November 3, 2017

New Hampshire Department of Safety
Bureau of Emergency Medical Services
33 Hazen Drive
Concord, NH 03305

Re: MIHPP Proposal Letter of Intent

To Whom It May Concern:

The City of Nashua, Nashua Fire Rescue, American Medical Response – Nashua, Southern NH Medical Center and Harbor Homes has entered into an agreement to support, staff and implement a "Safe Station" program under the NH Mobile Integrated Health Prerequisite Protocol.

All involved parties are seeking to further improve the quality, access and level of care available within our community to those individuals suffering from a substance use disorder. In addition, we also hope to improve the wellbeing and sense of purpose of the first responders tasked with responding to this epidemic in Nashua.

Attached please find all required information necessary to apply for approval of this program as outlined in RSA 153-A:5 III. Questions about this application should be addressed to NFR Chief Steven Galipeau or AMR Regional Director Chris Stawasz. Thank you for your consideration of this application.
Respectfully,

James Donchess  
Mayor  
City of Nashua, NH

Steven Gailpeau  
Chief  
Nashua Fire Rescue

Christopher Stawasz  
Regional Director  
American Medical Response

Dr. Peter Row  
EMS Medical Director  
Southern NH Health

Peter Katcher  
CEO  
Partnership for Successful Living

Dr. Graciela Silvia Sironich-Kallan  
Medical Director  
Harbor Health Care and Wellness Center

Michael Rose  
CEO  
Southern NH Medical Center
SECTION 1

PROJECT INTENT

Safe Station AMR

A Gateway to Recovery in Nashua, NH
SECTION 1 - Project Intent

It is the intent of the City of Nashua (City), Nashua Fire Rescue (NFR) & American Medical Response (AMR) to provide a simple gateway to one-on-one resources for individuals requesting treatment, counseling or coaching for substance use disorders in the City of Nashua, NH.

The below chart illustrates the significant increase in opioid related overdoses experienced within the City in the last four years. These continued increases have resulted in significant loss of human life. They have also challenged the valuable fixed resources of Fire, EMS and healthcare provider services within the community.

<table>
<thead>
<tr>
<th>Nashua, NH</th>
<th>Suspected Opioid Overdose Summary Report</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
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<tbody>
<tr>
<td>Jan</td>
<td>13</td>
<td>15</td>
<td>9</td>
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<td>Feb</td>
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<td>13</td>
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<td>33</td>
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<td>Mar</td>
<td>3</td>
<td>7</td>
<td>16</td>
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<td>Apr</td>
<td>7</td>
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<td>14</td>
<td>30</td>
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<td>May</td>
<td>7</td>
<td>13</td>
<td>18</td>
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<td>Jun</td>
<td>11</td>
<td>13</td>
<td>16</td>
<td>27</td>
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<td>Jul</td>
<td>9</td>
<td>11</td>
<td>17</td>
<td>31</td>
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<td>Aug</td>
<td>16</td>
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<td>Sep</td>
<td>10</td>
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<td>Oct</td>
<td>14</td>
<td>17</td>
<td>37</td>
<td>45</td>
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<td>Nov</td>
<td>15</td>
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<td>Dec</td>
<td>6</td>
<td>10</td>
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<tr>
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<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
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<tbody>
<tr>
<td>Total</td>
<td>117</td>
<td>152</td>
<td>246</td>
<td>371</td>
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<tr>
<td></td>
<td>+35</td>
<td>+94</td>
<td>+125</td>
<td>+51%</td>
</tr>
</tbody>
</table>

* Source: American Medical Response, Nashua

V.fina
Short term goals:

- Decrease death from opioid OD’s in the community
- Provide a gateway to available recovery services
- Increase access to safe, non-judgmental environment for those with SUD seeking help

These short term goals are measurable by data currently being collected and planned to be collected once the project is initiated.

Long term goals:

- Strengthen referral system for individuals seeking help
- Assist in a coordinated continuum of care linking detox and on-going treatment

Many SUD individuals reach a point in their substance use career when they decide to seek help and the window for that timeframe seeking help is proven to be very small. This project seeks to capitalize on existing state and local community resources to help coordinate an easily accessible streamlined relationship to long term recovery.
SECTION 2
SCOPE OF PROJECT

NASHUA
Safe Station
AMR

A Gateway to Recovery in Nashua, NH
Section 2 - Scope of Project

The purpose of this project is to address the immediate needs of SUD individuals who may not know where to go to begin the treatment/recovery process.

This project is being proposed to:

- Provide a simple access recovery service gateway – measured by data collected
- Reduce the number of lives being lost to SUD
- Alleviate the burden on the fixed public safety resources available within the community by reducing OD’s and OD deaths

A similar project has been in place in Manchester, NH since early May 2016 and has already served nearly 700 people seeking help for SUD.

Since the transportation of the individuals seeking assistance through this proposed project will not primarily be to a hospital (unless the medical situation dictates), the project rightly falls under the guidelines of RSA 153-A:2 VI by arranging transportation to an “appropriate location in order to prevent loss of life or aggravation of physiological or psychological illness or injury”.

The key project stakeholders are:

- City of Nashua, Office of the Mayor
- Nashua Fire Rescue
- American Medical Response
- Nashua Police Department
- City of Nashua Department of Public Health
- Southern NH Medical Center (NFR, AMR & NPD Medical Control Facility)
- St. Joseph Hospital (a receiving hospital)
- Dr. Peter Row (AMR Medical Resource Hospital Physician)
- Dr. Graciela Silvia Sironich-Kalkan (Medical Director, Harbor Wellness Center)
- Partnership for Successful Living (Harbor Homes)
SECTION 3
GENERAL PROJECT DESCRIPTION
&
NEEDS ASSESSMENT TOOL

Safe Station AMR
A Gateway to Recovery in Nashua, NH
SECTION 3 – General Project Description & Needs Assessment Tool

All parties intend to collaborate together to develop, implement, execute and support this project to address the immediate needs of SUD individuals who may not know where to go to begin the treatment/recovery process.

A needs assessment has been conducted and the results are attached to this proposal.

All six Nashua, NH Fire stations are manned 24/7/365 and are only “empty” when the units are assigned to calls within the 9-1-1 system. All NFR line personnel have existing medical training (minimum EMT-Basic) sufficient to safely participate in this project as proposed.

AMR is the licensed emergency medical services advanced life support transportation provider for the City and staffs at the paramedic level 24/7 on at least 4 ambulances solely dedicated to the City.

Southern New Hampshire Health Systems operates an acute care hospital in the City and provides pre-hospital medical resource services to both NFR and AMR.

Partnership for Successful Living (PSL) is a local non-profit federally qualified health center and designated regional access point located in the City. Their services include Harbor Homes, Healthy at Home, Keystone Hall, So. NH HIV/AIDS Task Force & Welcoming Light.
<table>
<thead>
<tr>
<th>Column 1</th>
<th>Column 2</th>
<th>Column 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.1.4</td>
<td>The EMS database captures all patient encounters</td>
<td>4 e.g. EMS or hospital</td>
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<tr>
<td>10.1.3</td>
<td>The community participates in strengthening the system and information flow for ongoing performance assessment. The community participates in strengthening the system</td>
<td>Information system (EIS) for ongoing performance assessment and system surveillance and evaluation.</td>
</tr>
<tr>
<td>10.1.2</td>
<td>Complete risk assessments.</td>
<td>Complete risk assessments.</td>
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<tr>
<td>10.1.1</td>
<td>Fee-for-service.</td>
<td>Fee-for-service.</td>
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<tr>
<td>10.1.0</td>
<td>The public health epidemiologist alongside the director and health system leaders.</td>
<td>The public health epidemiologist alongside the director and health system leaders.</td>
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<tr>
<td>10.0.9</td>
<td>The description is updated at regular intervals.</td>
<td>The description is updated at regular intervals.</td>
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<td>10.0.8</td>
<td>The health care provider identifies and other data sources. The health care provider identifies and other data sources.</td>
<td>The health care provider identifies and other data sources.</td>
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<tr>
<td>10.0.7</td>
<td>The health care provider identifies and other data sources.</td>
<td>The health care provider identifies and other data sources.</td>
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<td>10.0.6</td>
<td>Additional messaging, including patient education and patient education.</td>
<td>Additional messaging, including patient education and patient education.</td>
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<td>Additional messaging, including patient education and patient education.</td>
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<td>Additional messaging, including patient education and patient education.</td>
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**Narrative:** NH MIPP Safe Station Proposal

**Indicator:**

- There is a description of illnesses and injuries within the institution, and the injury is reported to all stakeholders on a regular basis. Log all encounters with prepositional, descriptive, and other data sources. The health care provider identifies and other data sources.

**Note:** The table contains specific details about various health-related activities and systems, including databases, patient encounters, and performance assessments. It highlights the importance of regular updates and the involvement of multiple stakeholders in these processes.
<table>
<thead>
<tr>
<th>Requirement</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td><strong>5.1</strong></td>
<td>Improved system for diagnosis and treatment of communicable diseases and injuries.</td>
</tr>
<tr>
<td><strong>5.2</strong></td>
<td>Enhanced surveillance and epidemiologic data collection and reporting.</td>
</tr>
<tr>
<td><strong>5.3</strong></td>
<td>Expansion of community health services and programs.</td>
</tr>
<tr>
<td><strong>5.4</strong></td>
<td>Increased availability of health care services, including mobile clinics and telemedicine.</td>
</tr>
<tr>
<td><strong>5.5</strong></td>
<td>Enhanced community engagement and participatory planning.</td>
</tr>
<tr>
<td><strong>5.6</strong></td>
<td>Improved community preparedness and response to disasters and emergencies.</td>
</tr>
</tbody>
</table>

**Note:** The above requirements are intended to be met through a comprehensive and integrated approach that includes public health, emergency management, and community partnerships.
<table>
<thead>
<tr>
<th>Required Self Assessment</th>
<th>Nas una NH MHPSS Station Proposal</th>
</tr>
</thead>
<tbody>
<tr>
<td>The state of NH has developed specific community paramedicine programs which are being utilized for this proposal.</td>
<td>6</td>
</tr>
<tr>
<td>Specific activities, rules, and regulations for other sectors of the community. These activities are essential to the health of the community. The City of Nashua has an ambulance service.</td>
<td></td>
</tr>
<tr>
<td>The community paramedicine program is not in conflict with other existing agencies or regulations, including nursing, physical therapy, and medical services.</td>
<td>2012</td>
</tr>
<tr>
<td>The scope of practice for the proposed community paramedicine program includes emergency medical services, triage, and field treatment.</td>
<td>2013</td>
</tr>
<tr>
<td>The mission/service area for the proposed community paramedicine program includes medical care, public health, and community health.</td>
<td></td>
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<tr>
<td>The program information has been conducted based on the needs of the general medical community, including physicians, paramedics, and nurses.</td>
<td>2013.6</td>
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<tr>
<td>An assessment of the needs of the community.</td>
<td>2013.3</td>
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<tr>
<td>The proposed program includes patient privacy and the benefit of the community.</td>
<td>2013.2</td>
</tr>
<tr>
<td>An assessment of the interests of public officials concerning community paramedicine coordination.</td>
<td>2013.1</td>
</tr>
<tr>
<td>The advisory council to the community is included in various oversight activities.</td>
<td>2012</td>
</tr>
<tr>
<td>In addition to public officials and community paramedicine leaders, this proposal includes the benefit of the community.</td>
<td></td>
</tr>
<tr>
<td>Advisory council to the community.</td>
<td>6</td>
</tr>
<tr>
<td>The proposal is beneficial to the community.</td>
<td>6</td>
</tr>
<tr>
<td>The proposal is consistent with the needs of the community.</td>
<td>6</td>
</tr>
<tr>
<td>202.2</td>
<td>202.3</td>
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<td>---</td>
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<tr>
<td>Community program exists in place for the community</td>
<td>Community program and literacy for the community</td>
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<td>Continuously improve the program</td>
<td>Continuously improve the program</td>
</tr>
<tr>
<td>The decision making process within the community program decision-making frame is clearly defined and easily understood</td>
<td>The decision making process within the community program decision-making frame is clearly defined and easily understood</td>
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<td>4</td>
<td>4</td>
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<table>
<thead>
<tr>
<th>202.1</th>
<th>202.4</th>
</tr>
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<tbody>
<tr>
<td>Patient privacy</td>
<td>Patient privacy</td>
</tr>
<tr>
<td>transparency requirements and protocols</td>
<td>transparency requirements and protocols</td>
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<tr>
<td>6</td>
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<th>5</th>
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<tbody>
<tr>
<td>The community program has been designed to help</td>
<td>The community program has been designed to help</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Step</td>
<td>Task Description</td>
</tr>
<tr>
<td>------</td>
<td>------------------</td>
</tr>
<tr>
<td>1</td>
<td>Develop a program plan.</td>
</tr>
<tr>
<td>2</td>
<td>Identify community needs and resources available within the community.</td>
</tr>
<tr>
<td>3</td>
<td>Address identified needs in the program plan.</td>
</tr>
<tr>
<td>4</td>
<td>Implement and evaluate the program plan.</td>
</tr>
</tbody>
</table>

**Required Self-Assessment**

Nursing, NHP, MHP, SJE, Station Proposal
<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Begin utilization and performance metrics.</td>
</tr>
<tr>
<td>2</td>
<td>Review the Community Paramedicine Program plan and priorities.</td>
</tr>
<tr>
<td>3</td>
<td>Implement strategies and systems to address performance measures.</td>
</tr>
<tr>
<td>4</td>
<td>Review the Community Paramedicine Program for Community Engagement.</td>
</tr>
<tr>
<td>5</td>
<td>Review the EIS data and provide feedback to the program.</td>
</tr>
<tr>
<td>6</td>
<td>Review the Community Paramedicine Program for Community Engagement.</td>
</tr>
</tbody>
</table>

**Notes:**
- The initial priority is to develop a budget and program plan.
- The EIS data is crucial for program evaluation.
- The program plan is finalized by the end of the quarter.
<table>
<thead>
<tr>
<th>Required Self-Assessment:</th>
<th>National MHPSS Station Proposal</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>Cost data are collected and provided to the community program provider to assess system performance.</td>
</tr>
<tr>
<td>301.1</td>
<td>To improve the quality of care.</td>
</tr>
<tr>
<td>301.2</td>
<td>To improve patient care and to improve quality of care.</td>
</tr>
<tr>
<td>302.1</td>
<td>To inform planning and to identify trends.</td>
</tr>
<tr>
<td>302.2</td>
<td>To inform planning and to identify trends.</td>
</tr>
<tr>
<td>2.</td>
<td>No cost data are collected.</td>
</tr>
<tr>
<td>2.</td>
<td>No cost data are collected.</td>
</tr>
<tr>
<td>4.</td>
<td>The community provider, patient care and provider data are collected.</td>
</tr>
<tr>
<td>6.</td>
<td>The community provider, patient care and provider data are collected.</td>
</tr>
<tr>
<td>6.</td>
<td>The community provider, patient care and provider data are collected.</td>
</tr>
<tr>
<td>2.</td>
<td>No cost data is collected at this time.</td>
</tr>
<tr>
<td>2.</td>
<td>No cost data is collected at this time.</td>
</tr>
</tbody>
</table>

**Community Health Assessment:**

The city of Nashville, Division of Public Health, and Community Services is happy in higher education and training planning and program planning. A strategic planning and action planning tool are used in our community. CHAs are involved in the development of the 2014 Community Health Assessment (CHA). Health and Community Services is happy with EMS primary care providers and community programs. The Public Health Community Health Program.

**Promotion and Chronic Disease Prevention and Health:**

Health promotion and education for public, and primary care leaders have enthusiasm. Linkages including programs with EMS, Public Health, and Community Health.
<table>
<thead>
<tr>
<th>3.</th>
<th>Education specific to the operational plan, to ensure effective implementation of the program.</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.</td>
<td>The program will be managed on a shared basis, ensuring effective coordination and collaboration.</td>
</tr>
<tr>
<td>5.</td>
<td>Financial costs and benefits are estimated, including a detailed cost-benefit analysis.</td>
</tr>
<tr>
<td>305.4</td>
<td>Prevention program.</td>
</tr>
<tr>
<td>-------</td>
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</tr>
<tr>
<td>306.3</td>
<td>Community interventions within the community.</td>
</tr>
<tr>
<td>305.2</td>
<td>Provider competency and core skills process to performance improvement processes.</td>
</tr>
</tbody>
</table>

The community intervenes in the system with the scope of practice. Each community provider has been identified with the responsibility of performing the skills developed that ensure the community is established with provision by the medical director.

The community represents the program as a multidisciplinary team across the region.

The greater region is the Collaborative Working Health Network, which includes RPS and Community/Public Health.

The focus of the Greater Region is to coordinate health services within the region. The Greater Region is managed by the City of Nashua.

Regional Public Health Network is to develop comprehensive programs with key stakeholders to improve and enhance Public Health Services. The focus of Greater Region Public Health Network is to develop comprehensive programs with key stakeholders to improve and enhance Public Health Services.

The Community/Public Health and Community interventions are conducted at least annually.

The City of Nashua has an ambulance service from EMS, public safety, public health, the fire department, and the Mayor's office.

The study of EMS is ongoing. The study of program development and improvement processes, a method of achieving performance excellence is described through the health system's model.

Community/Public Health and Community interventions are conducted at least annually.

The study of EMS is ongoing. The study of program development and improvement processes, a method of achieving performance excellence is described through the health system's model.

Community/Public Health and Community interventions are conducted at least annually.
| Required Self Assessment | Licensing Authority | The Problem Results of Personal Performance | 306.2
|-------------------------|---------------------|-------------------------------------------|-----|
| State of NH has developed specific individual personal performance issues to improve performance process and improve provider competence with any rules, regulations, or provider policy. | 6 | 306.2.1
| Provider competence is involved in ongoing community engagement and program performance monitoring. | 6 | 306.2.1 |
| The pre-nursing regulatory agency working on the proposed delivery program. | 6 | 306.2 |
| There are mechanisms in place within the community programs of practice patterns of concurrence performance and institutional performance. | 6 | 306.2 |
SECTION 4

PATIENT INTERACTION PLAN

Safe Station AMR

A Gateway to Recovery in Nashua, NH
SECTION 4 – Patient Interaction Plan

All six Nashua, NH fire stations will be a designated safe environment for individuals seeking assistance or looking for treatment to start their path to SUD recovery. At any time of the day or night when a person suffering from SUD decides or gathers up the courage to ask for help, he or she can go to any NFR station to initiate this project.

When an individual seeking this assistance presents at a Nashua fire station, the company Officer will contact Nashua Fire Alarm dispatch and initiate a “Gateway Evaluation” protocol. This will alert Nashua Fire Alarm to the situation and what protocol to follow. Firefighters will complete a medical assessment not to exceed their scope of training under NH RSA 153-A: 11 and an ALS Paramedic level assessment will be performed by an on-duty AMR paramedic.

The individual(s) seeking assistance will be evaluated based upon approved medical project participation parameters. If they do not meet the medical evaluation parameters developed for this project then treatment and transportation to an appropriate medical facility will be provided by AMR.

During the daytime hours of weekdays (7a-5p, M-F), an AMR Supervisor or AMR Shift Commander or Manager will be called to the fire station where the individual seeking assistance is located to provide an ALS assessment rather than an ALS unit if EMS system demand dictates. This will allow the affected fire company to return to service faster and possibly eliminate the need to dispatch an ALS ambulance to the site.

On nights and weekends those same duties would be handled by an on duty AMR ALS Unit, if available. If no AMR ALS unit is available due to system demand the affected fire company will need to remain out of service until the recovery/coaching center arrives to retrieve the individual seeking assistance. In those rare cases, a BLS assessment only will be provided by NFR personnel due to emergent system demand.

All individuals seeking assistance will be required to drop any needles and/or paraphernalia in to a collection bin located at each fire station prior to speaking with coaches or seeking treatment.

- If any weapons are with the individuals seeking assistance the Nashua Police Department will need to be involved.
- If individuals request to speak to law enforcement for any reason the Nashua Police Department will be called to respond.
Safe Station

A Gateway to Recovery in Nashua, NH

If a patient is revived from an opioid overdose and transported from a 9-1-1 scene to a Nashua hospital they must be cleared medically by the receiving hospital and are not eligible for this project. At no time will the patient be able to sign a patient refusal from a scene and then follow the firefighters back to a station. That is not the intent of this project, nor will it be a practice.

A copy of the project instructions developed for NFR members is attached.

Partnership for Successful Living (PSL) is the Regional Access Point provider for the Nashua area and a federally qualified health center. They have agreed to participate in this project to provide transportation and to act as the receiving point for persons seeking assistance through this project. PSL currently offers a variety of treatment options that can be utilized for this project. The treatment options include but are not limited to:

- Rapid response to transportation needs, 24/7: PSL commits to providing or facilitating transportation from a Safe Station to one of our facilities within 30 minutes of initial alert by a Fire Station.
- Crisis Care and emergency shelter for Safe Station participants.
- Access to ongoing primary, behavioral, and oral health care.
PSL also has the following services are also available as clinically appropriate:

- Medical Detoxification – outpatient and inpatient
- Outpatient SUD Tx that is integrated with mental health care, including:
  - Assessment and Evaluations by Licensed Clinicians
  - Behavioral Health Care
  - Intensive Outpatient Program
  - Partial Hospitalization Program
  - Relapse Prevention Services
  - Medication Assisted Treatment – (Suboxone/Subutex [buprenorphine], Naltrexone, Naloxone)
  - Individual and family counseling services
- Residential Services
  - High-Intensity Residential Treatment
    - 28-Day Inpatient Program
    - Cynthia Day Family Center Program
  - Low-Intensity Residential Treatment
    - 90-Day Inpatient Program
    - 6-month Transitional Living Program
- Home-based Medium-Term Homeless Prevention/Rapid Re-Housing and SUD Tx
  - For pregnant, post-partum and parenting women with children
  - Families will receive up to 4 months of rental and other assistance
- 24/7 Crisis Services, statewide: 1-844-711-HELP
- Non-clinical Recovery Support Services
  - Care Management and Benefit/Entitlement Enrollment
  - Transportation to and from SUD Tx; Child Care when in SUD Tx
  - Employment Services
  - Peer-provided services, which may range from phone-call check-ins to help with employment
  - Complementary Therapies (Yoga, Meditation)
Additionally, Safe Station participants who take advantage of any of the above services also gain streamlined access to:

- Permanent Supportive Housing
- Veteran-specific Services, including housing and employment
- Pharmacy Services
- In-home Visiting Nurse/Personal Care services
- Specialized services and housing for individuals with HIV/AIDS
- Education and training opportunities
SECTION 5
STAFFING PLAN

Safe Station AMR
A Gateway to Recovery in Nashua, NH
SECTION 5 – Staffing Plan

NFR staffs six stations 24/7 located throughout the city and all firefighters are trained to a minimum level of EMT. NFR is a NH licensed non-transporting EMS provider.

AMR staffs 4 ALS Paramedic level licensed ambulances that are dedicated to the City under contract. AMR is a NH licensed transporting EMS provider.

PSL is the Regional Access Point provider for the Nashua area and a federally qualified health center. Their services for this project are available 24/7/365.

SNNHS provides medical resource hospital services under contract as defined in New Hampshire Administrative Rule Saf-C 5901.80 to AMR and NFR.

St. Joseph Hospital is an acute care hospital within the community and may receive patients participating in this program if medically indicated.

In the unlikely event that an individual seeking assistance presents at a fire station in Nashua and the station is “empty” because of call volume, exterior signage will be installed at each city fire station and fire alarm headquarters. The signs will provide simple clear instructions to contact Nashua Fire Dispatch if a Safe Station Gateway is needed. If/when those calls are received, protocols will be in place to get the necessary assets to the person seeking a Gateway.

All services provided under this project will be done with existing staff.

An example of the signage is below.
SECTION 6
TRAINING PLAN

Safe Station AMR
A Gateway to Recovery in Nashua, NH
SECTION 6 – Training Plan

All stakeholders involved in the operational aspects of the project have participated or will participate in training to prepare for implementation. That training project includes an overview of the operational guidelines, medical protocols and overall plan goals and objectives. On-going training programs will be developed based upon project evaluation and need.

Specific initial training for individual stakeholders will include:

**NFR**

- Identifying substance misuse in the first responder community
- Substance use disorder
- First language use
- Resiliency training
- Addiction characteristics & physiology

**AMR**

- Overview of the approved medical protocols and use of medical control for assistance
- First language use
- Operational guidelines and expectations

**PSL**

- Operational procedures of the project including internal notification processes, transportation procedures and efficient flow of participants.

Representatives of the stakeholders involved in this project have invested a significant amount of time and effort into the development and formation of this project. They continue to meet regularly and after implementation, will develop a systematic agenda of oversight to measure success. Copies of training materials are attached.
Public Health Substance Misuse  
Nashua Fire & Rescue Workshop  
Curriculum  

The Division of Public Health and Community Services plans to offer educational workshops to the Nashua Fire and Rescue Department that will focus on Substance Misuse Disorder, SUD Language Training and Resilience for First Responders. The workshops are 1.5 hours in duration with three subparts, each .5 hours.  

Facilitators: Staff of the Division of Public Health & Community Services  
Bobbie D. Bagley, RN, MS, MPH, CPH, Division Director  
Lisa Vasquez, MS, Substance Misuse Prevention Coordinator  
Aly McKnight, BS, Substance Misuse Continuum of Care Coordinator  

Purpose: The purpose of these workshops is to provide the NFR with information to support their continued service and response to the increasing substance misuse population.  

Training Objectives:  
1. Increase knowledge regarding substance use disorders  
2. Understand the importance of using first person language  
3. Increased knowledge of self-care, resiliency and supports  
4. Increased knowledge of local resources for prevention, treatment and recovery supports  

Training Segment 1: Substance Misuse Disorder  
- Review definition of substance misuse vs. addiction  
- The effects of substances on the brain  
  - Cortex  
  - Frontal Lobe  
  - Tolerance  
  - Withdrawal  
- Reward and Limbic System  
- Hope and Recovery  

Training Segment 2: Language About Substance Use  
- The importance of language  
- Stigma and Discrimination  
- Changing our vocabulary: Changes or ideals and perceptions  
- Creating New Language Norms  

Training Segment 3: Responder Resilience  
- Defining a traumatic event  
- Discussion on Responders at Risk  
- Resistance, Resilience, & Recovery
Handouts:

- Substance Misuse Disorder – power point slides
- Language About Substance Use - power point slides
- Responder Resilience – power point slides
- Addicted Brain Brochure
- 1-844-HELP Flyer
- BEYOND Influence Cards
Resilience for First Responders
Nashua Division of Public Health and Community Services

Outline
- What is a traumatic event?
- Response to Trauma
- Responders Risk
- Resistance
- Resilience
- Recovery
- Resources

What qualifies as a "traumatic event?"
The DSM-V identifies a traumatic event as one in which we experience a threat (actual or perceived) of death or serious injury to self or others, with a response of "intense fear, helplessness or horror." It is not the event itself, but the meaning it has for the individual that makes it traumatic.

What is the normal response to a traumatic event?
Right after a traumatic event, normal people experience a range of normal reactions, including:
- anxiety, feeling "revved up"
- fatigue
- irritability
- hyper-vigilance
- increased emotionality
**What is the normal response to a traumatic event?**

- problems sleeping
- exaggerated startle response
- change in appetite
- feeling overwhelmed
- impatience
- withdrawing from family and friends

**What kinds of situations may increase a First Responder’s risk for developing a stress disorder?**

First responders are exposed to highly stressful events in the course of their routine duties. There are specific situations that increase one's vulnerability to traumatic stress:

- having no control over the volume of calls
- having to continue responding to calls regardless of an especially disturbing call
- being in the service for a long time, since stress is cumulative
- being in a situation where one feels helpless in the face of overwhelming demands, such as a prolonged, failed rescue
- losing a partner, or a peer killed or seriously injured in the line of duty

[Link to the OSHA guide for mental health and stress management in emergency responders](https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=TOPICS&p_id=12924)
The Need in EMS?

- Incidence of Posttraumatic Stress with EMS in urban setting (NYC) (9.5%) met the strict DSM-III-R criteria for PTSD.
- Another (10%) had the required number and combination of symptoms for PTSD, but those symptoms had not persisted for the 1-month required by the DSM-III-R criteria.
- Thus, a total of 19.5% of subjects who completed the survey were shown to be suffering from PTSD symptoms.

The Need in EMS? (cont.)

- The interaction between age and several other factors, however, was significant, including:
  - Study participants between the ages of 18 and 24 who graduated from a rural high school were nearly 3 times as likely to have PTSD as those from urban or suburban high school.
  - The prevalence of PTSD increased significantly with the total number of previous medical emergency working.
Resistance, Resilience, & Recovery

- In the present context, the term 'resistance' refers to the ability of an individual, a group, an organization, or even an entire population to literally resist manifestations of clinical distress, impairment, or dysfunction associated with critical incidents, terrorism, and even mass disasters.

- Resistance may be thought of as a form of psychological behavioral immunity to distress and dysfunctions.

- Pre-incident training/preparation may be the best way to build resistance.

Perceptions about Services for Responders

There were two critiques prevalent in the responses, regardless of what type of support they utilized:

1. The support was either not accessible or
2. The provider felt discouraged from using the support.

Perceptions about Services for Responders

- Comments from survey:
  - "Was offered free. We are not allowed CISM at our service."
  - "Asked for help and ended up losing my 23-year career."
  - "Asked for help and was laughed at."
  - "Was told to get back to work. Was told I signed up for it so deal with it."
  - "It wasn't offered even though we all thought it should be. One co-worker stated I didn't even bother him. Another co-worker who were about 30 made comments about my being mentally ill being to be on a truck because his kid's dead, hurt me."

Resistance, Resilience, & Recovery

- In the present context, the term Resilience refers to the ability of an individual, a group, an organization, or even an entire population, to rapidly and effectively rebound from psychological and/or behavioral perturbations associated with extreme incidents, terrorism, and even mass disasters.

Protective and Resiliency Factors Against Trauma

- Sense of community: feelings of belonging and emotional attachment
- Collective efficacy: perception of the group's ability to accomplish its major tasks (First responders' jobs are highly collaborative in nature)
- Self-efficacy: ability to exercise some measure of control over environment
- Positive coping strategies: ability to manage stress constructively, such as using approaches like Cognitive Behavioral Therapy (CBT)
- Compassion satisfaction: positive feelings from helping others; incorporation of positive aspects of trauma situations in adaptive growth (Eldon and Peltz, 2008; Crenshaw, 2000)
**Resistance, Resilience, & Recovery**

- *Resilience* is an ordinary, not extraordinary, response associated with:
  - Capacity to make and follow realistic plans
  - Positive view of self, strength, and abilities
  - Communication and problem solving skills
  - Capacity to manage strong feelings
- Crisis and disaster mental health intervention may be the best way to enhance natural *Resilience*, in addition to pre-incident preparation.

**Resistance, Resilience, & Recovery**

- The term *Recovery* refers to the ability of an individual, a group, an organization, or even an entire population, to literally recover the ability to adaptively function, both psychologically and behaviorally, in the wake of a significant clinical distress, impairment, or dysfunction (PTSD, CTS), subsequent to critical incidents, terrorism, and even mass disasters.
- Crisis intervention, Treatment, and rehabilitation speeds *Recovery*.

**Resources Available**
Language About Substance Use

How what we say and how we say it shapes perception & policy.

"Drug Addiction"

Write down all the words, phrases, or ideas that come to mind when you hear these words.

Why is the language we use important?

STIGMA → DISCRIMINATION

<table>
<thead>
<tr>
<th>INSTEAD OF...</th>
<th>TRY...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addict, junkie, alcoholic</td>
<td>Person with a substance use disorder (SUD)</td>
</tr>
<tr>
<td>Alcohol abuse</td>
<td>Substance use disorder (SUD)</td>
</tr>
<tr>
<td>Chronic</td>
<td>Abusing</td>
</tr>
<tr>
<td>Former addict</td>
<td>Person in recovery</td>
</tr>
<tr>
<td>Relapse</td>
<td>Recovering or in remission</td>
</tr>
<tr>
<td>Drug abuse</td>
<td>Drug use or drug misuse</td>
</tr>
<tr>
<td>Use</td>
<td>Activating</td>
</tr>
<tr>
<td>Use</td>
<td>Reclaiming a mental health class</td>
</tr>
<tr>
<td>Suicidal</td>
<td>Having thoughts of self-harm or suicide</td>
</tr>
</tbody>
</table>
Language Norms

- Emphasize that substance use disorder (SUD) is a preventable, treatable disease.
- Frame the conversation as a health issue.
- Use person-first language.
- Use examples of people who have reached long-term recovery.
- Discuss the fact that people can and do change! Share hope.

References

"The Do’s and Don’ts of Effective Messaging for Substance Abuse Prevention". SAMHSA’s Center for the Application of Prevention Technologies.


Overview

On November 17th Nashua is introducing the "Safe Station" initiative.

The purpose of a program of this type is to address the needs of drug/substance users who may not know where to go to begin the treatment/recovery process.

The Safe Station program is approved by the NH Bureau of EMS under the Mobile Integrated Healthcare Precoquelate Protocol RSA 153-A:3 with medical oversight being provided by EMS Medical Director Dr. Nathan.

Process

Anyone wanting to start the process for the treatment of their addiction may walk into any Nashua Fire Station and request help.

When an individual seeking assistance presents at a Nashua Fire station, the in house company Officer will contact Fire Alarm to take the company out of service under a "Gateway Evaluation" which would alert Fire Alarm to the situation, and notify AMR.

Process cont.

NFPE Personnel will conduct a BLS level assessment.

During the daytime hours of weekdays (8o-6p, M-F), an AMR Supervisor, AMR Shift Commander or Manager, or the NFPE EMS Officer would be called to the station where the individual seeking assistance was located to provide a second assessment of the person. This will allow the affected fire company to return to service. On nights and weekends, some of these duties would be handled by an on duty AMR ALS Unit if available. If no ALS unit is available the affected fire company will need to remain out of service until the recovery/coaching sensor arrives to retrieve the individual seeking assistance.
Process cont.

Each individual seeking assistance will be required to drop any needles and/or paraphernalia in to a collection bin located at each fire station prior to speaking with coaches or seeking treatment.

- If any weapons are in the individuals seeking assistance possession Nashua Police Department will need to be involved.
- If illegal substances are with the individuals seeking assistance, Nashua Police Department will be notified.

Process cont.

The AMR or NFD personnel will remain with the “patient” until such time as a recovery coach arrives to transport the “patient” to a recovery center.

Once care has been transferred to the recovery coach the AMR unit is to clear the scene in-service.

Guidelines

The Safe Station program applies only to individuals who walk into the fire station and request assistance with their addiction.

Patients who are treated for an overdose may not opt into this program.

Anyone treated for an overdose should be transported to an emergency department for further evaluation.

Patients treated for an overdose may not receive transport and “follow” the fire company back to the station to request help.

Anyone presenting as II, unstable, or with any medical complaint should be transported to the ED for evaluation.

Documentation Requirements

Every “patient” gets an assessment

For every encounter a PCR and the NFD Intake Assessment Record must be completed. The NFD form is to be returned to the NFD officer on scene.
MEDS Report

A complete MEDS report will be completed under the following guidelines.

Type of Call: 911
Patient contact: Yes
Disposition: Category: Treat/No Transport
Disposition: Transport by Non-EMT
Child Complaint Category: None
Primary impression: Behavioral/Psychiatric - Unspecified
Secondary impression: Other - No Secondary impression

Complete patient demographics:
Complete Notes

Conclusion

Remember this program is intended to get people the help they need with their addiction and it is a work in progress. As such we will be evaluating it and making changes as needed.

Any patients with a medical complaint should be transported to the hospital.

Everyone gets an assessment

Use good judgment and stay safe.
SECTION 7
MEDICAL DIRECTION
QUALITY MANAGEMENT PLAN

NASHUA
Safe Station AMR

A Gateway to Recovery in Nashua, NH
SECTION 7 – Medical Direction/Quality Management Plan

NFR, AMR and their respective Medical Resource Hospital (MRH) Physician, Dr. Peter Row, have developed, reviewed and agreed to a specific set of clinical parameters for persons seeking assistance to be eligible to participate in this project:

Criteria for transport to ED or contacting medical control:

- Heart Rate: <45 bpm or above >120 bpm
- Systolic Blood Pressure: <90 mmHg or >160 mmHg
- Respiratory Rate: <10/min or >28/min
- SpO2: <90% on room air or with prescribed home oxygen
- Temperature: >100.5 degrees F
- Altered mental status, impaired judgement or a GCS <14
- Signs of trauma requiring ED evaluation
- Signs/Symptoms of infection
- Signs/Symptoms of drug and/or alcohol withdrawal
- Signs/Symptoms of psychiatric emergency incl. suicidal / homicidal ideations
- Known drug/alcohol use within 12 hours
- Provider judgement and/or medical direction recommendation based on patient presentation and assessment findings

Criteria to consider for Law Enforcement intervention:

- Possession of weapons, drugs, illegal substances or drug paraphernalia
- Physically or verbally abusive presentation of the individual
- Individual creates an unsafe or a potentially unsafe situation for personnel, staff or themselves
- Provider judgement based on interaction with personnel and staff
- Request from patient to speak with law enforcement

PSL is supplying Dr. Graciela Silva Sironich-Kalkan, a primary care physician who, in coordination with the MRH Medical Director, will provide medical direction as needed for the MIHPP. Her resume is attached.

Entities participating in this project will have a Memorandum of Understanding indicating their understanding of their support and responsibilities.
Safe Station

A Gateway to Recovery in Nashua, NH

AMR's MRH physician medical director, Dr. Peter Row from Southern NH Health Systems will have regular involvement in the review process of this project as well as the implementation the project. The process used will not differ greatly from the NH EMS Protocols already put forth by the State and no member of Nashua Fire Rescue or American Medical Response is being asked or expected to operate outside their scope of training. Minimal physician level medical oversight is expected to be needed.

The Quality Management Plan will involve members of leadership from the stakeholders involved to regularly review the utilization and effectiveness of the project. Statistics will be compared and discussed as to the utilization of this project by the public, increases/decreases in ER visits, referrals from NFR/AMR to PLS entities that have successful placement or coaching, and data to prove this project should continue or be discontinued.
Graciela Silvia Sironich-Kalkan MD.

Present Mailing Address
45 High Street
Nashua, NH 03060
Telephone 603-821-7788

Medical Education

Universidad de Buenos Aires
Ciudad Autónoma de Buenos Aires
Argentina
MD, 12/21/1979

School Awards & Membership in Honorary/ Professional Societies

ASAM: member of the American Society of Addiction Medicine, February 2016 active
Cardiology Argentine Society: 1982-1986 associated member
Azcuenaga 980, Ciudad Autónoma de Buenos Aires, Argentina.
Cnel. Niceto Vega 4617, Ciudad Autónoma de Buenos Aires, Argentina.
Argentine Association of Enteral and Parenteral Nutrition: 1983-1997, Founder and Board’s
Member
Lavalle 3543 3F, Ciudad Autónoma de Buenos Aires, Argentina.
Biologic’s Security Committee Navy Hospital: 1985-1997 Board’s Member 1986-1997
Patricias Argentinas 351, Ciudad Autónoma de Buenos Aires, Argentina.

Certifications / Licensure

NPI: 1760751531
State of New Hampshire Full License 2/1/2012 to 6/30/2018 # 15553
DEA Registration: PS 2954851
DATA 2000 8 Hour Waiver Qualifying Buprenorphine Training and DEA registration
State of New Hampshire Temporary License Date 11/02/2011 to 5/12/2012 #T0566
State of Massachusetts Limited License #222359 Exp. Date 06/30/2005
DEA Registration#AS4148501E136, Exp. Date 06/2005
ACLS Certification Exp. Date March 2015
Argentina:
National Academy of Medicine, Ciudad Autónoma de Buenos Aires, Argentina. Certification of Professional Physicians as Critical Care Specialist. 1993.
Certificate of Specialist Argentine Society of Critical Care, Ciudad Autónoma de Buenos Aires, Argentina. 1993
National License: #58049 October Active1980-March 1997 Book 17, Page 18
Province of Buenos Aires School 2nd District: #28446 08/1980 Book XI page 192
Avellaneda, Province of Buenos Aires, Argentina.

Work Experience:

Harbor Care Health and Wellness Center
45 High Street, Nashua, NH 03060
Medical Director, March 2014 to present
During this time the clinic worked in integration of PCP, Behavioral Health adult and pediatrics and implementing Policies for MAT, Policias for Pediatric attention, Policies for Hepatitis C treatment and opening of the Dental Clinic.
Coordinate the monthly QA/QI Committee for HCHWC

Harbor Care Health and Wellness Center
45 High Street, Nashua, NH 03060
Established and coordinate the MAT Program September 2014 to present
The program is integrated at this time with Keystone Hall inpatient and outpatient services

Harbor Care Health and Wellness Center
45 High Street, Nashua, NH 03060
General Practice, August 2012 to present.

The Doctor's office:
765 South Main St, Suite 103, Manchester, NH 03102
General Practice, November 2011-present.

American Red Cross Massachusetts Bay Chapter:
139 Main St Cambridge, MA 02142-1530
Health and Safety: Part Time Instructor in English and Spanish in CPR/AED Adults, Children, Infants and First Aid. 06/2011-12/2012
The Doctor's Office:
765 South Main St. Suite 103, Manchester, NH 03102
First Line Therapy Lifestyle Educator, Coach. 05/2011-present.

Caritas Saint Elizabeth’s Medical Center.
736 Cambridge Street, Brighton, MA. 02135
Department of Internal Medicine: Observer 03/2003-12/2003

Laurence General Hospital,
1 General Street, Lawrence, MA. 01842
Observer, shadowing an Attending Neurologist 11/2002-03/2003

Hewlett Packard, Medical Division
3000 Minuteman Rd, Andover MA. 01810
Medical Consultant for Latin America Field Operations 09/1997-12/1999

Navy Hospital Major Surgeon Pedro Mallo.
Patricias Argentinas 351, Ciudad Autónoma de Buenos Aires, Argentina.
Chief Surgical Care Unit
Clinic and administrative management of the Unit. Instructor for medical students and residents. 01/92-03/97

Colegiales Clinic
Conde 851, Ciudad Autónoma de Buenos Aires, Argentina
Critical Care Coordinator.
Contributed of the management of the Unit. Coordinator of Critical Care actualization courses. 07/1991-06/1993

Clinica Modelo Los Cedros.
San Justo, Provincia de Buenos Aires, Argentina
Chief, Intensive Care Unit
Clinic and administrative Management of the Unit. 07/1990-06/1991

Nephrologic Medical Center Oeste.
Ciudadela, Provincia de Buenos Aires, Argentina.
Attending Physician, Hemodialysis Unit. 02/1987-08/1988

Navy Hospital Major Surgeon Pedro Mallo.
Patricias Argentinas 351, Ciudad Autónoma de Buenos Aires, Argentina.
Attending Physician, Critical Care Unit. 07/1984-01/1992

Navy Hospital Major Surgeon Pedro Mallo.
Patricias Argentinas 351, Ciudad Autónoma de Buenos Aires, Argentina.
On call Physician, Coronary Care Unit. 01/84-07/1984
Bazterrica Clinic
Juncal 3002, Ciudad Autónoma de Buenos Aires, Argentina.
On call Physician, Critical Care Unit 09/1980-12/1987

Residencies/Fellowships

Caritas Saint Elizabeth’s Medical Center
736 Cambridge St, Brighton, MA, 02135 United States of America.
General Surgery. 07/2004-06/2005
Marvin Lopez M.D. FACS, FRCSC.
Hackford Alan M.D.

University of Salvador
Post Graduate School of medicine
Tucumán 1845/59, Ciudad Autónoma de Buenos Aires, Argentina.
University Extension Critical Care 05/1983-12/1984
Professor Eduardo Abbate MD, Course Director, Professor Luis J Gonzalez Montaner MD, Dean of School of Medicine

Carlos Durand Hospital
Cardiology Division
Diaz Vélez 5044, Ciudad Autónoma de Buenos Aires, Argentina
Cardiology-Internal Medicine. 03/1982-06/1984
Alberto Demartini MD., Professor German Strigler MD.

Ignacio Pirovano Hospital
Monroe 3555, Ciudad Autónoma de Buenos Aires, Argentina.
Internal Medicine. 03/1981-02/1982
Professor Navarret MD. Professor Cottone MD. 03/1981 - 02 / 1982

City of Buenos Aires Municipality
City of Buenos Aires Hospitals
Critical Care Units
Annual Course of theory and practice in Critical Care.
Professor Francisco Maglio MD. Clauco Goldini MD., Roberto Menendez MD., Professor Roberto Padron MD. 03/1980-02/1981

Publications/ Presentations/Poster Sessions

Bazaluzzo J M; Sironich Graciela; Catalano H.; Quiroga J. La Prensa Medica Argentina, Nutritional Evaluation by anthropometric method. Publication Date: 11 / 1992, Volume: N/A.


Volunteer Experience

American Red Cross Nashua Gateway Chapter
28 Concord Street, Nashua, NH 03054
Health and safety: CPR/AED for Adults, Children, Infants and First Aid Instructor. 04-2011-present.

American Cancer Society
Collaborated with 2009 Annual Fund
2009 Supporter, NH.

Spanish Hospital,
Belgrano 2975, Ciudad Autónoma de Buenos Aires, Argentina. 01209
Oncology Department, Voluntary Physician 01/1980-07/1980

Spanish Hospital,
Belgrano 2975, Ciudad Autónoma de Buenos Aires, Argentina. 01209
Emergency Room Volunteer. 03/1079-03/1980

Evita General Hospital,
Rio de Janeiro 1910, Lanús, Provincia de Buenos Aires, Argentina.
Emergency Room Volunteer. 09/1974-12/1974

Dr Jose Estevez Psychiatric Hospital,
Garibaldi 1400, Temperley, Provincia de Buenos Aires, Argentina.
Volunteer. 08/1972-07/1973

Hobbies & Interests

Travel
Reading fiction, nonfiction and history
Theater
Cooking

Language Fluency (other than English)
Spanish

Other Accomplishments.

New Hampshire Governor's Commission on Latino Affairs. Member of the Board. 05/2010-present. Secretary 11/2010-present
FIT Lifestyle Educator Certification. March 2011
American Red Cross Gateway Chapter: CPR/AED for Professional Rescuers and Healthcare providers Instructor Certification 04/08/2011
American Red Cross Gateway Chapter: CPR/AED for Adults, Child, Infant; First Aid Lay responder Certification. 03/21/2011
Fundamentals of Instructor Training Certification 03/21/2011
SECTION 8
DATA COLLECTION PLAN

NASHUA
Safe Station AMR

A Gateway to Recovery in Nashua, NH
SECTION 8 – Data Collection and Plan

Data will be collected about the use of the project that will enable demonstration of the impact of the project. At a minimum, the following data will be collected and reported to the stakeholders and Bureau of EMS on an established regular basis:

- Number of requests at NFR for Safe Station
- Number of participants transported to Hospitals
- Number of participants transferred to PSL
- Average Length of Time AMR/NFR "Not Available"
- Number of UNIQUE participants
- Number of REPEAT entries
- Age Range of Participants
- Participant Hometown Breakdown
- Participant demographic information
- Recovery referral method utilized
- Participants encountered in OD situation after visit
- Impact on OD call volume
- Impact on OD death rate
- Available long term recovery outcome
- Evaluation of the process for access to the program

Data will continually be evaluated to identify opportunities to study any areas or statistics that may assist in determining the success of the project.
APPLICATION FORM

Safe Station

A Gateway to Recovery in Nashua, NH
DEPARTMENT OF SAFETY
DIVISION OF FIRE STANDARDS AND TRAINING & EMERGENCY MEDICAL SERVICES
NH EMS PREREQUISITE APPLICATION
PLEASE PRINT (BLACK INK) OR TYPE

PROTOCOL NAME: Mobile Integrated Healthcare
PROTOCOL NUMBER: 7:2

LEGAL NAME OF UNIT: Nashua Fire Rescue
UNIT LICENSE NUMBER: 0457

BUSINESS STREET ADDRESS: 380 W. Hollis St Nashua, NH 03060

MAILING ADDRESS: Same as above

HEAD OF UNIT: Christopher Stewart
TITLE: Fire Chief
CONTACT TELEPHONE: 603 594 3636

MEDICAL RESOURCE HOSPITAL: Southern New Hampshire Health Systems
MEDICAL DIRECTOR OR DESIGNEE: Dr. Peter Row
MEDICAL DIRECTOR PHONE: 603 577 2500

TYPE OF APPLICATION (CIRCLE)

INITIAL

HEAD OF UNIT: [Signature]
DATE: 1/2/16

MEDICAL DIRECTOR OR DESIGNEE: [Signature]
DATE: 1/2/16

ATTACHED IS SUPPORTING DOCUMENTATION FOR ALL ELEMENTS LISTED IN SAF-C 5922.01 (e) WITH A LIST OF LICENSED PROVIDERS TRAINED UNDER SAF-C 5922.
SAMPLE FORMS

Safe Station

A Gateway to Recovery in Nashua, NH
Safe Station

Gateway Evaluation Intake Assessment

Date __________________________

Incident # __________________________

NFR Station # __________________________

NFR Unit # __________________________

AMR Unit # __________________________

Time Patient Arrived at NFR __________________________

Time Recovery Transport Called __________________________

Time Recovery Transport Arrived __________________________

Name of Recovery Contact __________________________

Who took call for pickup __________________________

Patient Name __________________________

Patient Current City/Town of Residence __________________________

Patient Date of Birth __________________________

Patient Sex M or F __________________________

Patient Vital Signs

BP __________________________

Heart Rate __________________________

Resp __________________________

SPO2 __________________________

CCS __________________________

Temp __________________________

Pertinent Past Medical History __________________________

Substance(s) of choice __________________________

I hereby voluntarily acknowledge and state that I am seeking Peer Counseling and/or Recovery Treatment for substance misuse disorder, and I hereby voluntarily receive or accept such medical care as recommended by representatives of Nashua Fire Rescue, The City of Nashua, NH, American Medical Response, and the Partnership for Successful Living as notified; and I do hereby for myself, my heirs, executors, administrators and assigns forever release and fully discharge said representatives named above, its officers, employees, medical consultants, hospitals, servants or agents from any liability in the premise and I agree to hold them harmless and acting with the best intent as defined by the Safe Station program.

Patient Signature __________________________

Location patient transported to __________________________

1 Copy to Recovery Service / 1 Copy to AMR / 1 Copy to Deputy Chief

v1
Safe Station
Nashua, NH

Medical Assessment Guidelines

Criteria for transport to ED or contacting medical control:

- Heart Rate: <45 bpm or above >120 bpm
- Systolic Blood Pressure: <90 mmHg or >160 mmHg
- Respiratory Rate: <10/min or >28/min
- SpO2: <90% on room air or with prescribed home oxygen
- Temperature: >100.5 degrees F
- Altered mental status, impaired judgement or a GCS <14
- Signs of trauma requiring ED evaluation
- Signs/Symptoms of infection
- Signs/Symptoms of drug and/or alcohol withdrawal
- Signs/Symptoms of psychiatric emergency incl. suicidal / homicidal ideations
- Known drug/alcohol use within 12 hours
- Provider judgement and/or medical direction recommendation based on patient presentation and assessment findings

Criteria to consider for Law Enforcement intervention:

- Possession of weapons, drugs, illegal substances or drug paraphernalia
- Physically or verbally abusive presentation of the individual
- Individual creates an unsafe or a potentially unsafe situation for personnel, staff or themselves
- Provider judgement based on interaction with personnel and staff
- Request from patient to speak with law enforcement

Approved by Dr. Peter Row, EMS Medical Director 10/26/2015
MEMORANDUM OF UNDERSTANDING

Safe Station AMR

A Gateway to Recovery in Nashua, NH
Memorandum of Understanding

WHEREAS, The City of Nashua, NH, Nashua Fire Rescue, American Medical Response, Southern NH Medical Center and The Partnership for Successful Living have come together to collaborate and to make an application for a Mobile Integrated Healthcare Prerequisite Protocol program; and

WHEREAS, the partners listed below have agreed to enter into a collaborative agreement in which Nashua Fire Rescue and American Medical Response will be the lead agencies and the other agencies will be partners in this application; and

WHEREAS, the partners herein desire to enter into a Memorandum of Understanding setting forth the services to be provided by the collaborative; and

WHEREAS, the application was prepared and submitted for approval to the State of NH Bureau of Emergency Medical Services;

I) Description of Partner Agencies

- The City of Nashua is a municipality responsible for essential services to its citizens.
- Nashua Fire Rescue is responsible for protecting the property and lives in the City of Nashua.
- Nashua Public Health & Community Services promotes, protects and preserves the health and well-being of the Greater Nashua Region through leadership and community collaboration.
- American Medical Response is the contracted provider for advanced life support level emergency medical services & transportation for the City of Nashua.
- Southern NH Medical Center is the medical resource hospital for American Medical Response & Nashua Fire Rescue.
- Partnership for Successful Living is the Regional Access Point provider and a federally qualified health center.

II) History of Relationship

The partner agencies, through their involvement in the Mayor's Opioid Task Force and other similar efforts, recognize that there is an urgent need for collaboration and assistance in identifying and developing a common entry point into substance misuse recovery in the community. All participating agencies are working towards a shared mission of providing assistance, guidance and treatment for individuals suffering from substance misuse disorders.
III) Development of Application

The State of NH Bureau of Emergency Medical Services recently began accepting applications for Community Paramedicine programs through the Mobile Integrated Healthcare Prerequisite Protocol. The prerequisite protocol enables an EMS unit to form collaborative relationships for the purpose of providing community healthcare.

IV) Roles and Responsibilities

NOW, THEREFORE, it is hereby agreed by and between the partners as follows:

This program is intended provide an immediate connection to appropriate recovery services after a medical evaluation for those substance use disorder (SUD) individuals seeking help. This is being done in an effort to reduce opioid related deaths and overdoses which will also help make available valuable public safety resources in the community.

- The City of Nashua will provide assistance and guidance as needed to ensure the success of the program and safety of the community.

- Nashua Fire Rescue will provide facilities for intake, basic life support level medical assessment and coordination of referral to recovery services.

- American Medical Response will provide development and submission of the MIHPP document, advanced life support level medical assessments for participants, ambulance transportation if needed, statistical data keeping and state reporting.

- Southern NH Medical Center will provide medical resource hospital services as defined in New Hampshire Administrative Rule Saf-C 5901.80 including a medical director.

- Nashua Public Health will provide initial and as needed on-going training to the partners about SUD.

- The Partnership for Successful Living will provide safe and timely transportation services as agreed to by the parties from fire stations, a medical director experienced in SUD and access to appropriate recovery access programs for participants.
V) Timeline

The roles and responsibilities described above are expected to begin on or about November 17, 2016.

VI) Commitment to Partnership

1) The partners agree to collaborate and provide assistance and services as outlined in the MIHPP application to persons seeking assistance for Substance Use Disorder pursuant to the program application narrative.

2) Compensation for partners' contribution to this project is the responsibility of each partner. No additional funding is available for this project at this time.

3) We, the undersigned have read and agree with this MOU. Further, we have reviewed the proposed project and approve it.

James Donchess  
Mayor  
City of Nashua, NH

Steven Galipeau  
Chief  
Nashua Fire Rescue

Christopher Stawasz  
Regional Director  
American Medical Response

Dr. Peter Row  
EMS Medical Director  
Southern NH Medical Center

Peter Kelleher  
CEO  
Partnership for Successful Living

Dr. Graciela Shiv-Sirgoch-Kalkan  
Medical Director  
Harbor Health Care and Wellness Center

Michael Rose  
CEO  
Southern NH Medical Center
STATISTICAL INFORMATION

NASHUA FIRE RESCUE
Safe Station AMR

A Gateway to Recovery in Nashua, NH
Nashua Summary

Narcan Milligrams Administered by Agency 2015-2016

Milligrams of Narcan Administered

Distribution by Zip Code
(All AMR Areas 2015-2016)

Average Milligrams of Narcan Administered Per Pt

Scene Types

Overdoses by Hour of Day (2015-2016)

Data through 11/1/2016
Nashua Summary

2015
OD Total - 250 Fatalities - 19

2016 YTD
OD Total - 310 Fatalities - 35

Monthly Overdose Count

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7 Day Moving Average

Patient Age Summary

YTD Gender Breakdown

Data through 11/1/2016