

NASHVILLE HEALS

HEALTH, ENGAGEMENT, & LIAISON SERVICES



Health Care First

- Crisis mental health and medical stabilization
- Linking to local treatment and social services
- A true health care response for health needs
- Improving health outcomes and saving lives



Community Responders

- Teams pair a mental health expert with a medic
- Well-equipped passenger vans with medical supplies
- Exceptional training and continuous improvement
- Partnership with police for backup upon request



Saving Resources

- Reduces unnecessary arrests and incarceration
- Diverts from emergency rooms and hospitals
- Frees up police to focus more on public safety
- Saves money to cover expansion and sustainability



Building Trust

- A model based on active listening and empathy
- Unarmed civilian responders in plain clothes
- No sirens, flashing lights, firearms, or handcuffs
- Third-party evaluation with transparent data

BEHAVIORAL
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FOR MORE INFORMATION ABOUT NASHVILLE HEALS:

NOAH Criminal Justice Task Force - joeingle@comcast.net

Behavioral Health Foundation - elliott@behavioralhealthfoundation.org

NASHVILLE HEALS (HEALTH ENGAGEMENT AND LIASON SERVICES)

Proposal for Services

OUR PROPOSAL

Nashville Health Engagement and Liaison Services (HEALS) is a community-based behavioral health crisis intervention program that will be staffed by a Nashville-based non-profit community mental health center already licensed for a wide array of services, including outpatient treatment and crisis services. HEALS will support the Metro Nashville Police Department (MNPd), in partnership, by responding to behavioral health and social services related calls, with specialization in mental health crisis counseling. HEALS personnel may also contact and transport individuals in non-emergency health care related situations.

The overarching philosophy of Nashville HEALS is to pair an integrated health care response with behavioral health related calls to 9-1-1 or local law enforcement when no known crime has been committed, the situation has been assessed by trained dispatchers to be non-violent, and the best outcome can likely be achieved through engagement with health care professionals. HEALS may be dispatched to assist with calls involving mental health issues (e.g., anxiety, depression, suicidal ideation, hallucinations, delusions), addiction or substance use, disoriented individuals, urgent social service resource needs (e.g. emergency shelter), and other situations as mutually deemed appropriate.

If the HEALS team encounters a person who appears to need care or other treatment for mental health issues but does not post immediate danger to self or others, the HEALS team may assess the person and counsel them on available treatment options. If the HEALS team encounters a person who may be intoxicated or under the influence of a controlled substance while in a public place, HEALS personnel may counsel the person on options for detoxification and treatment. If willing, HEALS may in some cases transport the individual to the 24/7 mental health walk-in crisis center located in Metro Center or another appropriate licensed health facility within Davidson County that is open and can best meet the person's needs.

An essential component of Nashville HEALS is training dispatchers answering calls to 9-1-1 and the police non-emergency number. In partnership, dispatchers will be trained by HEALS staff to carefully screen for calls involving a non-violent situation that includes a behavioral health component. Calls meeting criteria for safety and appropriateness will be routed to the HEALS team for a response to the call location. HEALS personnel will lead a mobile response to such calls and reserve the right to request law enforcement support on the scene at any time during the response. HEALS staff will be trained in the use of MNPd radios and will carry radio units on their person with direct access to law enforcement backup and for the requesting of emergency medical services. If there is ever any question regarding whether a call is safe for a HEALS response, it is essential to err on the side of caution and dispatch law enforcement first or as a joint response.

Each HEALS team is comprised of a mental health crisis professional and an emergency medical technician (EMT) riding in a Ford Transit or similar style passenger van, retrofitted to include cabinetry, supplies, equipment, and an efficient layout designed for comfortable assessment and/or transportation. HEALS personnel are never armed and as civilians perform no law enforcement duties, wearing casual, plain, civilian clothing. HEALS staff will under no circumstances restrain or otherwise hold individuals against their will.

Thorough and ongoing training is essential to ensure the safety of Nashville HEALS personnel and individuals served, along with a process for continuous quality improvement. Training should be consistent with national best-practices for the training of mental health crisis and medic personnel, including at minimum evidence-based and trauma-informed crisis training for all staff, de-escalation training, police radio training, and education on area treatment and social services resources.

Rationale

Our strategy for executing this project incorporates proven models of care, exceptionally trained personnel, enhanced local collaborative partnerships, and sound data collection principles. A strong, positive relationship with local law enforcement is essential to the success of this project.

- Research:
 - “Unfortunately, well-intentioned law enforcement responders to a crisis call often escalate the situation solely based on the presence of police vehicles and armed officers that generate anxiety for far too many individuals in a crisis.” (SAMHSA National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit, 2020)
 - A survey of urban police departments in 194 U.S. cities found that police found mental-health-based specialized crisis response partnerships to be the most effective approach, compared to police-based crisis response models. (Deane et al., 1999, *Psychiatry Services*). The study also found that “the alliance between first responders and mental health professionals helped to reduce unnecessary hospitalization or incarceration” (SAMHSA, 2020).
 - “On any given day in the United States, far more people with serious mental health needs are in jail than in mental health facilities” ([source](#)).
 - According to SAMHSA, a minimum expectation for a crisis response team is to “respond where the person is (home, work, park, etc.) and not restrict services to select locations” (SAMHSA, 2020).
 - *Nashville HEALS will deliver care when and where people need it, complementing and working collaboratively with existing crisis resources in the community.*
- A model that works:
 - The CAHOOTS program in Eugene and Springfield, Oregon uses a similar model with each team consisting of a medic and mental health crisis worker. White Bird Clinic, which has operated CAHOOTS for more than 30 years, reports that CAHOOTS responded to 24,000 calls in 2019 while requiring law enforcement backup only 150 times (0.6% of calls responded to). CAHOOTS reports an approximate 10:1 return on investment, with every 1 dollar in CAHOOTS funding saving more than 10 dollars in public safety costs, ambulance trip costs, and emergency department costs ([Source 1](#), [source 2](#)). In more than 30 years, CAHOOTS reports having zero serious injuries or major vehicle accidents. According to Tim Black, Director at White Bird Clinic, “We can point to the 31-year track record of CAHOOTS, wherein we have never had staff member seriously injured or killed during a patient interaction or in operation of a vehicle.”
- Local support:
 - There is wide support for a community-based mental health response model like Nashville HEALS, including a commitment from the Mayor to implement such services if funding can be secured.
 - The 9-1-1 operations center for Nashville has expressed support for this program model and interest in dispatcher training.
 - Local law enforcement leadership has engaged local mental health providers regarding the development of a new crisis co-response program involving civilian health care professionals.
 - From Jeff Fladen, Executive Director of NAMI Tennessee (December 2020):
 - *“Advocates for Co-Response models correctly point out that police may not be the best to be the first response for a crisis. Police may not have the skills or ability to invest the time needed to diffuse and resolve a crisis. Police may not even view this as a legitimate part of their job. Officers may have minimal mental health training, even with CIT. Others add that encountering a uniformed officer may be triggering to the person in crisis and escalate the situation. The experience with CAHOOTS [a program design similar to Nashville HEALS] shows that sending mental health workers to be first on the scene can be done safely and effectively. Not all mental health crises represent imminent threat to responders or anyone else.”*

Staffing and Coverage

Position	Estimated Annual Salary/Benefits/Fringe per FTE	Year 1 FTEs	Year 2 FTEs	Year 3 FTEs
Medic (licensed as EMT or RN)	\$80,000	3.0	5.0	7.0
Mental Health Crisis Worker (bachelor's level)	\$80,000	3.0	5.0	7.0
Team Lead & Clinical Supervisor	\$90,000	1.0	1.0	1.0
Medical Supervisor	\$250,000	0.1	0.1	0.1
Admin Support	\$50,000	0.5	1.0	1.0

- Year 1: One (1) van operating 24 hours per day, 7 days per week
- Year 2: Two (2) vans operating a combined 36 hours per day, 7 days per week (2nd van during peak hours)
- Year 3: Two (2) vans operating a combined 48 hours per day, 7 days per week
- Nashville HEALS will operate 365 days per year, following the initial implementation period.
- Services will be limited to the geographical boundaries of Davidson County, Tennessee. When not engaged in active crisis call response, HEALS vehicles may patrol and prioritize services in the downtown area.

Data Collection and Reporting

It is essential to have sound data collection principles and consistent data capture throughout the project duration. The proposed budget accounts for sub-contracting with an independent, third-party policy center or research institute for consultation regarding data collection and key performance indicators, along with data analysis and reporting services, prioritizing outcomes and cost savings. A local non-profit organization specializing in behavioral health and criminal justice reform has expressed interest in filling this role.

Based on results in other communities that have implemented similar programming, Nashville HEALS is expected to provide significant return on investment through multi-system cost savings, improved health outcomes, and reduced strain on emergency departments, law enforcement, jails, and inpatient hospitals.

Examples of data to be collected, at minimum: call volume, # of responses without law enforcement, # of responses with law enforcement, time per call, pick up location, presenting issue, basic client demographics, disposition, and destination of transport (when applicable).

EXPECTED RESULTS

We expect our proposed solution to provide the following results:

Health Benefits

- Immediate crisis stabilization of both urgent mental health and medical needs
- Linkage to local treatment and social services resources (e.g. housing)
- Increased medication adherence
- Diversion from inpatient psychiatric hospitalization
- Aligns a health care response for health care needs
- Improves health outcomes and saves lives

Public Safety Benefits

- Law enforcement officer hours saved
- Frees up police to focus more on their primary job responsibilities
- Diversion from jail and court resources (e.g. probation)
- Training for 911 and law enforcement dispatchers

Financial Benefits

- Law enforcement cost savings due to diversion and hours saved
- Ambulance/EMS cost savings
- Emergency department cost savings
- Middle TN Mental Health Institute and other inpatient psychiatric hospital diversion cost savings
- Cost savings from jail diversion

Additional Benefits

- Builds enhanced collaborative relationships between law enforcement, mental health providers, and the community they serve
- Positions Nashville and Tennessee to be a continued leader in crisis services and diversion
- Builds community trust through face-to-face engagement with unarmed health professionals

EXPECTED BUDGET

The following details the estimated budget to implement Nashville HEALS:

Category	Year 1	Year 2	Year 3
Personnel/Benefits/Fringe	\$620,000	\$965,000	\$1,285,000
Transportation (fuel, vehicle maintenance, repairs)	\$2,500	\$5,000	\$8,000
Vehicle Purchasing* and Retrofitting	\$60,000*	\$60,000*	\$0
Equipment (including computers)	\$6,000	\$12,000	\$15,000
Program Supplies	\$12,000	\$24,000	\$30,000
Insurance	\$4,000	\$8,000	\$10,000
Marketing, PR, Outreach	\$5,000	\$7,500	\$10,000
Staff Development and Training	\$15,000	\$10,000	\$10,000
Data Analysis and Reporting	\$25,000	\$25,000	\$35,000
Other	\$10,000	\$15,000	\$20,000
Total Annual Budget Estimate	\$759,500	\$1,131,500	\$1,423,000
Total Three-Year Budget Estimate	\$3,314,000		

**Assumes state van purchasing program discount (otherwise, add ~\$25,000 per year in years 1 and 2)*

CONCLUSION

We look forward to working with the Tennessee Department of Mental Health and Substance Abuse Services to launch Nashville HEALS, a specialized behavioral health crisis program based on national best practices with proven results.

If you have questions on this proposal, feel free to contact Joe Ingle at your convenience by email at joeingle@comcast.net or by phone at (615) 242-5179.

Thank you for your consideration. We will be in touch with you next week to arrange a follow-up conversation on the proposal.

CONTACT INFORMATION:

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NOAH is a highly diverse, interfaith coalition comprised of congregations, community organizations, and labor unions that work collaboratively to amplify the power of ordinary people and meet local community needs.