

Governor's Commission  
on Addiction, Treatment,  
and Prevention  
2025 Annual Report





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## Dedication

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This year's annual report is dedicated to Patrick Tufts in appreciation of his six years of service as Chair of the Governor's Commission. During his tenure, Mr. Tufts worked tirelessly to focus and streamline the Commission's efforts. He led the development of the *Expanding Our Response Action Plan* and its subsequent update, *State Action Plan: Strengthening Our Response Together*. To advance these goals, he established a Task Force structure and oversaw a transparent process for selecting its members. Mr. Tufts consistently prioritized community engagement, regularly seeking public input and facilitating open sessions across the state. The Commission extends its deepest gratitude to Mr. Tufts for his leadership, dedication, and unwavering commitment to the people of New Hampshire.



## Introduction

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The NH Governor’s Commission on Addiction, Treatment, and Prevention’s purpose is “to serve in an advisory capacity to the governor and general court regarding the importance of prevention as well as the delivery of effective and coordinated alcohol and other drug misuse programs of prevention, problem gambling prevention, treatment using a public health informed approach to address addiction, and recovery services throughout the state.”<sup>1</sup> This annual report explains the changes to the enacting legislation as of July 1, 2025, the Commission’s work throughout 2025, and highlights coordinated investments in state plan strategies.

## Amendment to RSA 12-J

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The authorizing statute for the Commission, [NH RSA 12-J](#), was [amended](#) by the NH legislature with the following changes effective July 1, 2025.

- Updated the name, purpose and duties of the Commission to add problem gambling as an area of focus.
- Updated stigmatizing language to remove the terms “alcohol and drug abuse” and “alcohol and drug addiction.” They are replaced with “alcohol and drug misuse.”
- Revised the statement of purpose: “To serve in an advisory capacity to the governor and general court regarding the importance of prevention as well as the delivery of effective and coordinated alcohol and other drug misuse programs of prevention, problem gambling prevention, treatment using a public health informed approach to address addiction, and recovery services throughout the state.” Added “including the reduction of societal and individual harm” to the treatment clauses throughout the document.
- Added section 12-J:2-a Definition of Harm Reduction.
- Added the president of the NH Association of Chiefs of Police, or designee, as a member.

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1 <https://gc.nh.gov/rsa/html/NHTOC/NHTOC-I-12-J.htm>



## 2025 Governor’s Commission Members

Name	Commission Seat	Seat Type
Senator David Rochefort	Senate Representative	Legislative Branch Members
Senator David Watters	Senate Representative	
Representative Vacant	House Representative	
Representative Jess Edwards	House Representative	Public Members
Ashley Wheeler	Prevention Professional	
Shannon Swett	Prevention Professional	
Annette Escalante, Chair	Treatment Professional	
Vacant	Treatment Professional	
Mayor Jay Ruais	Recovery Representative	
Vacant	Non-Professional Public Member	
Vacant	Non-Professional Public Member	
Pastor Kathie Saari	Faith-Based Community Representative	
John Formella	Attorney General, Department of Justice	
David Mikolaities	Major General, NH National Guard	
Mark Howard	Chief Justice, New Hampshire Superior Courts	
Chief Mark Armaganian	Liquor Commission	
Lori Weaver	Commissioner, Health and Human Services	
Katherine Leswing	Designee, NH Department of Education	
Vacant	Commissioner, Department of Corrections	
Robert L. Quinn	Commissioner, Department of Safety	
Katja Fox, Executive Director	Director, Division for Behavioral Health	
Marie Noonan	Director, Division for Children, Youth & Families	
Keith Nyhan	Designee, Insurance Department	Organizational Representative Members
Chuck Lloyd	Chancellor, Community College System of New Hampshire	
Mary Behnke	New Hampshire Nurses Association	
Amy Cook	NAMI - NH	
Matt McKenney	Business and Industry Association	
Traci Fowler	New Hampshire Charitable Foundation	
Cornel Stanciu, MD	NH Medical Society	
Stephen Ahnen	NH Hospital Association	
David Suckling	Association of Chiefs of Police	



## Task Forces

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Three Task Forces were created in 2022 to support the oversight and implementation of the [State Action Plan: Strengthening Our Response Together](#). The overall purpose of these Task Forces is to support the Commission in advising the governor and legislature by gathering subject matter expertise and public input to provide well-informed recommendations for consideration by the Commission. Meeting information is posted on the [DHHS website](#) and the [Center for Excellence on Addiction/JSI website](#). Task Force meetings are scheduled bi-monthly, participatory, and open to the public.

### Budget Task Force

The Budget Task Force's primary purpose since its inception has been to report on alcohol and other drugs related State spending and recommend strategic investments to the full Commission. In 2025, the Budget Task Force worked to create [investment and process recommendations](#) that the full Commission then adopted at the December 2026 meeting. This is a summary of the five recommendations:

1. The Commission should use the full amount available for SFY27, which includes a balance forward for a total of \$10,419,114.61.
2. NH DHHS should provide a high level "forecast" for SFY27 to include funding priorities, any major anticipated changes, and a timeline for RFPs.
3. The Commission should carefully track and assess the impact of the recent legislative change that shifted its funding source from 5% of liquor revenue 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.
4. The Commission and its Task Forces should monitor and prioritize stability of core infrastructure in SFY27, regardless of funding source.
5. The Commission and its Task Forces should align with the current NH DHHS 2025-2027 Roadmap to explore ways to support the Department's goals to reduce excessive administrative and contracting burdens.

### Coordination & Cooperation Task Force

The Coordination & Cooperation Task Force has been tasked with engaging community voices, coordinating efforts on strategies across the continuum, and prioritizing strategies for Commission work. In April 2025, they hosted multiple opportunities for public input across the state: two in person public forums, one virtual public forum, and an online public survey to gather feedback on priority areas of investment by the Commission. [The 2025 Public Input Report](#) highlights themes raised in each strategy area. In addition, cross cutting themes include:

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.
2. **Workforce Challenges and Licensing Barriers:** Numerous participants cited issues in recruiting, retaining, and licensing qualified professionals. There was frustration with licensing and certification 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.



- 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.
- 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.
- 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.

## Data Task Force

The Data Task Force has been tasked with presenting State Action Plan metrics and updates, identifying trends and emerging issues, reviewing secondary data sources, and updating the Data Dashboard to the most current data twice each year. In 2025, the [Action Plan Data Dashboard](#) was updated in the spring and fall as scheduled, with an additional update in late 2025 to reflect the Task Force’s work during this year on updating metrics and data sources. The efforts of the Data Task Force revised and improved the substance use data measures included on the Action Plan Dashboard. This work is an effort to ensure that the Dashboard accurately reflects the state of substance use and related services in New Hampshire, while also providing actionable insights for the Commission’s strategic decisions. To understand the changes to the dashboard, including the considerations taken by the Task Force, please refer to the [Data Task Force memo](#).

## Investments in State Action Plan Strategies

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### Strategy Area 1: Prevention

*Prevention is a strategy that includes population- and community-based activities that aim to “prevent the onset and reduce the progression of substance misuse across all age groups, including underage drinking and the misuse of alcohol and/or other drugs, and to reduce the negative consequences of substance misuse for individuals, families, and communities”.*<sup>2</sup>

### Spotlight: The NH Student Assistance Facilitating Organization

The facilitating organization for Student Assistance Programs provides training, technical assistance, contract management, quality improvement and data collection support to school districts in support of implementation of the evidence-informed Project Success program. 41 active SAP programs in contract provided the following evidence-informed prevention activities:

- 1,137 students served by individual sessions (15,343 total individual sessions held)
- 1,378 students served by group sessions (2,336 total group sessions held)
- 408 students served by crisis interventions
- 3,025 students served by classroom prevention instruction
- 20,688 students were reached through at least one universal strategy/environmental activity

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2 <https://www.dhhs.nh.gov/programs-services/health-care/substance-misuse-prevention-services>



## Strategy Area 2: Harm Reduction

*Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm reduction incorporates a spectrum of strategies that includes respectful, non-judgmental, non-coercive provision of services focused on safer use, managed use, abstinence, meeting people who use drugs “where they are,” and addressing conditions of use along with the use itself.<sup>3</sup>*

### Spotlight: Overdose Prevention

Overdose prevention includes programs and services that compassionately support people who use drugs through promoting evidence-informed strategies and training. Highlights include:

- 1267 total overdoses reversed by participants across all contractor programs
- 926 total overdoses reversed by participants across 3 programs directly operated by the contractor
- 6106 packages of naloxone (2 doses/package) distributed and 1323 IM kits (2 doses/package) distributed across all contractor programs

## Strategy Area 3: Care Coordination and Behavioral Health Integration

*Care coordination is the act of assisting individuals with obtaining appropriate and effective services, supports and other resources, which includes understanding the needs of the individual and facilitating communication between the right entities.<sup>4</sup> Behavioral health is an umbrella term which incorporates mental health and substance use conditions and its impact on an individual’s health.<sup>5</sup>*

### Spotlight: Community Housing Program

The Community Housing Program provides essential shelter and housing to qualifying individuals who are in imminent need. In order to remain successful in recovery and significantly decrease chances of recidivism, safe and reliable shelter is imperative. Highlights of the program include:

- 558 referrals accepted
- 330 participants received housing
- 29,677 support days
- 446 housing assignments

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3 <https://harmreduction.org/about-us/principles-of-harm-reduction/>

4 <https://www.ahrq.gov/ncepcr/care/coordination.html>

5 <https://integrationacademy.ahrq.gov/about/integrated-behavioral-health>



## Strategy Area 4: Treatment

*Treatment is clinical intervention that is used to help individuals change how they identify with and use substances based on their individual goals. This process can utilize a variety of interventions and often occurs at intervals and is a lifelong process.<sup>6</sup>*

### Spotlight: Treatment Modalities

Substance Use Disorder (SUD) treatment is a critical component of New Hampshire's comprehensive approach to addressing substance misuse. In SFY2025, there were nine Substance Use Treatment and Recovery Support Services contracts with providers across the state that provided treatment across American Society of Addiction Medicine levels of care from outpatient to residential.

These contracts support the delivery of treatment to New Hampshire residents who are uninsured or underinsured, thereby ensuring access to essential care for those who might otherwise be unable to obtain it. Through a cost-reimbursement model, the funds also help providers pay for the cost of providing treatment services that are not covered by insurance, from equipment, to provider continuing education, to transitional living programs for individuals transitioning out of residential treatment. The following summarizes some key characteristics of uninsured or underinsured individuals served during SFY25:

- 14.9% increase in the rate of abstinence from all drugs in the 30 days prior to discharge compared to admission
- 22.29% increase in the rate of abstinence from alcohol in the 30 days prior to discharge compared to admission
- percentage of those employed or enrolled in school in the 30 days prior to discharge increased by 6.35% compared to admission
- 7.55% decrease in arrests in the 30 days prior to discharge compared to admission

## Strategy Area 5: Recovery

*Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. All individuals can, with help, achieve the state of health and social function that they determine optimal for their life.<sup>7</sup>*

### Spotlight: Peer Recovery Support Services Facilitating Organization

The facilitating organization for peer recovery community centers provides training, technical assistance, billing functions, quality improvement and data collection to the Recovery Community Organizations. Highlights of the program include:

- 10 RCOs, servicing 21 different Recovery Community Center locations across all 13 of NH's Public Health Regions provided:
  - 26,370 individual peer recovery support services to 4,006 unique individuals
  - 11,989 activities with 159,540 people in attendance
  - Distributed 1,021,680 items

6 <https://nida.nih.gov/publications/principles-drug-addiction-treatment-researchbased-guide-third-edition/frequently-asked-questions/what-drug-addiction-treatment>

7 <https://ssc.jsi.com/resources/glossary-of-terms#introduction>



## Strategy Area 6: Family Support & Services

*Family Supports and Services provide support meetings for family members whose loved ones are struggling with alcohol and drug use, including peer support programs.*

### Spotlight: Family Support Services

Peer support specialists offer recovery support and help with obtaining community-based services and resources, while providing hope and positive role modeling. Peers also work with peers to develop their own individual recovery plans. Highlights of the program include:

- 8 different family support meetings held throughout the state
- 1,909 participants
- 248 total meetings held
- 1,858 total number of meeting attendees

## Strategy Area 7: Data Monitoring & Dissemination

*Data driven is the use of quantitative and/or qualitative data to inform decision making.<sup>8</sup>*

### Spotlight: Evaluation and Monitoring

The contractor provides program evaluation and data collection, analysis, and reporting for the Alcohol and Other Drug Continuum of Care services system in New Hampshire. Highlights of the contract include:

- Produced three evaluations reports, one each for [prevention](#), [treatment](#), and [recovery](#) which will be used to monitor progress toward meeting established goals and metrics
- Provided technical assistance and operational support for the administration of the 2023 Youth Risk Behavior Survey
- Conducted the annual Independent Peer Review as required through the Substance Abuse Prevention and Treatment Block Grant
- Produced the Needs Assessment for the SAMHSA Block Grant application
- Manages REDCap data reporting system

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8 <https://www.dataversity.net/whatis-data-driven/>



## Strategy Area 8: Workforce Capacity

*Workforce capacity is the ability of an organization to meet the needs of the alcohol and other drug continuum of care within existing resources.*

### Spotlight: Technical Assistance

Technical assistance to BDAS and its provider network include:

- Conducting community listening sessions and focus groups with 190 members of NH’s helping professions and producing a report of findings called [Helping the Helpers: The Impact of Secondary Exposure to Trauma on New Hampshire’s Workforce](#)
- Using findings from the “Helping the Helpers” report to design and implement the [Thriving in the Workplace](#) (TIW) 2.0 initiative with 3 SUD treatment organizations and 4 RCOs. Early outcomes include changes to organizational policies and practices (including compensation and benefits) which sites report are increasing staff satisfaction and decreasing turnover.

## Strategy Area 9: Professional Development

*Professional development is “gaining new skills through continuing education and career training after entering the workforce. It can include taking classes or workshops, attending professional or industry conferences, or earning a certificate to expand your knowledge in your chosen field.”<sup>9</sup>*

### Spotlight: Training

The Commission invested in high-quality, competency and skills-based professional development to strengthen New Hampshire’s Alcohol and Other Drug Continuum of Care workforce. These efforts support a systematic and accessible approach for professionals to obtain and maintain credentials without barriers or delays.

Professional development opportunities were delivered through in-person and virtual platforms and included best-practice trainings across prevention, suicide prevention, intervention, treatment, recovery support, financial skills, and other workforce development areas. All training was evaluated using a standardized evaluation plan, with participant feedback analyzed and shared with the Department to support continuous quality improvement. Highlights of the program include:

- 85 trainings
- 85 core, intermediate, and advanced trainings delivered
- 1,634 individuals participated
- 94% average satisfaction rating (4.7 out of 5)



# Funding Crosswalk

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The following charts demonstrate activities relative to the strategies included in the [State Action Plan: Strengthening Our Response Together](#) (July 1, 2022 - June 30, 2027) and the funding sources for those activities. These activities are only those with SFY2025 and SFY2026 contracts managed by the New Hampshire Department of Health and Human Services, Division for Behavioral Health Services and are not reflective of all of the efforts across state government.

[SFY25 Funding Crosswalk](#)

[SFY26 Funding Crosswalk](#)

To see all investments made by the Commission in FY25, see the [SFY25 Governor's Commission Investment Summary](#) presented by the Bureau of Drug and Alcohol Services.

## Recommendations

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New Hampshire has made strides in addressing alcohol, opioid, and other drug misuse as evidenced by the drop in [overdose deaths](#). Through investments made by the Governor's Commission, and in cooperation with additional funding sources across the state including Opioid Abatement Commission and federal sources (State Opioid Abatement grant, the Substance Abuse Block grant), New Hampshire has invested in and strengthened every aspect of the substance misuse continuum of care. In doing so, the state has built core infrastructure, served diverse populations, and directly contributed to the decrease in overdose deaths. The Commission strongly recommends:

1. the continuation of these investments and the blending of funding sources;
2. the continuation of collaboration with the Opioid Abatement Commission and;
3. the continuation of learning from statewide data and from the people the state serves to continue to address new and existing gaps across the system.



## Acknowledgements

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Thank you to the members of the Commission and their designees, members of the Task Forces, and NH DHHS for their diligent and dedicated work. Additional thank you to the Center for Excellence on Addiction/JSI whose team provides technical assistance to the Commission and facilitated the creation of this report.

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