



GREATER MONADNOCK

This snapshot summarizes narrative findings from learning sessions held with key regional stakeholders identified by the Public Health Networks and community agencies. Data sources are listed under corresponding infographic.



INVOLVE PEOPLE WITH LIVED EXPERIENCE IN PLANNING & EVALUATION Many key stakeholders identified as people in recovery and the majority of recovery workers are people with lived experience. Recent collaborative infrastructure grant closely involved a variety of people with lived experience.



PROVIDING NON-STIGMATIZING SERVICES Use of person-first language and active listening strategies through services reported throughout region. Some training on stigma reduction has been provided but there is an identified need for more stigma reducing trainings. Concern for health care provider stigma in non-Substance Use Disorder (SUD) specific services.



COLLABORATION
ACROSS THE
CONTINUUM OF CARE

Partnerships with community organizations but interest in further developing systems of traumainformed care. Keene has good collaboration between organizations, but no regular region-wide touch point. Outside of Keene collaboration is limited.





Planned Parenthood is the main source of infectious disease testing (HIV/Sexually Transmitted Infection (STI)/Hepatitis C (HCV)) and prevention. Immunizations available through multiple providers. Greater need for sterile injecting supplies, lack of awareness of Grow Syringe Services (Keene Serenity Center).

PHARMACY SYRINGE ACCESS

BEST PRACTICE = 100% ACCESS STATEWIDE = 254 SELL SYRINGES NO SYRINGE SALES DID NOT RESPOND

SOURCE: SURVEY OF ALL NH RETAIL PHARMACIES CONDUCTED BY UNH IN 2020 (N= 174: TOTAL NH RETAIL PHARMACIES = 254; RESPONSE RATE 68.5%)

SYRINGE SERVICES PROGRAM ACCESS

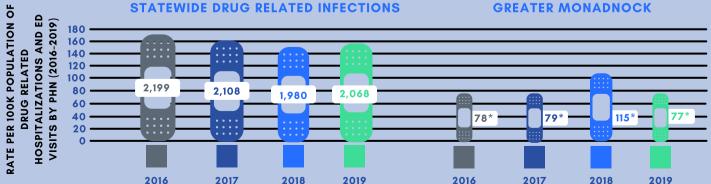


KEENE

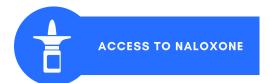
WWW.FACEBOOK.COM/GROWSSP/

SOURCE: SYRINGE SERVICE PROGRAMS
REGISTERED IN NH. VT. AND ME

HOSPITAL DISCHARGES WITH CONCURRENT INFECTION AND OPIOID USEA



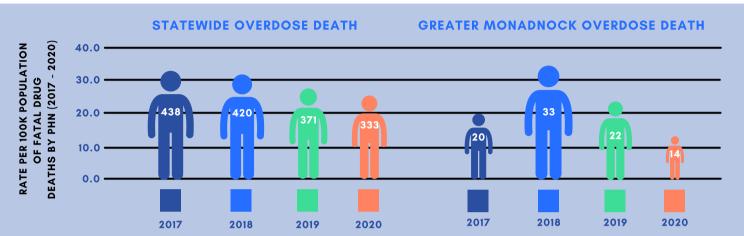
*THE SIZE OF THE BANDAGE IS THE RATE PER HUNDRED THOUSAND, TO ALLOW FOR COMPARABILITY. THE NUMBER ON THE BANDAGE REPRESENTS THE ACTUAL NUMBER OF ED AND INPATIENT DISCHARGES WITH CONCURRENT INFECTION AND OPIOID USE CODES. SOURCE: OFFICE OF HEALTH STATISTICS AND DATA MANAGEMENT, BUREAU OF PUBLIC HEALTH STATISTICS AND INFORMATICS, NH DEPARTMENT OF HEALTH AND HUMAN SERVICES "INCLUDED CASES OF CELLULITIS, ABSCESS, SKIN INFECTION, BACTEREMIA, SEPTIC ARTHRITIS, OSTEOMYELITIS, OR ENDOCARDITIS AND OPIOID USE, OPIOID ABUSE, OPIOID DEPENDENCE, OPIOID POISONING, OR ADVERSE EFFECT OF OPIOID



REFERRAL TO SUD
TREATMENT SERVICES

Doorway is the access point for other organizations to distribute Narcan, limitations reported in supplies requested. Minimal distribution by outreach but available at service providers.

Close connections with the Doorway and Monadnock Family Services, including corrections. New treatment resources coming online; inpatient 28-day program, sober living, and telehealth. Access for Medicaid clients still limited. Recovery Community Organizations (RCOs) include Keene Serenity Center (Keene), Reality Check (Jaffrey) Gates Recovery Center (New Ipswich) and Addiction Recovery Coalition of New Hampshire (Milford).



*THE SIZE OF THE PERSON IS THE RATE PER HUNDRED THOUSAND, TO ALLOW FOR COMPARABILITY. THE NUMBER ON THE PERSON IS THE ACTUAL NUMBER OF OVERDOSE DEATHS.

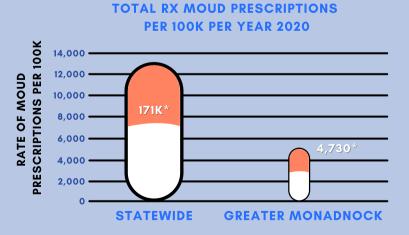
SOURCE: OFFICE OF THE NH MEDICAL EXAMINER (2017-2020)



Multiple options for sober living/low-income housing, at least one facility accepts all forms of MOUD. Long-term, affordable housing is scarce. Fewer resources for women and a greater need than the current supply.



Multiple providers/ resources for MOUD (Vivitrol, Buprenorphine, and methadone) in Keene. MOUD allowed in drug court. Few resources outside of Keene.







*THE SIZE OF THE ICON IS THE RATE PER HUNDRED THOUSAND, TO ALLOW FOR COMPARABILITY. THE NUMBER ON THE ICON IS THE ACTUAL NUMBER OF PRESCRIPTIONS OR PRESCRIBERS.

SOURCE: THE NH PRESCRIPTION DRUG MONITORING PROGRAM (2020)



Overall concern that clients are more withdrawn and suffering due to social isolation. Lots of tele-health resources including Intensive Outpatient Programs (IOP) and MOUD, younger clients seem to be more engaged with telehealth.