NH Governor's Commission Public Input Report

2025

In April of 2025, the NH Governor's Commission on Alcohol and other Drugs sought to collect input from the citizens of New Hampshire through an online survey and three live forums. Responses gathered help to inform prioritization of investments of the "Alcohol Fund" that are aligned with strategies in the State Action Plan. This report summarizes the input from these efforts through cross-cutting themes—those that appeared across multiple strategy areas—followed by themes aligned with each of the nine strategy areas from the Governor's Commission Action Plan.

Cross Cutting Themes

1. **Funding Instability and Sustainability:** Stakeholders expressed concern over diminishing and unreliable funding, citing threats to the Alcohol Fund and its flexibilities, limitations of one-time or siloed grant programs, and the ripple effects of unstable funding on services and staff retention. Concerns extended to coordination with other sources such as Opioid Abatement funds, which often come with cumbersome reporting or inconsistent timelines.

   Participants also expressed fear of losing foundational programs, urgency in educating legislators, and distress that political processes are delaying critical financial decisions.

   - *"There is an emergency happening right now regarding funding." (Concord, 4-15-25)*
   - *"The Alcohol Fund or Opioid Abatement funding... people want to use them and contribute positively." (Virtual, 4-22-25)*
   - *"We are entering a period of less funding... it will require greater collaboration and systems improvement." (Concord, 4-15-25)*

2. **Workforce Challenges and Licensing Barriers:** Numerous participants cited issues in recruiting, retaining, and licensing qualified professionals. There was frustration with the Office of Professional Licensure and Certification (OPLC) for delays, high costs, and poor communication.

Participants also mentioned burnout, supervision access, aging workforce concerns, lack of rural incentives, and a desire for systemic reform to licensing processes.

- *"We are going to lose our workforce in NH if the licensing situation does not get fixed." (Concord, 4-15-25)*
- *"Even those doing the training didn't know how much licensing costs were increasing." (Concord, 4-15-25)*
- *"Burnout is still an issue." (Bethlehem, 4-16-25)*
- *"It costs too much to keep my certification—it's not worth it anymore." (Survey Response)*

3. **Recovery Housing Needs:** Across forums and survey data, there was agreement that recovery housing is underfunded, geographically limited, and essential to long-term success for people in recovery.

   Within this topic, participants noted inadequate housing in the North Country, disparities across counties, impact on probation and parolee reintegration, and the interconnectedness of housing, employment, and personal stability.

   - *"Recovery housing is critical for young, recovering people." (Concord, 4-15-25)*
   - *"[A] major gap is the lack of recovery housing in [the] North Country." (Virtual, 4-22-25)*
   - *"There is not enough recovery housing in Merrimack and other counties." (Survey Response)*
   - *"Recovery housing allows people to focus on getting well instead of just surviving." (Survey Response)*

4. **Local-Level Solutions and Rural Disparities:** Many expressed that locally designed and led solutions—particularly in rural areas—were more effective, while lamenting inconsistent funding and limited capacity in smaller communities.

   Sub-themes included differences in service availability between towns, barriers to care created by travel distance, and the power of hyper-local collaboration.

   - *"Handing over power to the local communities is always appreciated and more impactful." (Bethlehem, 4-16-25)*
   - *"Littleton and Colebrook are worlds apart in what they can provide." (Bethlehem, 4-16-25)*
   - *"Local champions make or break these programs." (Virtual, 4-22-25)*

5. **Integration of Mental Health and Substance Use Services:** Participants called for integrated, trauma-informed systems that do not separate mental health from substance use treatment. Co-occurring disorders are common, and silos inhibit access to care.

Sub-themes included peer support in clinical settings, the need for flexible funding across systems, and embedding Certified Recovery Support Workers (CRSWs) into hospital infrastructure.

- *"Co-occurring disorders are more prevalent than ever." (Virtual, 4-22-25)*
- *"Hospitals don't have the infrastructure or knowledge to support this workforce." (Virtual, 4-22-25)*
- *"These folks cannot get well without housing, transportation, and basic needs." (Bethlehem, 4-16-25)*

Limitations

This qualitative data brief is subject to certain limitations that should be considered when interpreting the findings.

The information presented herein solely reflects the perceptions and comments of the public participants who engaged in the input sessions and survey. It is imperative to recognize that the responses have not undergone editing for factual accuracy; rather, they are presented in their original form to authentically capture the sentiments expressed by the respondents. As such, the content is inherently subjective and may not necessarily reflect objective truths. The purpose of this report is to provide insight into participant perspectives rather than to convey empirically verified information. Readers should exercise caution in generalizing or drawing definitive conclusions and causations from the qualitative data presented.

Methods

The data in this report were collected during three live public forums: one held on April 15, 2025 at the New Hampshire Technical Institute in Concord (n=22), one on April 16th, 2025 at The Rocks in Bethlehem (n=7), and one on April 22nd, 2025 virtually over Zoom (n=26), as well as 51 responses from a survey made publicly available from April 1 to April 30, 2025. These activities were designed to collect public input to help inform prioritization of investment recommendations for the coming state fiscal year(s) that are aligned with strategies in the [Governor's Commission on Alcohol and Other Drugs State Action Plan: Strengthening Our Response Together.](#) Forum and survey questions were organized by strategy area in an open-ended response format.

Participants at the forum spoke publicly during any areas for which they chose to share their perspectives. Survey respondents were able to select as many areas as they wanted to share feedback and did so anonymously. Three analysts used inductive coding to analyze data from the forums and open-ended survey responses using Dedoose software. The analysts first coded independently, then reviewed the codebook collaboratively in order to reduce bias. The codes were then grouped into the themes which are presented in this data brief.

Topic Specific Themes
Strategy 1: Prevention

Challenges include inconsistent funding for school-based programs, the continued use of punitive disciplinary measures that may deter students from seeking help, and a lack of mental health crisis resources, particularly in the North Country. Successes noted were the effectiveness of programs like the Student Assistance Program and the Pivot Program in reducing vaping-related recidivism and the positive reception of restorative justice approaches. Opportunities identified involve integrating grief care and emotional resilience programs, and expanding successful youth-focused models.

Gaps/Challenges

- Funding inconsistencies for school-based prevention programs like the Student Assistance Program (SAP) Network.
- Punitive discipline (e.g., for vaping) is still common, and students fear seeking help.
- Lack of consistent access to mental health crisis resources in the North Country.

"The SAP Network is so important to have in schools but the program is more sporadic in its funding." (Bethlehem, 4-16-25)

"Students are scared to quit [vaping] but are afraid to talk to teachers." (Bethlehem, 4-16-25)

Successes

- Programs like the Pivot Program for vaping-related offenses have significantly reduced recidivism.
- The use of restorative justice approaches was praised.

"Pivot program... helped reduce the recidivism rate from 60/65% to below 25%." (Virtual, 4-22-25)

"What is currently working well is the ability to offer services to young people around substance use and helping provide education on how addiction happens, and what to do if patterns are moving toward that trend." (Survey Response)

Opportunities

- Integrate grief care and emotional resilience programs as part of prevention.
- Expand successful youth models like Youth Leadership Through Adventure (YLTA) and wilderness therapy.

"Grief care is part of preventative care and harm reduction." (Virtual, 4-22-25)

"YLTA programs provide stability, structure, and community." (Bethlehem, 4-16-25)

Strategy 2: Harm Reduction

Gaps highlighted were the inconsistent availability of essential harm reduction (HR) supplies, the ongoing legal ambiguity of test strips, and insufficient distribution points in rural areas. Successful initiatives include naloxone distribution efforts, the integration of harm reduction within recovery support networks, and broad support for various harm reduction tools. Opportunities for improvement include institutionalizing harm reduction within public health and healthcare systems, promoting peer-led outreach, and incorporating grief care.

Gaps/Challenges

- Inconsistent access to harm reduction supplies like fentanyl test strips and HIV test kits.
- Legal status of test strips remains a barrier.
- Rural areas lack sufficient distribution points.

    "Condoms, pregnancy tests… large cost for reduction programs." (Concord, 4-15-25)

    "We need fentanyl test strips to be made legal." (Concord, 4-15-25)

Successes

- Naloxone distribution efforts are saving lives.
- Harm reduction is more embedded in recovery support networks.
- Widespread support for naloxone, fentanyl test strips, and syringe service programs.

    "261 participants reported reversing overdoses." (Virtual, 4-22-25)

    "Recovery in general is HR (harm reduction); folks reduce harm by not using substances." (Concord, 4-15-25)

    "Gave out over 1 million supplies for HR (harm reduction) last year." (Concord, 4-15-25)

Opportunities

- Institutionalize harm reduction within public health and healthcare systems.
- Promote peer-led outreach in warming stations and shelters.
- Grief care was proposed as a harm reduction strategy.

    "Grief care is part of preventative care and harm reduction." (Virtual, 4-22-25)

Strategy 3: Care Coordination & Behavioral Health Integration

Challenges include the persistence of siloed systems, underutilization of CRSWs in hospitals, and access barriers related to housing, transportation, and funding. Successes include the positive impact of Doorway programs on care coordination and the role of peer support in bridging service gaps. Opportunities involve expanding braided funding, training hospital systems to effectively integrate CRSWs with the support of local Recovery Community Organizations (RCOs), and fostering a supportive culture for peer and recovery roles within healthcare.

Gaps/Challenges

- Siloed systems, especially between mental health and SUD services.
- CRSW roles underutilized or unsupported in hospital settings.
- Access barriers include housing, transportation, and complex funding structures.

    "Folks cannot get well without housing, without transportation, without basic needs being met." (Bethlehem, 4-16-25)

    "Hospitals don't have the infrastructure or knowledge to support this workforce." (Virtual, 4-22-25)

    "These folks cannot get well without housing, transportation, and basic needs." (Bethlehem, 4-16-25)

Successes

- Doorway programs provide a clear point of entry and improve coordination.
- Peer support embedded in some settings is bridging silos.

    "Having the Doorway in Littleton made care coordination much easier." (Bethlehem, 4-16-25)

Opportunities

- Expand braided funding streams to support integrated care.
- Train hospital systems to onboard CRSWs effectively with the support of local RCOs.
- Need for structural and cultural readiness within healthcare systems to support peer and recovery roles.

    "Hospitals don't have the infrastructure or knowledge to support this workforce." (Virtual, 4-22-25)

Strategy 4: Treatment

Limited detox services, Medicare restrictions, and lack of reliable internet access hindering telehealth were identified as challenges. Successful approaches include group counseling combined with Medication for Addiction Treatment (MAT). Opportunities focus on permanently enabling telehealth prescribing and funding wraparound services and case management.

Gaps/Challenges

- Detox services are limited and act as a bottleneck to treatment.
- Medicare limitations reduce access to care.
- Lack of internet limits telehealth success.

    "We work with lots of folks who have Medicare and don't have treatment options." (Concord, 4-15-25)

    "Telemedicine prescribing rules haven't been made permanent." (Concord, 4-15-25)

    "Inpatient residential treatment for Medicare beneficiaries with alcohol use disorder are not covered... they need help too." (Survey Response)

Successes

- Group counseling and MAT (e.g., Groups Recover Together) show positive outcomes.
- Co-occurring treatment is seen as essential but is under-resourced.

    "Outcomes data show [MAT + group model] has been effective for recovery rates." (Concord, 4-15-25)

Opportunities

- Permanently enable telehealth prescribing.
- Fund wraparound services and case management.

Strategy 5: Recovery

The persistent shortage of recovery housing, particularly in specific regions, and anxieties related to funding cuts for sober living were key challenges. Successes include the stability provided by community-based Recovery Community Organizations (RCOs) physical locations and the cost-effectiveness of Peer Recovery Support Services (PRSS). Opportunities involve expanding Recovery Friendly Workplaces (RFWs) and peer support, increasing recovery housing through diverse partnerships, and prioritizing funding for peer recovery roles and post-treatment coaching.

Gaps/Challenges

- Persistent shortage of recovery housing, especially in the North Country and Merrimack.
- Loss of Doorway funding created anxiety for residents in sober living.

"At least 4 women in the facility were stressed about funding after the Doorway funding went away." (Concord, 4-15-25)

"There is not enough recovery housing in Merrimack and other counties." (Survey Response)

Successes

- Community-based recovery centers and sober homes provide stability.
- Peer recovery support services have demonstrated cost-effectiveness in NH.

"PRSS (peer recovery support services) saves $936 per person from a health system perspective and $9,935 from a societal perspective." (Concord, 4-15-25)

Opportunities

- Expand Recovery Friendly Workplace participants (RFWs) and availability peer recovery support services.
- Increase recovery housing using faith-based and local coalitions.
- Importance of funding for peer recovery roles and post-treatment coaching.

"Funding is especially important for after first year of treatment." (Virtual, 4-22-25)

"RFWs (Recovery Friendly Workplaces) give people dignity and structure." (Survey Response)

"(In North Country communities) the trifecta—recovery center, recovery housing, and RFWs (Recovery Friendly Workplaces) —works." (Bethlehem, 4-16-25)

"Please keep supporting recovery services." (Survey Response)

"Recovery housing is essential. The system is working, and I hope it continues to get support." (Survey Response)

Strategy 6: Family Supports & Services

Reliance on short-term grants and reduced training opportunities for school staff were noted as challenges. Successes include the positive impact of Social-emotional learning (SEL) and trauma-informed trainings and the appreciation for school-based family support programs. Opportunities focus on investing in parent workshops, caregiver education, and trauma support for families.

Gaps/Challenges

• Family programs rely on short-term or inconsistent grants and may disappear without sustained support.

• Fewer training opportunities for family-focused school staff due to lack of funding.

"Family engagement events… would likely be cut, making it harder to support families." (Virtual, 4-22-25)

"Without funding, fewer staff can attend or bring this learning back to schools." (Virtual, 4-22-25)

Successes

• SEL and trauma-informed trainings improve school climates and family engagement.

Survey responses also highlighted appreciation for school-based family support programs and their role in emotional resilience. *"Families play a crucial role in recovery, especially with older adults." (Bethlehem, 4-16-25)*

Opportunities

• Invest in parent workshops, caregiver education, and trauma support.

"Positive outcomes greatly increase when the individual is supported by their family. Additionally, the family functions in a healthier and more supportive way, which increases the probability that the individual will attain and maintain long term recovery. This is a win for both the person suffering from AUD/SUD as well as the family. Educating the families about the disease of addiction not only helps the individual families, but it increases the potential of breaking family cycles of addiction." (Survey Response)

"We need more wrap-around care programs, including being connected to someone from start to end, including maybe in home/community based services once the individual returns home." (Survey Response)

Strategy 7: Data Monitoring & Dissemination

Underfunded, fragmented, and labor-intensive data systems, along with concerns about opt-in requirements affecting data availability, were highlighted as challenges. Successes include the unified Electronic Health Record (EHR) used by Recovery Community Organizations and NH Alcohol & Drug Abuse Counselors Association's (NHADACA) use of workforce data for planning. Opportunities involve expanding shared data platforms.

Gaps/Challenges

- Data systems underfunded, fragmented, or labor-intensive.
- Concerns about opt-in requirements for the Youth Risk Behavior Survey (YRBS) reducing future data availability.

   "The data collection takes hours… and that's time we can't spend with clients." (Bethlehem, 4-16-25)

Successes

- Recovery Community Organizations share a unified EHR, supporting strong data analytics.
- NHADACA uses workforce data to drive planning.

   "Our data says that we are both cost effective and cost efficient." (Concord, 4-15-25)

Opportunities

- Expand shared platforms like RedCap and NH Health Professions Data Center.

Strategy 8: Workforce Capacity

Burdensome and opaque licensing processes, along with burnout and increasing licensing and certification costs, threaten workforce sustainability. Successful initiatives include well-received peer support and trauma training and promising virtual supervision pilots. Opportunities include creating financial incentives, addressing cross-state licensure reciprocity, and providing free therapy for helpers.

Gaps/Challenges

- Licensing processes are burdensome and opaque. These hurdles and lack of reimbursement threaten workforce sustainability.
- Burnout, vicarious trauma, and cost barriers reduce retention.

    "Even those doing the training didn't know how much licensing costs were increasing." (Concord, 4-15-25)

    "Burnout is still an issue." (Bethlehem, 4-16-25)

    "People are not getting their licenses… communication… can take months." (Concord, 4-15-25)

Successes

- Growth Partners' peer support and trauma training was well-received.
- Virtual supervision pilots show promise.

    "This type of trauma training is needed." (Concord, 4-15-25)

Opportunities

- Create financial incentives, loan forgiveness, and free therapy for helpers.
- Fix cross-state licensure reciprocity.

    "Free therapy for helpers: if you are in this profession, you should be able to get free therapy." (Concord, 4-15-25)

Strategy 9: Professional Development

OPLC fee increases and a perceived lack of clarity in the Action Plan regarding workforce development support were noted as challenges. Successes include the significant expansion of CRSW and Licensed Alcohol and Drug Counselor (LADC) training pipelines and peer collaboration groups. Opportunities involve expanding continuing education support, mentorship programs, and supervisor training.

Gaps/Challenges

- OPLC fee hikes and administrative complexity may deter future licensees and training providers.
- Lack of clarity in the Action Plan about workforce development support.

"Proposed fees and barriers proposed by OPLC would make national orgs not apply in NH." (Concord, 4-15-25)

Successes

- CRSW and LADC training pipelines have expanded significantly since 2008.
- Peer collaboration groups offer mentorship.

"CRSW training has exploded throughout the state." (Concord, 4-15-25)

Opportunities

- Expand continuing education support, mentorship programs, and supervisor training.
- More resources are needed to build supervisory and mentoring opportunities.

"The strategy has the three smallest bullets... There is so much more that we can do. This could be an indication that the workforce is supported and funded through the commission. But there is so much more that we can do to build up and support the workforce that is not reflected in the plan" (Concord, 4-15-25)

"Primary care providers, Family Resource Center staff, community mental health providers, and community-based providers should be receiving high-quality professional development on evidence-based practices. The problem is we have no single place where those trainings are listed and tracked." (Survey Response)

"Workforce recruitment is missing: programs that support people even considering working in this field. Career development for kids in high school, matching them with professionals who can meteor them: great program to fund" (Concord, 4-15-25)

Acknowledgements