

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**

Service agencies recognize the employment of people with lived experience as important. Some involvement of clients in program evaluation efforts via surveys and direct participation.

**PROVIDING NON-STIGMATIZING SERVICES**

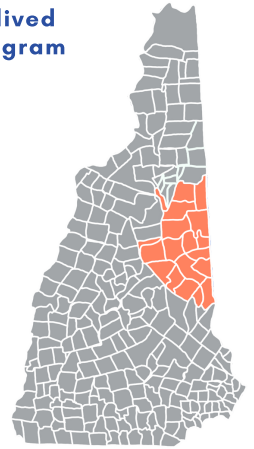
Person-centered care and non-stigmatizing language commonly used. Recovery Community Organizations (RCOs) have worked to train on ethics and harm reduction. Access to language line services available.

**COLLABORATION ACROSS THE CONTINUUM OF CARE**

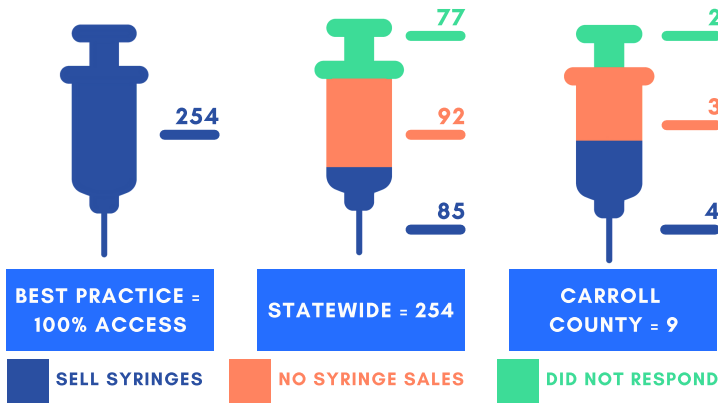
Coordination among agencies is very strong within region, Carroll County Responds convened by Public Health Network (PHN). Complex coordination required as the region is split between multiple Doorway and integrated Delivery Network (IDN) catchment areas.

**INFECTION PREVENTION**

Mount Washington Valley Recovers provides education and safe injection kits, instructs on safe disposal. Testing for Hepatitis C/HIV/Sexually Transmitted Infections difficult to access, White Mountain Community Health does some of this. Greater need for infection prevention supplies.



### PHARMACY SYRINGE ACCESS



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



MWV Supports Recovery

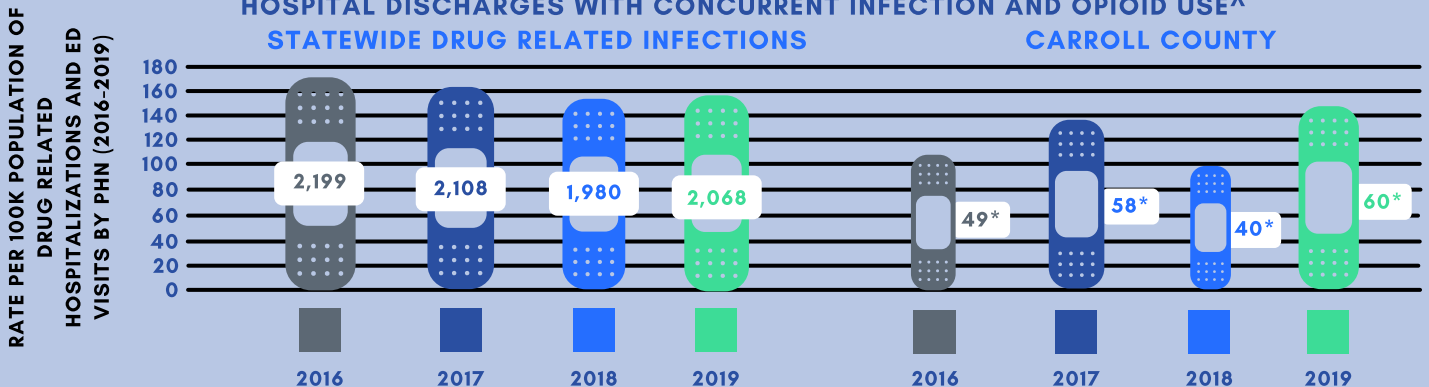
CONWAY -

[WWW.MWVSUPPORTSRECOVERY.ORG](http://WWW.MWVSUPPORTSRECOVERY.ORG)

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

### HOSPITAL DISCHARGES WITH CONCURRENT INFECTION AND OPIOID USE<sup>^</sup>

STATEWIDE DRUG RELATED INFECTIONS | CARROLL COUNTY



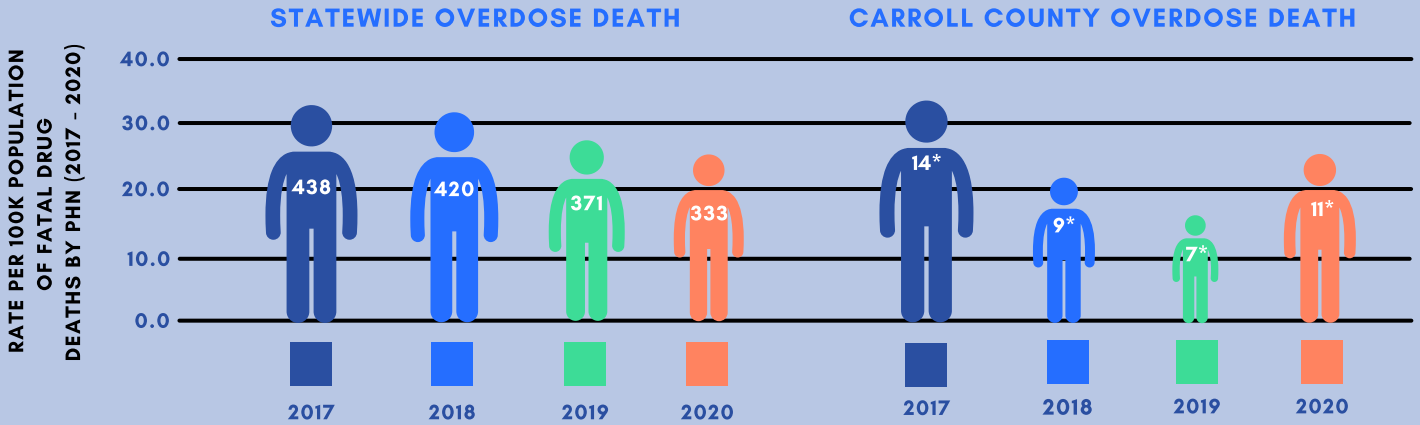
<sup>^</sup>THE SIZE OF THE BANDAGE IS THE RATE PER HUNDRED THOUSAND, TO ALLOW FOR COMPARABILITY. THE NUMBER ON THE BANDAGE REPRESENTS THE ACTUAL NUMBER OF ED AND INPATIENT DISCHARGES WITH CONCURRENT INFECTION AND OPIOID USE CODES. SOURCE: OFFICE OF HEALTH STATISTICS AND DATA MANAGEMENT, BUREAU OF PUBLIC HEALTH STATISTICS AND INFORMATICS, NH DEPARTMENT OF HEALTH AND HUMAN SERVICES <sup>^</sup>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

**ACCESS TO NALOXONE**

All partners report sufficient access to naloxone. Distributed by multiple agencies (Doorways, White Horse, Mount Washington Valley Supports Recovery (MWV), Hospitals, and Community Center). No targeted outreach to those at greatest risk reported.

**REFERRAL TO SUD TREATMENT SERVICES**

Challenged by Doorway locations outside of the region, but close partnerships are established by local recovery Community Organizations (White Horse and MWV) and treatment providers (Blue Heron and Green Mountain Treatment). The area could use more counselors, referrals are made out of county when necessary.



\*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.

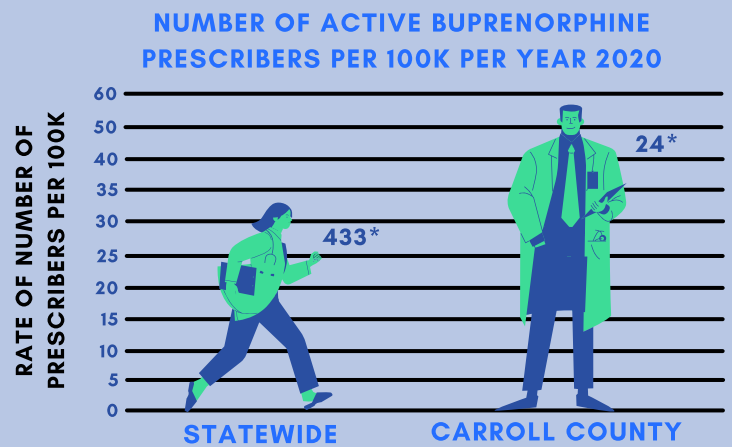
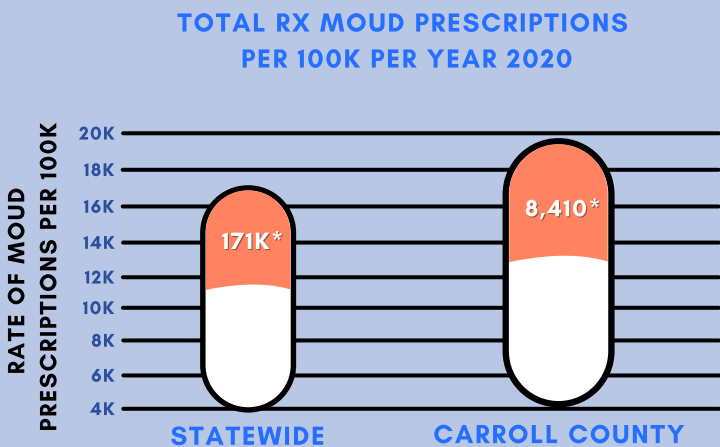
SOURCE: OFFICE OF THE NH MEDICAL EXAMINER (2017-2020)

**HOUSING**

Need for greater access to low-barrier housing options reported throughout the region. No shelters or sober living options, all referred out of county (Families in Transition, Crossroads, Tyler Blane House). 7-14 year waiting list for Section 8 housing. Lacking affordable housing.

**ACCESS TO MEDICATIONS FOR OPIOID USE DISORDER (MOUD\*)**

Multiple providers/ resources for MOUD throughout the region including Groups Recovery Together, Memorial Hospital, New Life, and White Mountain Community Health. No access to Methadone in region.



\*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)

**IMPACT OF COVID-19**

Increase in telehealth use, but there are barriers in access to computers/ phones with cameras and internet. Many services moving fully online, temporary closures of facilities (no Intensive Outpatient Program (IOP) happening, etc.). Noted increases in relapses & alcohol use, decrease in harm reduction (HR) kit distribution.