

November 26, 2025

MEMO

To: Annette Escalante, Chair; Katja Fox, Executive Director; Governor’s Commission on Addiction, Treatment and Prevention

From: Budget Task Force, Co-Chairs Traci Fowler and Shannon Swett

Subject: SFY27 “Top 5” Budget Policy Priorities and Process Recommendations

To inform SFY27 budget planning, the Budget Task Force adopted a broad, collaborative approach. Over three months, Task Force members worked alongside ad-hoc participants and subject-matter experts, reviewing state plans, reports and contributing feedback through an anonymous survey. The resulting “Top Five” recommendations reflect shared themes and importantly, align with the direction outlined in the DHHS 2025–2027 Roadmap. The Roadmap emphasizes stronger, mission-aligned partnerships with behavioral health and substance-use-disorder providers—moving beyond transactional contracting toward shared accountability and collaboration. The DHHS Roadmap further highlights the importance of centering community partners in planning efforts, reflecting a more inclusive and coordinated approach to service delivery.

The below “Top 5” Recommendations are in no particular order. The Task Force appreciates the consideration of the following:

- 1) The Governor’s Commission on Addiction, Treatment and Prevention (The Commission) should advocate for use of the full amount available for SFY27, which includes a balance forward for a total of \$10,419,114.61**

Sustained investment is essential to maintaining and strengthening New Hampshire’s continuum of care for addressing substance use disorders (SUDs) and sustaining the state’s downward trend in overdose fatalities. Funding from the Governor’s Commission has made it possible for prevention programs to reduce youth use, for treatment services to remain accessible for individuals with alcohol use disorder or limited insurance coverage, for peer recovery supports to help individuals and families achieve long-term stability, and for harm-reduction strategies to save lives in communities across the state. Adequate resources also enable New Hampshire to respond to emerging drug threats, support a workforce under strain, protect public safety, and continue improving community health. Without consistent funding, the systems built to address substance use disorder will weaken—risking the progress New Hampshire has worked hard to achieve.

- 2) Prior to a December 2025 vote on Commission funding for SFY27, NH DHHS should provide a high-level “forecast” for SFY27 to include funding priorities, any major anticipated changes and a timeline for RFPs.**

Before the Commission votes on SFY27 funding, NH DHHS should provide a high-level forecast outlining priorities for the year, any major anticipated changes in funding priorities, and a projected timeline for Requests for Proposals (RFPs). Having this information in advance of a vote will support transparent and informed decision-making and help Commission members ensure alignment between DHHS planning and the Commission’s Action Plan. It will also help community partners and providers prepare for upcoming opportunities and/or changes which may help maintain a level of stability across New Hampshire’s SUD system.

- 3) The Commission and its Task Forces should proactively monitor the unintended consequences of the “revenue swap”**

The Commission should carefully track and assess the impact of the recent legislative change that shifted its funding source from full support from the Alcohol Abuse Prevention and Treatment Fund (\$10.7 million) to General Funds (\$9.5 million). This “revenue swap” not only reduced the overall funding level but also represents a structural change in how the Commission’s resources are secured and allocated, which in turn

impacts contract agreements with vendors. Monitoring should focus on potential unintended consequences, including:

- **Programmatic impacts:** Ensuring that services do not experience disruptions or reductions in scope due to decreased or more variable funding or the shortened contracting periods, which are known to be less efficient and result in less reliable outcomes.
- **Workforce and infrastructure stability:** Assessing whether reductions or uncertainty in funding affect staffing levels, retention, and the sustainability of critical SUD services.
- **Flexibility and responsiveness:** Understanding whether moving from a dedicated fund to General Funds limits the Commission and its vendors ability to respond quickly to emerging drug trends or urgent community needs.

The Commission and its Task Forces should consider establishing a monitoring plan to identify early signs of negative impacts, inform legislative or administrative adjustments, and maintain the integrity of New Hampshire’s continuum of care for substance use disorders.

4) The Commission and its Task Forces should monitor and prioritize stability of core infrastructure in SFY27, regardless of funding source

With a deficit state budget, a reduced Commission budget, and major changes to federal resources, the Commission should double-down on preserving a strong and effective substance use disorder (SUD) ecosystem. This can be accomplished through advising the Governor & Legislature, monitoring and keeping current the “Funding Crosswalk” and making funding priorities and recommendations. An intentional focus on core infrastructure ensures the reliability, quality and geographic distribution of:

- **School and community-based prevention** efforts that reduce youth use and strengthen families.
- **Peer recovery support** promotes long-term stability for individuals and families.
- **Harm-reduction services** that save lives and connect people to care.
- **Treatment services** across all levels of care, ensuring accessibility regardless of insurance status or complexity of need.
- **Recovery and transitional housing**, critical for stability after treatment or re-entry.
- **A trained and supported workforce** including clinicians, peers, case managers, harm-reduction staff, and prevention specialists.

5) The Commission and its Task Forces should align with the current NH DHHS 2025-2027 Roadmap to explore ways to support the Dept’s goals to reduce excessive administrative and contracting burdens

The DHHS Roadmap outlines several objectives which strongly align with feedback expressed by non-profit providers across NH, including but not limited to SUD providers. This alignment is a powerful opportunity for the Commission to highlight the importance of making such administrative improvements and its impact on improved SUD service delivery and workforce stability. The DHHS Roadmap outlines several important objectives such as:

Improving the Contracting Experience

- Under the “*Improve Customer Service*” commitment, DHHS explicitly includes an initiative to enhance the contracting experience for its partners.
- Part of this is making contract goals, deliverables, and performance metrics more transparent and aligned with partner expectations.
- DHHS also plans to simplify payment methods and invoicing (e.g., risk-based invoicing) to reduce administrative burden on nonprofit and provider partners.

Reducing Administrative Friction

- Through its partnership with nonprofits, DHHS is seeking to streamline processes like contract management and active contract oversight so that business and nonprofit partners have clearer expectations, shared metrics, and less bureaucratic burden.
- DHHS has committed to a model of active contract management, where goals, outcomes, and deliverables are co-owned and jointly tracked with its provider partners

Conclusion

In closing, the Budget Task Force offers these recommendations to support informed, strategic decision-making as the Commission prepares for approving an SFY27 budget. Taken together, these “Top 5” priorities emphasize stability, transparency, and partnership—core elements that align with the DHHS Roadmap and that will allow New Hampshire to maintain a strong SUD system during a period of fiscal constraint and structural transition.

By advancing these recommendations, the Commission can work alongside DHHS to help ensure that funding decisions are data-informed, aligned with statewide priorities, responsive to community needs, and supportive of a high-functioning continuum of care. The Budget Task Force remains committed to assisting the Commission and its partners in this work and stands ready to support next steps as planning continues.

cc: Task Force Co-Chairs: Matt McKenney, Steve Ahnen, and Steve Norton

cc: Jill Burke and Liz Biron, Bureau of Drug & Alcohol Services