

Metal Health Partnership



Our Model: CITE (Crisis intervention Team Enhanced)

The CITE model was developed to allow for multiple service modalities.

1. Co-responding crisis response: de-escalation, field assessment, and interventions
2. Proactive interventions, assessments, referrals and service connections to prevent crisis and interaction with the criminal justice systems
3. Follow up/Case Management to ensure connections have been made and needs are being met
4. Community and organizational education to reduce stigma, enhance de-escalation skills, build relationships, and provide for the recognition of a mental health crisis to avoid escalation



Law Enforcement Perspective



- Law Enforcement, i.e. enforcement of the law, is what the Police job is perceived to be by communities and officers alike
- Illinois statute defines and titles a law enforcement officer/agent as a “Peace Officer”
- The majority of a Peace Officer’s job is to work with those in crisis, protect, mediate, moderate, de-escalate and problem solve
- The Law Enforcement culture has begun to adopt a trauma informed, person centric, response to those in need of, or requesting services
- Community collaboration, rather than an individual or agency response, is regarded as the new model of policing



Clinical Implementation of the Model

1. Utilization of internal programs:

- SASS(Screening Assessment and Support Services)
- MHJJ(Mental Health Juvenile Justice)

2. Role of the mental health professional developed based on community needs

- Need for collaboration between law enforcement and behavioral health
- Need for in the community risk assessments to determine level of care
- Need for follow up services for individuals identified by police as having mental health needs.

3. Evidence Based Tools- Columbia Suicide Severity Scale.

4. Developing and strengthening partnerships



Measuring Outcomes



Partnership with Aurora University School of Social Work

- Evaluation of outcomes of the CITE Program
 1. FSA expects to have at least 500 contacts through CITE as measured through the client database system.
 2. FSA expects that they will be able to link 75% of those contacted with aftercare services as measured by outcome data.
 3. APD expects that recidivism of responses to those who FSA has contact with will be reduced by 25%.
 4. APD expects that referrals to Juvenile Justice services will decrease by 20%.
 5. APD expects that transports to the Youth Home will decrease by 20%.

Utilization of case sheets to collect data will provide other points of measuring not only outcomes but ongoing needs.



Funding & MOUs

- It took almost a year to finalize a Memorandum of Understanding
 - Needed to be approved by City Council.
- Start up funds provided by a private foundation (Dunham Fund) who gave a matching grant. The City of Aurora provided the matching funds that included some dollars that came from Kane County Court Services.
- On-going support has been provided by the 708 Board conglomeration in our area known as the INC Board.
- FSA also bills Medicaid for those who are eligible and when it is appropriate. (Sometimes it is not appropriate to obtain consents to bill.)



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