

Manchester, New Hampshire:

LEVERAGING TRUST IN LOCAL INSTITUTIONS TO LINK INDIVIDUALS TO TREATMENT

OVERVIEW

Manchester is a mid-size city in the northeastern United States and home to approximately eight percent of the state's population.^{1,2} Fifteen percent of individuals in the city live below the federal poverty level, making Manchester one of the poorest cities in the state.³ Like many rural states across the country, New Hampshire struggles with illicit drug use. Statewide, the overdose death rate is 37 per 100,000 population, the fifth highest in the nation.⁴

To combat the high rate of drug overdoses in the city, the Manchester Fire Department (MFD) developed the Manchester Safe Station program, which serves as a "front door" to substance use treatment by providing referrals in a trusted, stigma-free environment. The idea for the program came about in April 2016, after a relative of an MFD firefighter arrived at a fire station seeking help for substance use disorder (SUD) and

mental health issues. Upon evaluating the man, firefighters walked him over to a nearby treatment center. They quickly realized that many people in the community could benefit from such a service. Overdose call volume had quadrupled in Manchester following the introduction and popularization of synthetic opioids in Manchester around 2014. In early 2015, the greater Manchester community began meeting to try and develop a response to the marked increase of overdoses and deaths. MFD's firefighter led referral initiative appeared to be a promising way forward. Accordingly, MFD launched Safe Station in May 2016. Within the first month of the program's operation, MFD assisted over 100 people seeking help with SUD.

Manchester is home to a number of programs and facilities that support individuals with mental health conditions and SUD. This case study focuses on the Safe Station program and presents key takeaways for other cities and counties considering a similar approach.

PROGRAM DESCRIPTION

Safe Station

As part of the Safe Station program, firefighters in Manchester's ten fire stations are trained to arrange for or directly provide medical assessments for individuals seeking help with SUD. Medical assessments include checking vital signs as well as screening for physical and mental health issues, and recent drug use. If the individual is experiencing a medical emergency, they are transported to a hospital by ambulance or emergency transport. Once these initial assessments are completed, firefighters provide referrals to local hospitals or to Granite Pathways, an organization that provides evaluations, assessments, casework, and referrals to the appropriate level of service. For after-hours referrals (between 11 pm and 8 am), clients are transported after triage to Farnum Center, the states' largest addiction treatment facility, for short term stabilization or inpatient treatment.

Firefighters either walk the client to a nearby facility (if within walking distance) or arrange transportation through a partnership with the ride-sharing app, Lyft. In either case, the fire department will call local SUD service providers in advance to alert them to a walk-in or hospital dispatch.

Upon initial referral, individuals may be subsequently connected to mental health services and/or medication-assisted treatment (MAT) providers. Safe Station partners like Granite Pathways follow up with clients to help them stay connected to treatment after referral and transportation from the fire department. The city chose to leverage the fact that fire departments are open 24 hours a day, 7 days a week, to expand access to SUD services.

RESULTS

To date, more than 5,700 individuals have accessed the Safe Station program in Manchester, with an average of three to six walk-ins per day related to substance use.⁵ Utilization of the Safe Station program increased by 30 percent in the first three months of 2019, compared to the previous year.⁶ A 2018 Dartmouth study attributed the appeal of the Safe Station program to its immediacy, low-threshold access, centralized locations and the respectful and non-judgmental attitudes of the firefighters in the program.⁷ According to a recent epidemiological analysis, Manchester Safe Station participants were 53 percent less likely to experience a non-fatal overdose and 86 percent less likely to experience a fatal overdose after accessing a Safe Station.⁸ Cities throughout the country have replicated the Safe Station model, including Nashua, New Hampshire; Providence, Rhode Island; and Annapolis, Maryland.

FINANCING AND SUSTAINABILITY

Safe Station is funded entirely through private donations and grants and receives no funds from the state or from federal agencies. The program does not have a budget and calls are handled like medical walk-ins (which already occurred before the Safe Station program began). Additional costs associated with the program are funded through donations.

COLLABORATION ACROSS SYSTEMS

The Safe Station program collaborates with a number of programs and services across various systems to support the individuals they serve:

Farnum Center

Manchester Safe Station firefighters refer individuals in need of affordable treatment for SUD to the Farnum Center, which provides comprehensive treatment and recovery services for people affected by SUD across five state-of-the-art facilities.⁹ Primary services offered at the center include detoxification; outpatient and intensive outpatient treatment; inpatient treatment; partial hospitalization; medication-assisted treatment; family services; and transitional living. In 2018, the center opened a 16-bed Stabilization Unit in conjunction with the Manchester Fire Department.^{10,11} If an individual is placed on a waitlist for SUD treatment, the Farnum Center provides them with a safe transitional environment while they await treatment.

Granite Pathways

Individuals in need of SUD or mental health treatment may also be referred to Granite Pathways, a statewide organization that provides outpatient services for people coping with SUD and mental health issues.¹² Founded in 2009, Granite Pathways promotes an evidence-based, self-help and peer recovery community to recover from mental illness. Its programs have expanded to include peer recovery coaching, 12-step programs, SMART recovery programs, support groups for family members and a youth treatment center. In collaboration with the New Hampshire Division of Children Youth and Families (DCYF), Granite Pathways

provides treatment navigation, recovery support, housing support, employment support, health/wellness support, DCYF case navigation support, court support, and other services to children and parents affected by SUD.¹³ Recently, Granite Pathways began offering screening, needs assessments, referrals and care coordination through the state's Doorway program, discussed further under "Lessons Learned."

The Mental Health Center of Greater Manchester

Another referral site for people experiencing SUD or mental health issues is the Mental Health Center of Greater Manchester, which has provided mental health services for adults, adolescents, and children since 1960. The center offers outpatient treatment, SUD counseling, crisis stabilization, assertive community treatment, supported employment, and physical health and wellness programs to all individuals, regardless of ability to pay. Its Community Connections program serves to divert individuals with mental illness from the criminal justice system by engaging them in appropriate treatment services.¹⁴ Working with community organizations including the Farnum Center and the Manchester Fire Department, the Mental Health Center of Greater Manchester has sustained itself as a leader in improving mental wellbeing.

The Adverse Childhood Experiences Response Team (ACERT)

ACERT is a collaboration between Amoskeag Health's Project LAUNCH (Linking Action for Unmet Needs in Children's Health), the Manchester Police Department, and YWCA New Hampshire.^{15,16} ACERT consists of a police officer, a crisis services advocate, and a behavioral health professional who responds to incidents in which children have been

exposed to violence. Teams assess children and may refer them to support groups, mental health counseling, early childhood education, or child-parent psychotherapy. MFD firefighters can also refer clients directly to ACERT program managers. MFD recently completed training with ACERT and expects to roll out additional education modules for firefighters in the near future.

ROLE OF CITY LEADERSHIP

The Mayor of Manchester was an early supporter of Safe Station, and his successor has consistently supported and advocated for the program. Other city leaders like the Manchester Fire Chief, the Director of the Manchester Health Department, and the Manchester Chief of Police have been instrumental in ensuring the operation of Safe Station as well as representing the city in talks with the state which has developed its own state-level response to SUD.

LESSONS LEARNED

Responding to Challenges

Conflicting city/state approaches. In 2018, New Hampshire Governor Chris Sununu announced a new hub-and-spoke treatment model for opioid use disorder (OUD), based on a similar program in Vermont.¹⁷ The program, called “The Doorway-NH”, created nine “hubs” through health care providers across the state, which are responsible for providing screening, evaluation, closed-loop referrals to primary care providers and SUD services (spokes), and care coordination for people with OUD.¹⁸ The Doorway-NH initiative is supported by a \$45.8 million State Opioid Response grant from the Substance Abuse and Mental Health Services Administration (SAMHSA).¹⁹

In its first six months, The Doorway-NH served more than 3,200 individuals and made 579 referrals state-wide, but in Manchester, the program poses a potential threat to the sustainability of Safe Station.²⁰ Despite Safe Station’s successes, the state chose Granite Pathways as Manchester’s single intake point for SUD and allocated \$9 million of the SAMHSA grant to help the organization become a “hub.”²¹ This effort has resulted in two “front doors” to SUD treatment in Manchester.

Despite state funding and support for Granite Pathways, Safe Station remains a popular intake site. From January through June 2019, Granite Pathways-Manchester assisted nearly 200 individuals through The Doorway-NH, while more than 700 individuals accessed the MFD Safe Station during the same time period.²² While Safe Station and Granite Pathways compete as intake centers, the organizations continue to work together to address SUD and mental illness in greater Manchester, and Safe Station continues to refer individuals to Granite Pathways for treatment services.

Historically, Manchester city leaders have had little influence over state SUD programming. However, city leaders have been persistent in ensuring the state hears their voices and acknowledges the experience and success of the city of Manchester and its Safe Station program. This persistence has paid dividends. Safe Station leaders like the Manchester Fire Chief, the Director of the Manchester Health Department, the Manchester Chief of Police, and the Mayor are now in ongoing talks with representatives from the State Department of Health and Human Services to better align their programming and work together. Negotiations include Doorway-NH expanding to 24-hour availability, a reduction of Doorways so resources are spread less

thinly and establishing stabilization beds in Doorways. Many of these elements are already present in Safe Station. The Manchester Fire Chief has offered the state technical assistance for expanding Safe Station programming to fire departments in other cities within the state. Ultimately, city leaders do not see the Safe Station model as competing with the state's hub and spoke model. They believe the two can, and should, coexist and are hopeful that continued talks with the state will lead to better collaboration.

Limited regional resources. Recent epidemiological data demonstrate that less than half of Safe Station clients are Manchester residents.²³ Because Manchester has numerous SUD treatment programs, many individuals come to the city from other parts of New Hampshire or nearby states to seek help, putting a strain on local treatment facilities and social services.²⁴

Inflexible federal funding. Much of the federal funding for SUD is earmarked for OUD, meaning that providers are paid more to treat people with OUD and may end up prioritizing these patients. As a result, it can be more difficult to find supportive services, such as transportation, for people with other forms of SUD, such as alcoholism or methamphetamine addiction.

KEY TAKEAWAYS FOR CITY LEADERS

For city leaders considering similar approaches to address SUD, homelessness, and mental health issues, there are several key lessons that can be learned from Manchester's Safe Station program and its collaboration with other stakeholders and programs:

Advocate for local programs. City leaders can play a vital role in garnering support at the state level for innovative city-led initiatives. Although the MFD received early support from the Mayor of Manchester, a lack of consistent communication and collaboration with state leaders may have led to challenges down the road. Utilizing the media to amplify city voices so that the state will listen is critical. When state leaders are ready to listen, having a team of city leaders ready to advocate for their city can help state leaders understand and better support city programming.

Facilitate cross-systems partnerships. City leaders can help connect new, cross-systems programs with a broad network of service providers. Initially, Safe Station partnered with just one local SUD treatment provider, which dissolved in 2017 due to financial insolvency. The program has adapted by building new partnerships with several SUD treatment facilities in greater Manchester.

Leverage the reputations of trusted institutions. While it may be tempting to create new organizations to coordinate cross-systems approaches, city leaders should first consider which local institutions have already established a high level of trust within the community. The MFD has served the Manchester community for 150 years, and community members know and trust local firefighters. The MFD “brand” likely helped Manchester residents feel comfortable seeking help through a new program.

Track qualitative and quantitative outcomes. Not only should city leaders aim to demonstrate that a new program works, but they should also be able to demonstrate why that program works. The 2018 Dartmouth study of Safe Station provided valuable insight into the unique appeal of the program, which other cities can use to determine how this model might work within their local context.

Use storytelling to combat stigma and political opposition. In 2019, a city aldermen said on social media that he would work to shut down Safe Station, claiming that people with SUD are taking advantage of Safe Station and its partners to obtain free transportation and housing.²⁵ In response to this opposition, MFD invited Manchester residents who had been through the Safe Station program to share their stories.²⁶

ENDNOTES

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