is not intended to be an immediate post-hospitalization stabilization service. 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 DDD are typically available to children who have already been chosen to receive the Children's In-Home Support waiver[4]. SST services are not automatically allocated to Medicaid eligible youth with IDD post psychiatric hospitalization. In short, parents report to CRSA staff that their youths with IDD who were at risk of entering or have entered psychiatric hospitals, receive little to no post hospitalization follow up supports unless they have met the selective and intensive criteria for SST services or have access to additional DMH/DDD home based supports. CRSA finds that families that contact us are often not aware of the avenues to seek these intensive services. DDD administration has been extremely helpful to the families for which CRSA advocated. As evidence by the chart below, coordinating with the Division of Developmental Disabilities improved significantly during this time period. The CRSA board member from DDD made a concerted effort to monitor and assist CRSA with all youth with developmental disabilities who presented to CRSA for assistance with their services.

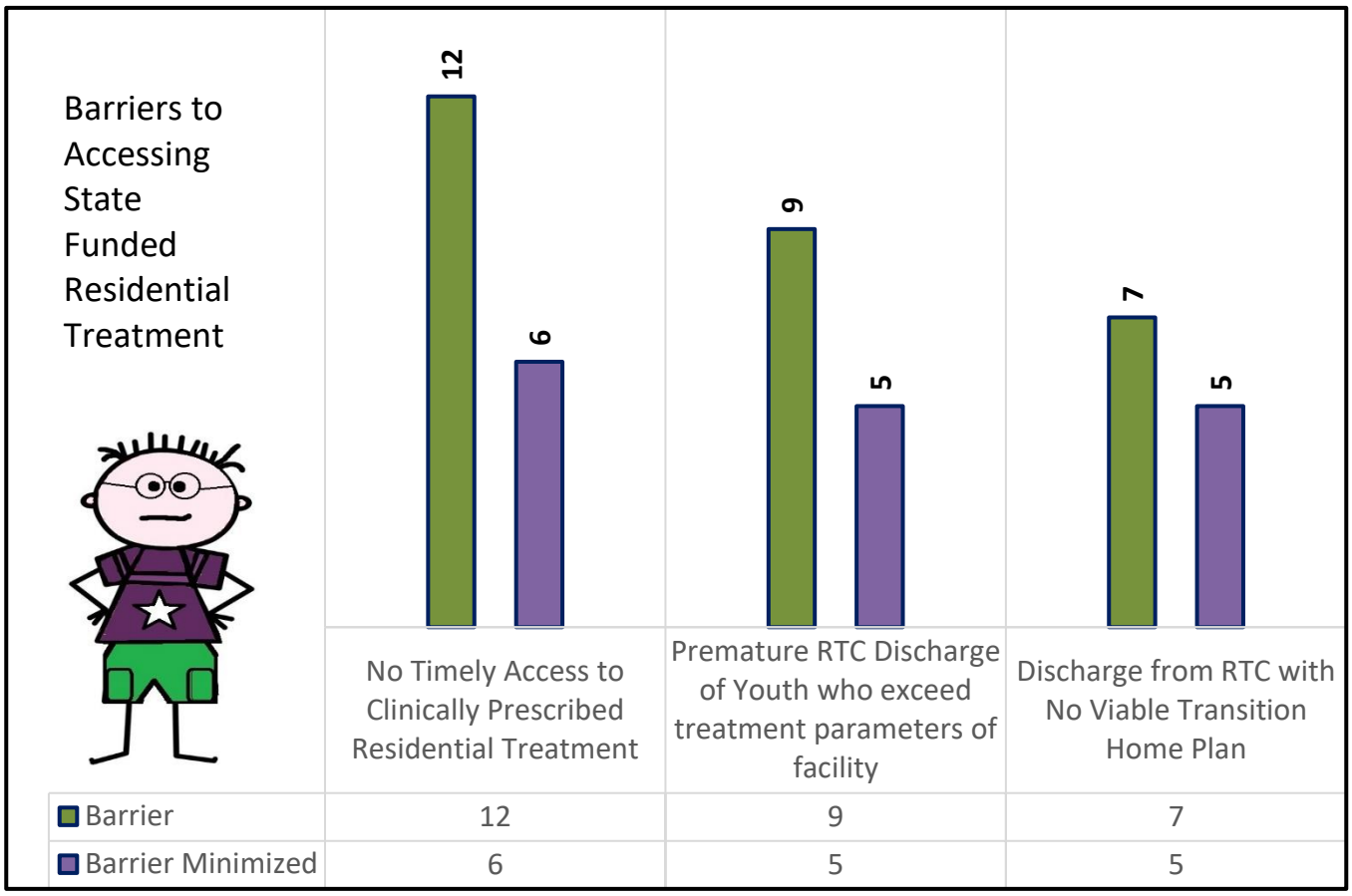
---

4 https://www.dhs.state.il.us/page.aspx?item=50861#:~:text=The%20SSTs%20serve%20all%20adults,Waiver%20status%2C%20as%20capacity%20allows.


Barriers to Developmental Disability Services at Intake FY 2020
Access to Case Coordination Services
Group Home for Adult Transitions
Home Based Support Services
Respite
Psychological Assessments
Post Hospitalization Follow Up
ABA
Crisis Intervention Services (ICPN)
0
1
2
3
4
5
6
7
8
9
10
Barriers Minimized
Barriers at Intake

CROSS AGENCY FUNDING DENIALS FOR PRESCRIBED PLANS OF CARE

CRSA Regional Coordinators tracked barriers to accessing and issues receiving successful clinically prescribed residential treatment. No timely access references youth with state agency funding either via HFS, DDD, LEA, DCFS Adoption unit. Due to Covid 19 pandemic occurring the last four months of FY 2020, data was interrupted as agencies struggled to assist youth in a time of crisis. Considering the youth who needed CRSA intervention, we were able to affect positive outcomes for up to 57% of those seeking our help.



REPORT ON FY 2020 OBJECTIVES

The CRSA board is a diverse mix of experienced, well accomplished, legislative, community, parent and state-agency leaders. CRSA has a wide universe of knowledge to utilize as we address the objectives set forth in the CRSA legislation. This year the CRSA board and staff used their collective expertise to redesign the strategic plan which will support initiatives that significantly impact youth services in Illinois. The new CRSA Mission and Vision were listed in the front of this document.

OBJECTIVES FY 2020:

- VOTING FOR BOARD MEMBERS: CRSA received communication from the Associate General Counsel for the Office of the Governor confirming the authority of all the members, including the state agencies, to vote on all CRSA board related issues without conflict of interest.
- STRATEGIC PLANNING: FY 2020 resulted in changing the CRSA mission vision and values statements, as well as refined the structure of board meetings to include an ongoing Regional Coordinator Report.
- IMPROVED OUTREACH: CRSA staff served on statewide non-partisan coalitions and committees to assist communities and agencies in developing services that improve the lives of children with mental health conditions in Illinois.
- ACTION TO IMPROVE SERVICE GAPS: CRSA formed a Symposium Committee to address the issues of access to residential treatment for youth with a psychiatric and/or educational need.
- LEGISLATIVE OUTREACH: CRSA blended a Legislative Liaison position into a management responsibility for the Chief Operations Officer which significantly improved CRSA's legislative endeavors.
- CRSA ADDRESSING SYSTEMIC AND TIMELY ISSUES: CRSA wrote and submitted comments to JCAR on the issue of restraints and seclusion.
- OUTREACH TO FAMILIES: CRSA staff continued an aggressive campaign to reach out to neighborhoods and communities and organizations that serve like populations. After the pandemic was declared, CRSA staff implemented new tele/video communications options for outreach.
- IMPROVING EFFECIENCY: CRSA staff implemented a new interactive data entry and retrieval process to improve efficiency in reporting trends to the CRSA board.

DEFINITION PAGE

- Advocates: State, federal and private advocacy agencies/groups/individuals, lawyers
- CIL: Community for Integrative Living
- CRSA: Community and Residential Services Authority
- DCFS: Illinois Department of Children and Family Services
- DHS: Illinois Department of Human Services
- DJJ: Illinois Department of Juvenile Justice
- FFP: Federal Financial Participation
- FSP: Family Support Program
- HFS: Illinois Department of Healthcare and Family Services
- ICG: Individual Care Grant
- IDD: Intellectual Development Disorder
- IEP: Individual Education Plan
- ISBE: Illinois State Board of Education
- LEAS: Local Educational Agencies
- NB: NB vs. Norwood class action lawsuit
- Parents: Parent(s) or legal guardian
- SASS: Screening Assessment and Support Services
- SFSP: Specialized Family Support Program
- JCAR The Joint Committee on Administrative Rules
- PA 98-0808 Public Act 98-0808

- Community Agencies:
  - Local community direct service provider agency

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