

Chief, this is from J. Kirk - Captain - NFR Fire Station #6

By way of introduction, I will summarize the Nashua Safe Station process.

1. A person with a substance use disorder walks up to one of seven NFR buildings (6 stations and fire dispatch) and rings the doorbell. A Nashua Firefighter meets them at the door and acknowledges their request by ushering them to a predetermined Safe Station area on the apparatus floor. This area is outfitted with a desk, chairs, related paperwork cache, and basic medical equipment.
2. The officer on duty phones Nashua Fire Alarm and places the affected apparatus out of service and obtains an incident number. Nashua Fire Alarm dispatches the call and sends an ALS unit to the station with traffic. The officer then phones the Partnership for Successful Living (PSL) and requests a Gateway Evaluation (our name for the Safe Station program). The operator confirms the location and sends a driver to pick up the person requesting admittance.
3. Depending on the location of the station, the driver from PSL or the ALS unit arrives. At this point, the Nashua Firefighters on scene have obtained basic information from the person and have taken their vitals. Based on a predetermined protocol, the person may have to be transported to the hospital prior to going with PSL. Reasons for being transported to the hospital include time since last having used drugs or unstable vitals.
4. Assuming the person does not need to be transported to the hospital, he/she leaves with the PSL driver when he arrives and the Nashua Firefighters put the apparatus back in service. Paperwork is shared with ALS unit and PSL driver.
5. The officer on duty phones Nashua Fire Alarm to place the apparatus back in service.

Overall, the Safe Station program has worked well in Nashua. I believe that this is because of several factors that I see as necessary for success.

1. The Partnership for Successful Living is very prepared to take individuals looking for help. They are centrally located in Nashua and their response to the stations is very fast. This minimizes the out of service time. Furthermore, the quick turnaround makes the program seem like less of a bump in the day. It is not uncommon to do several Gateway Evaluations in a shift. If the treatment center was too far away or this part of the program was not as organized, I believe the program would stumble. If a fire company was out of service for an extended period of time I think the program would lose favor with the firefighters.
2. Nashua Fire established an SOG and training bulletin for the process. Most of the details were laid out in advance down to a standardized way of reporting the call through NFIRS.
3. Local government and the agencies that support PSL are very energetic and intent on making the process work.
4. Most of the people looking for help are respectful and genuine in their request. I believe that this has helped to legitimize the program in the minds of the average firefighter.

5. All of the partners in the program (ambulance, fire, treatment, city government) meet on a regular basis to gauge the program's success based on several different metrics like turn-around times and out of service times.

I am sure that there are some firefighters who feel that the program takes too much of their day. I have not heard this as a common dialogue but as you can imagine there are always some that tend to feel overburdened.

I think that our program is successful to this point because there seems to be somewhere for the people to go and the treatment side seems well funded. I don't know much about their funding mechanism but in a "rubber-meets-the-road" sense people come looking for help and there always seems to be room for them in treatment. I don't know of a situation where we have been closed because of "no vacancy".

A few questions that remain unanswered for me include:

1. What is the exit strategy for the program? What are the metrics we use to determine that the program has worked and needs to be discontinued? At this point, there is a steady stream of people using the program but will that continue? The answer may simply be that this has become part of our core group of services that we offer.
2. How do we measure the effect of this program on employee fatigue and mental health? This could be said for all of our operations but the constant exposure in our firehouse (an area considered to be a safe haven) could be damaging in the long run.

For more info:

[www.nashuanh.gov/1109/Safe-Station](http://www.nashuanh.gov/1109/Safe-Station)