

Governor's Commission on Alcohol & Other Drugs
January 28th, 2022
9:30am-11:30am
Fox Chapel

Members Present:

Kara Buxton representing the Division for Children, Youth and Families
Alex Casale representing the Department of Justice
Thomas Carter representing the Faith Community
William Conway representing the Department of Corrections
Jen Doris representing the Department of Education
Cameron Ford representing the Business and Industry Association
Katja Fox representing the Department of Health and Human Services
Shawn Fournier representing the Liquor Commission
Keith Howard, Recovery Professional
Tim Lena, Prevention Professional
Chuck Lloyd, Community College Systems of NH
David Mikolaities, NH National Guard
Jaime Powers, Bureau of Drug and Alcohol Services
Robert Quinn, Department of Safety
Seddon Savage, NH Medical Society
Stephanie Savard, Treatment Professional
Kate Thomson, New Hampshire Nurses Association
Patrick Tufts, Chair, Granite United Way
David Watters, NH State Senate

- 1. Welcome, Opening Remarks** – Patrick Tufts, Chair of the Governor's Commission on Alcohol and Other Drugs called the meeting to order. The Chair provided an explanation of focus of the meeting. He invited Jaime Powers to speak about the contracts dashboard. Powers shared that the dashboard would look a little different this month and reviewed different line items of contracts and positions that are open. The Chair commented that there is money uncommitted for fiscal year 2022 and 2023. Then the Chair asked for questions on Director Powers presentation. There were no questions on the contracts dashboard. The Chair moved to approve the minutes. Keith Howard seconded with the provision that Commissioner Quinn and David Watters be added to the attendance. Minutes were approved with that amendment.

Next the Chair reviewed the legislation that created this body with members. He shared places where the Commission is meeting the obligations of this legislation and places for improvement. Mr. Tufts shared that members of the legislator would like more conversations with the Commission. There is a desire for an increased communication and presentation with legislators. The Chair would like to develop a process for providing legislative recommendations and providing testimony. The Chair will share the legislative recommendation with the Commission. Ending his presentation the Chair asked for questions. Senator Watters shared that he could see issues with the Commission taking a specific position on legislation. Tim Lena shared that the Commission has taken positions in the past and feels it's important to be able to take a stance. He encouraged having a streamlined process for providing testimony. Seddon Savage said that communication and request for support could be bilateral with legislators coming to the Commission for help with legislation, as well. The Chair shared he doesn't feel that the Chair of the Commission should be the only representative in these opportunities. Amy Daniels shared that many

people shared Seddon's view of bilateral communication importance in the Commission survey. Commissioner Quinn shared the importance of having accurate data before presenting so that our recommendations are based off effective information. The Chair shared the frustration of data sources with redundancy and duplication that needs to be addressed. Next the Chair welcomed Jaime Powers to speak on the first strategic questions for the morning.

- 2. First Strategic Question: Coordination and Cooperation** – Jaime Powers, Director, Bureau of Drug and Alcohol Services, shared that collaboration and communication work well in person but after meetings there is a significant drop in both. Powers asked the Commission what was working well currently. Alex Casale shared that the Data Task Force is asking for data from different sources but has been less engaged due to COVID meeting restrictions. He believes that having the task force report out would be beneficial. Seddon Savage shared that the Opioid Task Force had been reviewing many substance-related NH data sets hoping to create a page of links that would provide a single point of access to the diverse information. She noted it would make sense to collaborate with the Data Task Force on these efforts. Stephanie Savard shared that communication between task forces of those working on different projects would help to reduce duplication. Tim Lena shared the task force chairs meeting helped to see what the different task forces were planning but it missed having state agencies represented at the table. Mr. Lena also shared a challenge with funding being so piecemeal that reporting ends up not being a holistic view of change and would like logic models to measure the outcomes of the Commission. Senator Watters congratulated the Commission on doing a fabulous job. He also asked if there is a conversation that needs to happen on where the funding comes from to where it ends up. The Chair asked if the feedback process being quicker or helping people how the process works would help. Director Powers shared that feedback from the Commission on the funding process has helped to promote more transparency in the contracts process. Senator Watters shared he's been pondering what role the Commission can play in big challenges like housing, the Doorways, and more, in a collaborative way because it's not something the Commission can take on their own. He also sees the Commission as being reactive when there is funding versus addressing the need and then finding funding. Stephanie Savard challenged being more collaborative with other Commission and State Councils. Commissioner Quinn questioned whose roll on the Commission is it to be collaborative but highlighted the importance of sharing our work and communicating with those groups. Dr. Savage shared that a separate commission has been assembled to deliver opioid funds and she shared it's an example of redundancy because it's doing the work of the Commission. Commissioner Quinn highlighted that data is showing substances being used are changing and it's different from what it was before. Alex Casale shared that there is significant challenge with communication because the task forces haven't been meeting. With no further questions Director Powers moved on to the next agenda item. The Chair highlighted the legislation that Senator Watters is sponsoring to help with the requirement to meet in person for task forces. Then the Chair moved on to the next agenda item.
- 3. Public Comment** – The Chair welcomed the public to share information with the Commission. Susan McKeown shared that having a policy task force is a real need and could help with communication with the Commission. Cheryle Pacapelli shared she appreciates the Commission asking for meetings being able to meet remotely. She also believes the Commission has an obligation to speak at hearings as subject matter experts educating the legislators. She also commented that the COVID test kits for sale at NH Liquor stores are problematic for people in recovery. Seddon Savage shared she believes it's a huge trigger for people in recovery or trying to enter recovery. She suggested that looking for an alternative to liquor stores would be recommended. Senator Watters shared that they were bought with taxpayer dollars and suggested giving some of them to recovery centers instead of selling them. Keith Howard recommended visitor centers. Tim Lena recommended family resource centers. Stephanie Savard recommended writing a letter to make those suggestions to the Governor's Office. Tim seconded Stephanie's motion on a letter. The motion passed with no abstentions or opposition. There being no further comment the Chair moved on to the next item.

4. **Second Strategic Question: Task Force Structure** – Patrick Tufts shared an overview of what the legislation requires for the Task Forces and what the Commission is missing of the requirements. The Chair shared the Governor’s Commission is the largest Commission in the state. Mr. Tufts asked the Commission what should change about the task forces. Seddon Savage asked what the role of two staff members is supporting a task force. Amy Daniels shared that there is significant staff time used by the different task forces just to cover logistics. Two staff people mean one can be an expert in the discussion and the other can be administrative support. Kate Thomson shared that the Perinatal Task Force found the staff support invaluable and that it helps with continuity. General Mikolaities shared that he believes the Joint Military Task Force should be disbanded because the members should be integrated in each task force and he feels this task force is redundant. Stephanie Savard shared that time limits of Commission membership and the limited pool of members means having the staff for continuity helps tremendously because of the transitions that happen over time. The Chair shared 91-A has limited the membership and chair positions for the task forces. Tim Lena shared that the Prevention Task Force has been strategic in having diverse representation in members. With no final feedback the Chair moved on to the next strategic question.
5. **Third Strategic Question: Data** – Amy Daniels, JSI, began by explaining many of the comments from the survey included data needs. Ms. Daniels shared that data is required in the legislation, but interviews showed that the data dashboard is not being utilized or is an ineffective format for sharing data. She stated that the larger questions is how the Commission is measuring effectiveness of funded programs. Ms. Daniels shared the different data collection systems, the different ways a question can be asked is making it difficult to compare data across sectors, systems, grants and departments. Ms. Daniels asked what should the focus be for the Commission when it comes to program evaluation and outcomes, around data accessibility, and data sharing. Tim Lena shared that we don’t get to celebrate our outcomes without accurate date. The Chair shared that this Commission is being looked at to communicate not just what the outcomes of the Commission are but globally across the state what is working. The Chair shared that our funding only provides for reporting on the Commission work, but the legislation requires more. Seddon Savage shared she believes that the legislator and the Governor need to decide what our purview is. The Chair said it’s in the legislation currently, but the Commission isn’t organized in a way to meet that requirement. Ms. Daniels asked Commission members for a wishlist of data. Alex Casale shared he likes the ability to filter and include other data sets when looking at reports. Senator Watters shared the legislative perspective that some data is important for measuring effectiveness, but stories are important for effective communication. Cameron Ford shared from a provider’s point of view data drives all that they do and its incredibly important to gather data and he suggested consistent measurements across the state. The Chair thanked Amy Daniels, the Center for Excellence Team and Director Powers for their work on the strategic planning process.
6. **Closing and Next Steps** – Patrick Tufts shared the next meeting date and asked for any comments before closing the meeting. Commissioner Quinn asked for a justification of the language “key informant”. Ms. Daniels shared that its common language in the field but suggested a change that would be more accessible for lay people.
7. **Adjourn** – The Chair moved to adjourn the meeting. Jen Doris seconded, and the meeting was closed with a majority vote

Next Meeting
February 25th, 2022
9:30-11:30

Governor Commission Contracts SFY 2022/SFY 2023
As of 1/31/22

	SFY 2022	SFY 2023
Adjusted Authorized Budget	\$ 11,210,000.00	\$ 10,000,000.00
Balance Forward	\$ 6,463,530.72	\$ 419,043.72
Carryover Contract Funding*	\$ 7,175,953.80	
Total Gov Comm Budget SFY22	\$ 24,849,484.52	\$ 10,419,043.72

Contract Type Key
P = Prevention
I = Intervention & Harm Reduction
C = Crisis and Access
T = Treatment
R = Recovery
S = Systems Support

Funding in place, no changes in process at this time.
Working on implementation of or changes to funding.
Work on initiative has not begun.

	SFY 2022	SFY 2023
Total currently approved Gov Comm Obligations in contract or to be contracted	\$ 17,254,487.00	\$ 1,530,940.00
Carryover Contract Funding*	\$ 7,175,953.80	
Total all Governor Commission Obligations	\$ 24,430,440.80	\$ 1,530,940.00
Possible Prior Year Liquidations		
Total Governor Commission Funds Remaining	\$ 419,043.72	\$ 8,888,103.72

*These funds are carried over from previous years and may already be obligated.

**These are the official contract names and may not fully reflect the content of the contracts

***Includes all approved funding, regardless of contracting status

Type	Name**	Description	Vendor	Expiration Date	Contracts brought forward into SFY2022 as of 7/1/21	SFY22 Gov Comm Contract Obligations***	SFY23 Gov Comm Contract Obligations
1 T	Substance Use Disorder Treatment and Recovery Support Services	Provide substance use disorder treatment and recovery support services to individuals who are residents of or homeless in NH and have an income that is less than 400% of the Federal Poverty Level.	Multiple (n = 11)	9/29/2023	\$ 1,238,196.62	\$ 1,420,000.00	\$ -
2 R	Community Housing Services for Criminal Justice Involved Individuals	Provide funding for housing for criminal justice involved individuals who have been identified as having a Substance Use Disorder.	New Hampshire Department of Corrections	6/30/2022	\$ 804,308.93	\$ 950,000.00	\$ -
3 C	Access and Delivery Hub for Opioid Use Disorder Services	Provide funding for the Doorways to address needs of clients with SUDs other than Opioid or Stimulant Use Disorders with an emphasis on Alcohol Use Disorders.	Multiple (n = 9)	9/29/2022	\$ 647,177.04	\$ 243,996.00	\$ -
4 R	Peer Recovery Support Services Facilitating Organization	Support on-going efforts to develop infrastructure, provide program support, and improve service quality to a growing number of Recovery Community Organizations (RCOs) and Recovery Centers across the state.	Harbor Homes, Inc.	6/30/2022	\$ 632,363.28	\$ 2,325,000.00	\$ -
5 S	Support Services	Provide administrative support to the Governor's Commission and general support to prevention services.	John Snow Institute/Community Health Institute		\$ 580,724.25	\$ 650,000.00	\$ -
6 P	Evidence-Based Prevention Curricula	To support NH school districts and community organizations with access to adequate training and evidence-based K-12 curricula that will assist in reducing risk factors and strengthening protective factors for individuals affected by substance use disorders.	New Hampshire Department of Education	6/30/2022	\$ 432,577.27	\$ 250,000.00	\$ -
7 P	Purple Star	To support substance misuse prevention activities and supports in military families in up to thirty five (35) selected Schools statewide.	New Hampshire Department of Education	6/30/2022	\$ 154,000.00	\$ 154,000.00	\$ -
8 P	Multi-Tier System of Support-Behavioral Health (MTSS-B)	Implement the MTSS-B model to improve school climate, increase student access to mental health services, engage family and community members, and build local prevention and mental health promotion capacity and infrastructure, with public preschools and schools as implementation hubs.	New Hampshire Department of Education	6/30/2022	\$ 389,121.70	\$ 500,000.00	\$ -

Type	Name**	Description	Vendor	Expiration Date	Contracts brought forward into SFY2022 as of 7/1/21	SFY22 Gov Comm Contract Obligations***	SFY23 Gov Comm Contract Obligations	
9	T	Medication Assisted Services	Work with hospitals and their networked physician practices throughout the state to develop their capacity to address substance misuse, including substance use disorders in their practices.	Foundation for Healthy Communities	6/30/2023	\$ 295,112.62	\$ 651,893.00	\$ 404,107.00
10	R	Recovery Friendly Workplace Initiative	Provide Recovery Friendly Workplace services to businesses promoting health and wellness for employees, proactively preventing substance misuse and supporting recovery from SUDs.	Granite United Way	6/30/2022	\$ 283,452.28	\$ 450,000.00	\$ -
11	P	Substance Misuse Prevention Direct Services	This programs include a mix of substance misuse prevention strategies focused on youth who are at a high risk of developing a substance use disorder. It includes outdoor adventure youth empowerment and leadership, prevention education and peer to peer mentoring.	Multiple (n = 5)	6/30/2022	\$ 279,383.74	\$ 819,327.00	\$ -
12	P	Life of an Athlete	Prevention program for schools educating students on healthy choices & decisions and the impact of alcohol & other drug use on performance & development.	New Hampshire Interscholastic Athletic Association, Inc.	6/30/2022	\$ 269,532.90	\$ 250,000.00	\$ -
13	R	Recovery Housing Certification and Rental Assistance	To provide Recovery Housing Certification and Rental Assistance.	New Hampshire Coalition of Recovery Residences (NHCORR)	6/30/2022	\$ 246,557.49	\$ 400,000.00	\$ -
14	S	Program Evaluation and Data Services for the AOD Services System	Provide evaluation, data collection, analysis, and reporting for the AOD Continuum of Care in NH.	Arkansas Foundation for Medical Care, Inc.	6/30/2022	\$ 171,118.45	\$ 303,074.00	\$ -
15	S	Technical Assistance for the Alcohol and Other Drug (AOD) Continuum of Care System	Provide technical assistance that promotes and expands the use of evidence-informed practices and policies, and to improve the overall operations and business practices across the AOD Continuum of Care in NH.	Growth Partners, LLC	6/30/2022	\$ 164,054.08	\$ 325,400.00	\$ -
16	P	Mitigation and Prevention of Adverse Childhood Experiences-Home Visiting	Funding for ACES screening in a DPHS contract.	DPH Child and Maternal Health Contracts.	6/30/2022	\$ 108,875.40	\$ 207,656.00	\$ -
17	I	Juvenile Court Diversion Services	Enhance and expand access to juvenile court diversion accredited programs in under-served regions within the state where accredited juvenile court diversion programs currently do not exist and support the infrastructure of the NH Juvenile Diversion Network.	New Hampshire Juvenile Court Diversion Network, Inc.	6/30/2022	\$ 103,107.92	\$ 275,000.00	\$ -
18	P	Adverse Childhood Experiences (ACES) within Domestic Violence Crisis Centers	The Coalition against Domestic and Sexual Violence and its member agencies provide a mix of diverse prevention programming to address the needs of children and adolescents who have been impacted by trauma.	New Hampshire Coalition Against Domestic and Sexual Violence	6/30/2022	\$ 67,051.08	\$ 360,000.00	\$ -
19	P	Family Support Coordinator Services	Provide a Family Support Coordinator to work w/ existing family & community support groups to expand services for families struggling with SUD.	Greater Seacoast Community Health	6/30/2022	\$ 63,827.42	\$ 75,000.00	\$ -
20	P	School Climate Transformation Grant Program	Funding supports programming within school districts that promote culture and climate change that prevents and reduces substance misuse and mental health issues for adolescents.	New Hampshire Department of Education	9/29/2023	\$ 55,362.89	\$ 23,370.00	\$ 23,370.00

Type	Name**	Description	Vendor	Expiration Date	Contracts brought forward into SFY2022 as of 7/1/21	SFY22 Gov Comm Contract Obligations***	SFY23 Gov Comm Contract Obligations	
21	P	Surveillance and Related Activities for Youth Access to Tobacco and Alcohol	Conduct surveillance and related activities for youth access and use of tobacco use (Synar)-MOU.	New Hampshire State Liquor Commission	6/30/2022	\$ 52,338.42	\$ 100,000.00	\$ -
22	P	Ask The Question (ATQ) Link Collaborate Technical Assistance Program	ATQ is a Link Collaborate Technical Assistance program that provides practices that identify, refer or treat for risk of substance misuse and Substance Use Disorder with resources to identify and refer Service members, Veterans and their Families to appropriate services available as a result of their military experience.	New Hampshire Department of Military Affairs and Veterans Services	12/31/2021	\$ 26,250.00	\$ 78,750.00	\$ -
23	S	Training for Alcohol and Other Drug (AOD) Workforce	A competency and skills-based workforce development and retention program that addresses the needs of the State's prevention, intervention, treatment, and recovery supports workforce.	New Hampshire Alcohol and Drug Abuse Counselors Association	6/30/2022	\$ 15,392.89	\$ 110,119.00	\$ -
24	P	Mitigation and prevention of Adverse Childhood Experiences	Funding for supporting and strengthening Families First in Bureau of Housing & Economic Supports contract.	NH Children's Trust	6/30/2022	\$ 11,913.73	\$ 100,000.00	\$ -
25	P	Coalition Support Services	Funding supports substance misuse coalitions to implement substance misuse programming within communities to increase awareness of the risks associated with adolescent use of substances and build capacity within communities to increase prevention efforts.	City of Dover, New Hampshire	6/30/2022	\$ 11,749.30	\$ 55,564.00	\$ -
26	P	Workforce Development for Drug & Alcohol Prevention Providers	Prevention Specialists Mentorship Program	The Prevention Certification Board of New Hampshire	6/30/2022	\$ 10,068.08	\$ 12,000.00	\$ -
27	S	Governor's Office Staff	Support for SUD specific staff within the Governor's Office.	N/A	N/A	\$ -	\$ 301,445.00	\$ 303,463.00
28	P	Student Assistance Programs	Student Assistance Programs are a school based multicomponent substance misuse prevention program which include universal prevention activities, classroom prevention curriculum education, individual and group sessions, parent education and consultation for school staff.	Multiple (n = 18)	6/30/2022	\$ -	\$ 1,475,000.00	\$ -
29	S	Professional Awareness Campaign for Alcohol Misuse	Conduct Professional Awareness Campaigns for alcohol misuse to expand healthcare professionals awareness by providing messaging and distribution of evidence-based materials to members of professional associations.	Multiple (n = 4)	6/30/2022	\$ -	\$ 200,000.00	\$ -
30	R	Peer Recovery Outreach to Homeless Shelters and Encampments	Increase peer recovery outreach to homeless shelters and encampments.	Multiple (n = 4)	6/30/2022	\$ -	\$ 175,000.00	\$ -
31	T	Sununu Youth Services Center (SYSC) Renovations	Unutilized funding earmarked in a previous state budget for renovations to a section of SYSC.	N/A	N/A	\$ -	\$ 88,860.00	\$ -
32	I	Support for Syringe Services Programs	Transfer funding to DPHS for harm reduction programs.			\$ -	\$ 400,000.00	\$ -
33	P/R	Physical Fitness Facility / Equipment Access	Funding to support access to wellness programs to prevent and reduce behavioral health issues in military members and veterans.	Department of Military Affairs and Veteran Services	6/30/2022	\$ -	\$ 500,000.00	\$ -

Type	Name**	Description	Vendor	Expiration Date	Contracts brought forward into SFY2022 as of 7/1/21	SFY22 Gov Comm Contract Obligations***	SFY23 Gov Comm Contract Obligations
34	P/R	Military Child Care Access Initiative	Department of Military Affairs and Veteran Services	6/30/2022	\$ -	\$ 290,700.00	\$ -
35	R	Doula Supports		\$450,000	\$ -	\$ 100,000.00	\$ 350,000.00
36	S	Technology Based Education for Diverse sectors			\$ -	\$ 250,000.00	\$ -
37	S	Governor's Commission Staff Person at BDAS	N/A	N/A	\$ -	\$ 83,333.00	\$ -
38	S	Training and Consultation			\$ -	\$ 500,000.00	\$ 150,000.00
39	T	Transitional Living			\$ -	\$ 1,500,000.00	\$ -
40	T/R	Care Coordination			\$ -	\$ 300,000.00	\$ 300,000.00
Total					\$ 7,113,617.78	\$ 17,254,487.00	\$ 1,530,940.00

New England PTTC ECHO: Cannabis Prevention in the Era of Legal Cannabis

Presentation date: December 16, 2021

Presenter name(s): Tim Lena, Rick Frost, Julie Yerkes

Setting (coalition, healthcare system, government, etc.): Governor's Commission on Alcohol and Other Drugs Prevention Task Force

Primary question for discussion: Please briefly state your primary question/issue for the group

How do we create a unified message for child health regarding cannabis use that can guide policy makers that does not overstep boundaries and does not alienate?

What can we do NOW before it is written into law to safeguard our youth?

Given that there is a bill in review during this current legislative session to commercialize marijuana, what can we, the Governor's Commission on Alcohol and Other Drugs Prevention Task Force, do NOW before it is written into law to safeguard our youth?

We are hoping to hear from others about the successful steps taken/ opportunities missed to ensure that protections are included in any bill (but also thinking about how to educate legislators on the effects of legalization in other states).

Background information: Please include a brief summary of the background for this issue in your community. This may include some or all the information below. Please add any other information that may be relevant.

History of the current problem/issue: How long has this been an issue? How big of an issue is this in your organization or community? What have been the trends? Who is involved with working on this issue?

Legislative Landscape:

Legislative action toward the legalization of marijuana has been in process for about 10 years.

While legalization bills have been tabled in previous years - NH decriminalized marijuana in 2017 and legalized therapeutic cannabis in 2013. NH is the only state in New England that has not legalized nor commercialized recreational/ adult use cannabis.

However, there are two bills in the current legislative session that were introduced in the House in 2021. HB 237 would legalize, regulate, and tax cannabis for adults 21 and older. HB 629 would legalize possession and limited home cultivations. Both have been retained in the

Criminal Justice and Public Safety Committee. For both, the majority report referred to interim study; the minority committee report voted ought to pass.

There are 6 potential bills to be introduced in January.

Marijuana YRBS data 2013 - 2019

Increase in percentage of students who currently used marijuana from 22.2% in 2015 to 26.1 in 2019.

Decrease in percentage of students who think people are at great risk of harming (physically or in other ways) if they use marijuana once or twice a week. 21.7 in 2013 - 18.3 in 2015; 16.1 in 2017; 10.3 in 2019.

Percentage of students who reported that their friends feel it would be wrong or very wrong for them to smoke marijuana -Decreased 2013 - 2017 - 41% to 37.3%

Percentage of students who reported that their parents feel it would be wrong or very wrong for them to smoke marijuana Decreased 2013 - 2019, 82.4 - 78.5

Percentage of students who recall hearing, reading, or seeing a public message about avoiding alcohol or other illegal drugs (during the 12 months before the survey): Decreased from 2015 - 2019: 79.6 - 70.2

Previous efforts to address this issue: Have there been previous efforts to address this issue or similar issues? Have previous efforts been successful? What have been barriers to previous efforts?

2018 - Prevention Task Force and the NH Governor's Commission On Alcohol and Drug Abuse Prevention, Treatment and Recovery worked with Center for Excellence and NH Division of Public Health Services to develop Therapeutic Cannabis program fact sheets to provide information to public on the law, safe use and safe storage. See attachments: *Therapeutic Cannabis In New Hampshire: Laws and Responsible Use*; *Child Safety Tips for Parents and Grandparents*

May 2021- DFCs submitted a one-page ad to the Union Leader illustrating the risks and harms of cannabis use and association with mental illness.

Fall 2021-Prevention Task Force Chair met with NAMI NH to discuss having a clearer message on the risk of high potency THC, which was adopted.

Fall 2021 - Partnership@drugfreeNH has a website dedicated to the education of risks and harms associated with adult and youth use, education and opportunities for parents.

November 2021 - The Governor invited DFCs to discuss the looming legalization landscape. Posed the question - would it be better to inform the law now that would protect youth. This meeting resulted in a follow up to present top prevention message priorities to educate the public on the risks and harms of high potency THC products.

December 1, 2021 - DFCs submitted a formal response to the initial meeting with the Governor stating opposition to any bill that promotes commercialization.

Other information: What other factors are involved that may influence your strategy? This could include cultural biases, community engagement or lack thereof, funding issues, etc.

The mission of the Governor's Commission on Alcohol and Other Drugs is to significantly reduce alcohol and drug problems and their behavioral, health and social consequences for the citizens of New Hampshire by advising the Governor regarding the delivery of effective and coordinated alcohol and drug abuse prevention, treatment, and recovery services throughout the state. The Commission on Alcohol and Other Drugs is composed of the Commissioners from every major state agency to - in theory - address substance misuse holistically. Legislatively mandated members of the commission are representatives from Dept. Of Ed, Dept Of Safety, Dept of Health and Human Services, Bureau of Drug and Alcohol Services, Division for Youth and Families, Liquor Commission, NH Superior Courts, Dept. of Justice, Dept. of Corrections, NH Insurance Dept., Community College System, NH Nurses Association, NH Suicide Prevention Council, Business and Industry, Hospital Association, Medical Society. There are public members from the Prevention, Treatment and Recovery fields, nonprofessional members, and Faith Community representatives.

There are currently 8 task forces of the Commission: Prevention, Treatment, Recovery, Opioid, Perinatal, Health Care, Join Military, Data and Evaluation,

The Prevention Task Force can propose working on a project and making a statement, but it must be approved by the whole commission to make it public. The Task Force is composed of subject matter experts in the field of prevention representing the life span from early childhood to older adults.

There are politics in play due to funding history. Prevention, Treatment and Recovery programs are funded through the "Alcohol Fund" in part, which is not a consistent / reliable funding source.

The Prevention Task Force has not been able to meet since June. There is a February meeting scheduled for February.

There has been virtually no funding put toward a statewide campaign for prevention.

The Governor has stated that there are resources from Federal Covid Relief funds to support such a campaign.

Potential approaches to address this issue: What steps have you considered to address this issue? What are barriers to taking those steps?

Step under consideration: Proposing a Position Statement to the full Commission for approval outlining current research and best practices on child/ youth policy as it relates to high potency THC products and developing a menu of items that absolutely have to be included in bills.

Barrier: Commission can be political and there may be members of the Commission, particularly from the Recovery and Harm Reduction community that may push back.

Group recommendations:

- Expand the communication message to be inclusive of the health disparities and inequities, e.g., advocate for need to address child and family health, release people imprisoned for cannabis, and expunge/seal their records. (Malikah Jeffries)

- The focus on equity is a unifying message across many areas including public health, prevention if backed by real commitment. (Heather Warner)

- Rather than focusing messages around legalization, changing the focus of the message to the importance of prevention, and addressing broader underlying issues that relate to substance misuse and substance use disorders may gain more traction. (Renee M. Johnson, PhD)

- If legalization is inevitable, it important to not create ‘path dependency’ (a phenomenon whereby history matters; what has occurred in the past persists because of resistance to change) and begin working to include prevention and public health provisions now, before legislation is passed. Activities and messages might include: (a) avoiding past models that have been used in other industries such as alcohol retail with less success and push for policy structures that have been more successful, like state-monopolies, and (b) recommend restrictions on homegrown products or high potency products to be included in the initial legislation, if current legislative proposals are vague. (Josh Esrick, MPP)

- Alcohol models are often promoted as models for legal cannabis, but from a prevention perspective, some aspects of alcohol models are not effective given widespread alcohol use and misuse. Other aspects such as state monopolies for alcohol have been more effective and New Hampshire has used this model in some other markets such as gambling. (Josh Esrick, MPP)

- An area of common ground is the need to avoid high potency products. Highlight those other states (Vermont, Connecticut, Colorado) who have recently legalized cannabis have implemented potency limits, and Colorado is currently considering implementing a potency limit as well. (Scott Gagnon, MPP, CPS)

- Put forth the understanding that cannabis is not an ordinary commodity and needs to be treated differently. There is often a push to follow policies typical for other commodities in the cannabis legalization discussions, but there is strong evidence from other states to suggest cannabis should be handled with unique considerations. (Scott Gagnon, MPP, CPS)

- Reframe the equity argument to focus on resources are needed to support socio-economic equity and opportunities that will benefit communities in many ways, rather than the typical argument that legalizing cannabis will benefit communities and people

who have been disproportionately impacted by its criminalization in the past. In other states where legalization was pushed strongly for “equity” but without any mechanisms in place to support it, legalization has continued to promote existing inequality. For example, a provision in the Massachusetts policy that was supposed to promote BIPOC ownership of cannabis retail establishments has been largely unsuccessful, and provisions allowing home-grows benefit property owners while those in public housing continue to be penalized. (Gisela Rots, MS, CPS)

- Follow the science - there is a growing body of reputable research around potential risks related to cannabis use during adolescence and high potency cannabis products. (Ken Winters, PhD)

Resources shared:

- Leandris C. Liburd, Jeffrey E. Hall, Jonetta J. Mpofo, Sheree Marshall Williams, Karen Bouye, and Ana Penman-Aguilar, [Addressing Health Equity in Public Health Practice: Frameworks, Promising Strategies, and Measurement Considerations](https://doi.org/10.1146/annurev-publhealth-040119-094119). Annual Review of Public Health 2020 41:1, 417-432, <https://doi.org/10.1146/annurev-publhealth-040119-094119>

- The Promise of Adolescence: Realizing Opportunity for All Youth, The National Academic of Sciences, Engineering, and Medicine. <https://www.nap.edu/catalog/25388/the-promise-of-adolescence-realizing-opportunity-for-all-youth>

- Getting it right from the start: <https://gettingitrightfromthestart.org/> (Public Health Institute) Models and research for optimal cannabis policy to reduce harm, youth use and promote equity.

Other resources:

- Jebadiha E. Potterf & N. Prabha Unnithan (2021) Post-Legalization Drug Communication: Examining a Colorado Cannabis Campaign, Substance Use & Misuse, DOI: 10.1080/10826084.2021.1981385

- Colorado Department of Transportation website. What we learned from The Cannabis Conversation. <https://www.codot.gov/safety/impaired-driving/druggeddriving/campaign-news/what-we-learned-from-the-cannabis-conversation>

- Colorado Department of Public Health & Environment website. Marijuana: Education and youth prevention resources for community agencies. <https://cdphe.colorado.gov/marijuana-education-and-youth-prevention-resources-community-agencies>

From January ECHO: RAND Study that was done for VT https://www.rand.org/pubs/research_reports/RR864.html,

Principles for Cannabis Policy & Regulation

If New Hampshire moves in the direction of legalizing recreational cannabis through a commercial model, it is imperative to get the policy right from the start. Optimal cannabis commercialization policy for our state must utilize the best available scientific evidence to reduce public harm, limit youth and problematic use, and purposefully advance social justice and equity in the state.

The following principles must be included in a commercial policy and regulatory framework.

Principle #1 Protect Children and Youth



- Limit the potency of THC in flower cannabis and cannabis products to reduce the risk of dependency, psychosis, and other harmful effects.
- Prohibit any products, packaging or marketing that is attractive to children or youth, such as cannabis-infused beverages, flavored products intended for inhalation, flavored wrappers and products that resemble candy.
- Require buffer zones between retail outlets and schools (including colleges), public libraries and other youth-serving facilities.

Principle #2 Promote Social Justice and Opportunities for Equity



- Expunge past criminal convictions for non-violent cannabis-related crimes.
- Make equity and social justice a priority in the cannabis industry. Create economic benefits for communities most negatively affected by the war on drugs and ensure representation on cannabis governing bodies.
- Prioritize equity in licensing applicants and hiring requirements (e.g. residents of communities impacted by high drug incarceration rates, people with past cannabis convictions).

Principle #3 Protect Public and Population Health



- From the start of the regulatory process, place public health authorities in leadership roles and widely limit industry presence on regulatory bodies.
- Require health warnings in stores and provide safer use information to consumers.
- Inform vulnerable groups of the risks of use, such as low birth weight when used during pregnancy, psychosis and schizophrenia and other mental health effects.
- Extend smoke-free air restrictions to consistently prohibit smoking and vaping cannabis indoors in workplaces, multi-unit housing and public outdoors spaces.

Principle #4 Ensure Appropriate Funding from Cannabis Revenue Directed to Efforts to Reduce Harms



- Apply tax revenue for substance misuse education, prevention, treatment and recovery and ensure an informed, adequately paid behavioral health workforce.
- Create mass media and social media campaigns from the start, before law is effective, to address (including, but not limited to);
 - Growing false perceptions of harmlessness and impact of use for youth.
 - Safe storage of cannabis and use around children.
 - Increased motor vehicle accidents.
 - Increased risk of psychosis and dependence.
 - Use during pregnancy and associated low birth weight.

newfutures

CHILD SAFETY TIPS

FOR PARENTS &

GRANDPARENTS



WHAT SHOULD I KNOW TO KEEP CHILDREN SAFE . . .

IF I'M A QUALIFYING PATIENT USING THERAPEUTIC CANNABIS?

- Do not smoke in your home or around children
 - Secondhand smoke of any kind is harmful
 - There are other ways to use therapeutic cannabis. Talk to your doctor or the staff at the dispensary about other forms of therapeutic cannabis
- Do not drive a vehicle, motorcycle, ATV, snowmobile or boat while under the influence of therapeutic cannabis. This is illegal
- Tell children and teens not to ride in a car with someone who is under the influence of therapeutic cannabis
- Educate children on the importance of not taking other people's medication

IF I NEED TO STORE THERAPEUTIC CANNABIS IN MY HOME?

- Store all therapeutic cannabis products in:
 - The original child-resistant packaging
 - A secure and locked container
 - An "out-of-sight" and "out-of-reach" location
- Remember, where and how it should be stored will change as children grow older
- Edible therapeutic cannabis products, such as baked goods, can be mistaken for "regular" food
 - Securely store therapeutic cannabis food items away from other foods
 - Talk to young children about not eating or drinking anything without permission
 - This is especially important when children are at other people's homes

IF THERAPEUTIC CANNABIS IS ACCIDENTALLY CONSUMED?

- Therapeutic cannabis products can make children very sick
- Call the Poison Control Hotline phone number (1-800-222-1222) as soon as possible.



This is a free and fast service to get help! If a child is unconscious, or having difficulty breathing, walking, or sitting up: immediately call 911 or go to an emergency room.

KEEP CHILDREN SAFE.

.....
Set a good example and create a safe environment.
.....

Actions speak louder than words. Do not smoke or vape therapeutic cannabis around children, and keep all therapeutic cannabis and cannabis products locked up.



.....
Needs tips for talking to your child?
Visit:

drugfreenh.org

.....
Concerned about someone you love?
Call NH's 24/7
Addiction Crisis Line:

1-844-711-HELP (4357)

PREVENTING YOUTH USE

Help Prevent Youth from Using Recreational Marijuana . . . Get the Facts and Know the Risks

START THE CONVERSATION.

- Talk about the risks of using marijuana
- Visit www.drugfreenh.org for help on age-appropriate talking tips

TALK OFTEN, LISTEN CAREFULLY AND STAY POSITIVE.

- Adjust the conversation to the age of the child
- To have the message stick, when a teachable moment arises, take advantage of the situation and talk about it

EXPLAIN HOW MARIJUANA DAMAGES A GROWING AND HEALTHY BRAIN.

- Using marijuana makes it hard to learn and remember information
- Learning and memory problems increase as more marijuana is used
- This increases the risk for poor grades
- Marijuana addiction happens more often if it is used at a younger age

STAY FOCUSED ON GOALS AND THE FUTURE.

- Discuss current and future goals
- Help children stay focused on goals by:
 - Being a good role model
 - Guiding decision making
 - Teaching accountability
 - Praising them for doing well in school
 - Rewarding them for staying out of trouble

TALK ABOUT CONSEQUENCES

- Be clear on family, community, school and after-school rules
- Breaking school rules may result in suspension, being expelled or arrest
- Educate children on NH marijuana laws
- Breaking the law may lead to criminal charges as a minor
- Criminal charges can lead to fines, loss of a driver's license and a misdemeanor or felony charge
- Some employers will not hire people with a felony charge
- Marijuana is illegal under federal law
- Financial aid for college may be withheld for students with drug charges



This material was adapted with permission from the Colorado Department of Public Health and the Environment.



NH Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery.

RESOURCES:

For specific tips on age-appropriate ways to talk to youth, suggested talking points and how to spot high-risk behaviors, visit www.drugfreenh.org

To access New Hampshire's 24/7 Addiction Crisis Line, call 1-844-711-HELP (4357)

To search for substance use disorder treatment providers in your area, visit www.nhtreatment.org



THERAPEUTIC CANNABIS IN NEW HAMPSHIRE

LAWS AND RESPONSIBLE USE

Therapeutic Cannabis is Legal in New Hampshire

NEW HAMPSHIRE LAWS

FAQs About Using and Having Therapeutic Cannabis in NH

WHO can have therapeutic cannabis?

- Qualifying patients and designated caregivers who have a valid registry identification card
- Selling or giving away therapeutic cannabis is against the law

HOW much therapeutic cannabis can a qualifying patient have?

- Maximum amount is **2 ounces**
- Having more than 2 ounces at any time is against the law
- Criminal penalties and fines may be given for having more than the allowed amount

WHERE is it illegal to *have* therapeutic cannabis?

- In school buildings and/or on school grounds
- At public recreation centers/youth centers
- At a place of employment without written permission from the employer
- The law does not require employers to allow the use of therapeutic cannabis

WHERE is it illegal to *use* therapeutic cannabis?

- In public places it is against the law to smoke or vaporize
- **Outdoor public places** such as: public parks, public beaches, public fields and sidewalks
- **Indoor public places** such as: public recreation centers/youth centers, restaurants/bars and common areas of apartment buildings

WHEN is it illegal to *be under the influence* of therapeutic cannabis?

- If driving any type of motor vehicle, motorcycle, snowmobile, boat or ATV
- If operating heavy machinery
- If at a place of employment without written permission from the employer
 - Employers may discipline employees under the influence while at work if written permission was not granted

Cannabis is illegal under federal law. For more information on the NH Therapeutic Cannabis Law (RSA 126-X) and Administrative Rules, visit:

<http://www.gencourt.state.nh.us/rsa/html/X/126-X/126-X-mrg.htm>
http://www.gencourt.state.nh.us/rules/state_agencies/he-c400.html
<http://www.dhhs.nh.gov/oos/tcp/index.htm>

Concerned about overusing?

If you worry that you or someone else used too much, call the poison control hotline as soon as possible.

Calling is free and you will get help quickly:

1-800-222-1222

If your symptoms continue to worsen, call 911 or go to an emergency room right away.

For specific tips on age-appropriate ways to talk to youth, suggested talking points and how to spot high-risk behaviors, visit:

www.drugfreeh.org

To access New Hampshire's 24/7 Addiction Crisis Line, call 1-844-711-HELP (4357)

To search for substance use disorder treatment providers in your area, visit:

www.nhtreatment.org

OCTOBER 2016

TIPS FOR SAFE AND RESPONSIBLE USE



DO NOT MIX THERAPEUTIC CANNABIS AND ALCOHOL

Using alcohol and therapeutic cannabis at the same time is more dangerous than using either alone



BE CAREFUL IF YOU TAKE MEDICATION

There may be drug interactions between therapeutic cannabis and your medication

DO NOT DRIVE

Cannabis makes driving more dangerous! Did you know it:

- slows your reaction time
- makes it harder to tell distances
- is illegal to be under the influence while driving



If therapeutic cannabis is consumed, before driving or operating heavy machinery, wait:

- at least 6 hours after smoking or vaping
- at least 8 hours after eating/drinking therapeutic cannabis products

Marijuana affects individuals differently

- These times are estimates based on research findings. If you're unsure how marijuana will affect you, make other plans for transportation or don't drive

STORE IT SAFELY

Therapeutic cannabis products can be confused for regular food or candy. Be sure to:

- store all therapeutic cannabis products in a locked container
- make sure children cannot see or reach the locked container
- keep therapeutic cannabis in the original child-resistant packaging



DO NOT USE CANNABIS DURING PREGNANCY

If you are pregnant or thinking of becoming pregnant, remember:

- talk to your doctor first
- there's no known safe amount of cannabis use during pregnancy or while breastfeeding
- there may be other safer choices to treat medical conditions during pregnancy or while breastfeeding



Ask your Primary Care Provider for more information if you are not sure how to use a product safely and responsibly.

KEEP CHILDREN SAFE.

Set a good example and create a safe environment. Actions speak louder than words. **Do not smoke or vape** therapeutic cannabis around children, and keep all therapeutic cannabis and cannabis products locked in a container.



NH Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery.

This material was adapted with permission from the Colorado Department of Public Health and the Environment.



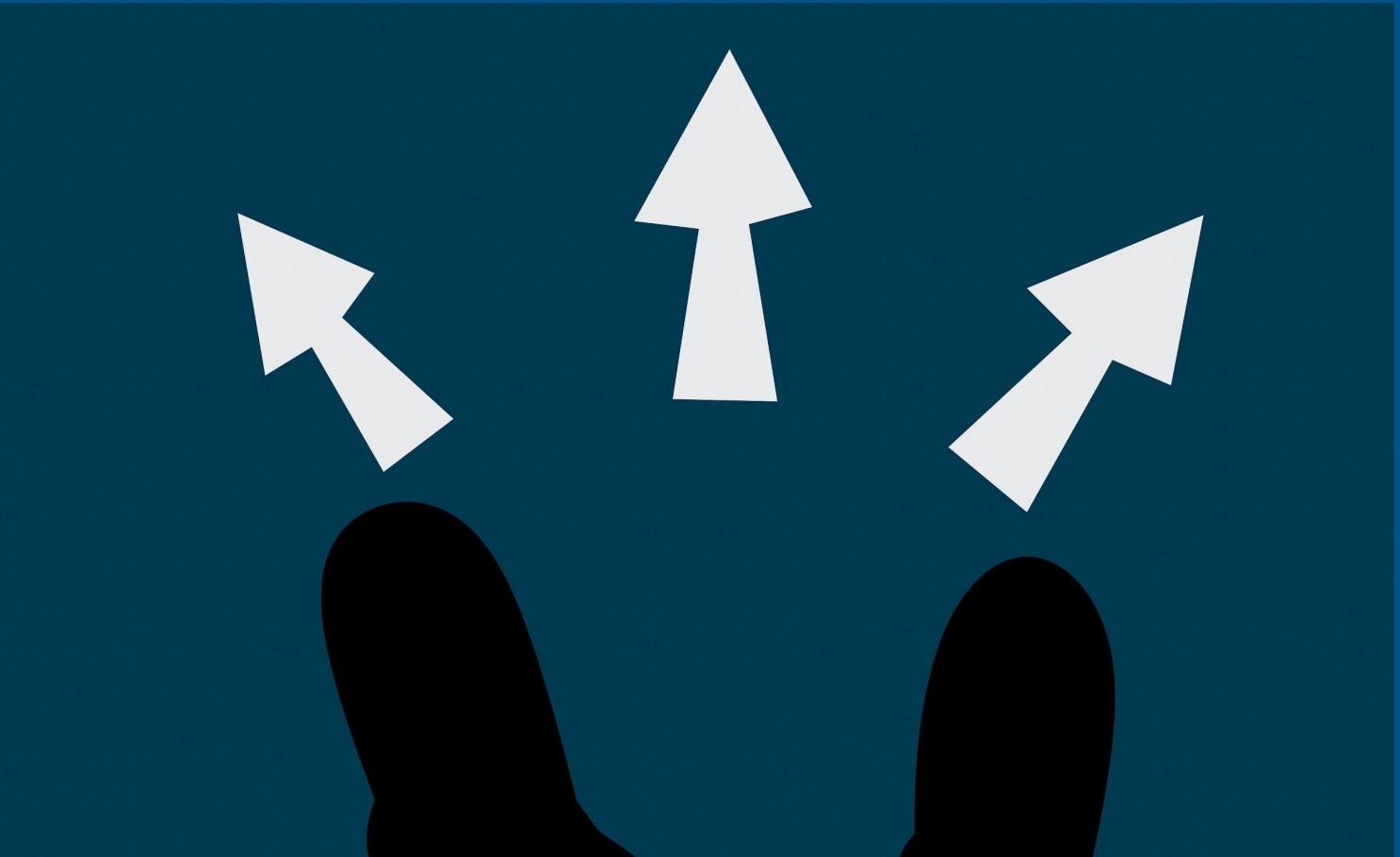
Governor's Commission on Alcohol and Other Drugs

Summary of February 11, 2022 All Task Force Meeting Discussion





PRIORITY AREAS FOR THE PLAN



Improve Access to and Use of Data

- ▶ The Governor's Commission (GC) and Task Forces (TF) have a desire to increase evaluation, show outcomes, use data to make decisions
- ▶ There are legislative barriers that restrict data sharing
- ▶ There are data silos within agencies and TFs
- ▶ Data collection may be missing important populations (i.e. incarcerated people and those in methadone clinics)
- ▶ Data by special populations (i.e. military, veterans) is not available



Enhance Workforce Development and Program Capacity

- ▶ Improve workforce training and retention
 - ▶ Pursue higher reimbursement rates
 - ▶ Address provider burnout
 - ▶ Provide more training resources, including substance use disorder (SUD) as part of provider education programs
- ▶ Increase program capacity and availability of resources



Address Mental Health and Social Determinants of Health

- ▶ Improve re-entry services for people leaving treatment, including housing, employment, transportation and supports for pregnant and parenting women
- ▶ Develop more mental health services, including suicide prevention, trauma-responsive care and community mental health
- ▶ Establish more long-term and sustainable programming, for example for 988 hotline and cognitive behavioral therapy (CBT)



Reduce Barriers to Access

- ▶ Make services more affordable
- ▶ Reduce stigma of seeking services
- ▶ Increase patient-centered, culturally competent and respectful service delivery
- ▶ Strengthen telehealth services
- ▶ Centralize service delivery and make more services available locally
- ▶ Increase awareness of services
- ▶ Increase care coordination
- ▶ Integrate prevention and treatment into general health care delivery





TASK FORCE STRENGTHENING



Improve Operations and Structure

- ▶ Reduce number of TF
- ▶ Develop succession plans for TF Chairs
- ▶ Enhance GC as the focal point for funding and accountability
- ▶ Increase collaboration across TFs
- ▶ Integrate subpopulations into each TF
- ▶ Change name of Opioid TF to Substance TF
- ▶ Examine membership of Data and Evaluation TF



Enhance Funding and Infrastructure

- ▶ Diversify funding sources
- ▶ Retain administrative support for TF
- ▶ Secure sustainable funding for programs, especially recovery centers
- ▶ Examine contracting process as a barrier to delivering funding opportunities that are timely and sustainable
- ▶ Explore ways to minimize competition and encourage collaboration in the funding process



Expand TF Focus and Inclusion

- ▶ Expand policy work, including engaging experts outside of the task forces
- ▶ Integrate more people with lived experience into the TFs
- ▶ Address schools, families and marginalized populations



**NH Governor's Commission on Alcohol and Other Drugs
SFY23 Funding Recommendations**

Type*	Name**	Description	SFY22 Gov Comm Contracted/Proposed Dollars	SFY23 Gov Comm Funding Recommendations	Notes	
Level Funding Recommendation <i>No substantive changes to annual contract amount are recommended at this time.</i>						
1	T	Substance Use Disorder Treatment and Recovery Support Services	Provide substance use disorder treatment and recovery support services.	\$ 1,420,000.00	\$ 1,420,000.00	Due to the recent move to a cost reimbursement payment structure, we cannot provide an accurate estimate of anticipated spending. A recommendation may be made to adjust the funding level of these contracts once we have more data available.
2	R	Community Housing Services for Criminal Justice Involved Individuals	Provide funding for housing for criminal justice involved individuals who have been identified as having a Substance Use Disorder.	\$ 950,000.00	\$ 950,000.00	
3	R	Recovery Housing Certification and Rental Assistance	To provide Recovery Housing Certification and Rental Assistance.	\$ 400,000.00	\$ 400,000.00	
4	S	Program Evaluation and Data Services for the AOD Services System	Provide evaluation, data collection, analysis, and reporting for the AOD Continuum of Care in NH.	\$ 303,074.00	\$ 303,000.00	
5	S	Technical Assistance for the Alcohol and Other Drug (AOD) Continuum of Care System	Provide technical assistance that promotes and expands the use of evidence-informed practices and policies, and to improve the overall operations and business practices across the AOD Continuum of Care in NH.	\$ 325,400.00	\$ 325,000.00	

	Type*	Name**	Description	SFY22 Gov Comm Contracted/Proposed Dollars	SFY23 Gov Comm Funding Reccomendedations	Notes
6	P	Family Support Coordinator Services	Provide a Family Support Coordinator to work w/ existing family & community support groups to expand services for families struggling with SUD.	\$ 75,000.00	\$ 75,000.00	
7	S	Training for Alcohol and Other Drug (AOD) Workforce	A competency and skills-based training program that addresses the needs of the State's prevention, intervention, treatment, and recovery supports workforce.	\$ 110,119.00	\$ 110,000.00	
8	P	Coalition Support Services	Funding supports substance misuse coalitions to implement substance misuse programming within communities to increase awareness of the risks associated with adolescent use of substances and build capacity within communities to increase prevention efforts.	\$ 55,564.00	\$ 40,000.00	
9	P	Workforce Development for Drug & Alcohol Prevention Providers	Prevention Specialists Mentorship Program	\$ 12,000.00	\$ 12,000.00	
10	S	Governor's Office Staff	Support for SUD specific staff within the Governor's Office.	\$ 301,445.00	\$ 303,463.00	

	Type*	Name**	Description	SFY22 Gov Comm Contracted/Proposed Dollars	SFY23 Gov Comm Funding Reccomendations	Notes
11	R	Peer Recovery Support Services Facilitating Organization	Support on-going efforts to develop infrastructure, provide program support, and improve service quality to a growing number of Recovery Community Organizations (RCOs) and Recovery Centers across the state.	\$ 2,325,000.00	\$ 1,300,000.00	The Governor's Commission funding is only one part of the funding in this contract. The overall contract amount represents level funding to SFY22.
12	P	Mitigation and prevention of Adverse Childhood Experiences	Funding for supporting and strengthening Families First in Bureau of Housing & Economic Supports contract.	\$ 100,000.00	\$ 100,000.00	
13	P	Student Assistance Programs	Student Assistance Programs are a school based multicomponent substance misuse prevention program which include universal prevention activities, classroom prevention curriculum education, individual and group sessions, parent education and consultation for school staff.	\$ 1,475,000.00	\$ 1,475,000.00	

Type*	Name**	Description	SFY22 Gov Comm Contracted/Proposed Dollars	SFY23 Gov Comm Funding Reccomendations	Notes	
14	Level Funding Recommendation SFY22 initiatives with delayed implementation allowing SFY22 funding to be used in SFY23.					
15	I	Support for Syringe Services Programs	Implementation not started	\$ 400,000.00	\$ -	
16	P/R	Physical Fitness Facility / Equipment Access	Funding to support access to wellness programs to prevent and reduce behavioral health issues in military members and veterans.	\$ 500,000.00	\$ -	
17	P/R	Military Child Care Access Initiative	The Department of Military Affairs and Veteran Services and BDAS have entered into a MOU to support and enhance access to child care for active military and national guard service members who are deployed or satisfying their monthly guard duty. The intent is to reduce the stress associated with having access to quality child care for the parent and child.	\$ 291,000.00	\$ -	
18	R	Doula Supports	Explore state readiness, existing resources and models, and proposed approach to provide doula support to pregnant people affected by perinatal substance exposure and implement a pilot project for these services.	\$ 100,000.00	\$ 100,000.00	

	Type*	Name**	Description	SFY22 Gov Comm Contracted/Proposed Dollars	SFY23 Gov Comm Funding Reccomendations	Notes
19	S	Governor's Commission Staff Person at BDAS	Support for a Program Specialist IV staff person at BDAS who will be responsible for coordinating the activities BDAS carries out on behalf of the Commission, including but not limited to contracting.	\$ 83,000.00	\$ -	
20	T/R	Care Coordination	Improve Care Coordination across substance use treatment and recovery systems in NH in order to improve patient outcomes and reduce costs.	\$ 300,000.00	\$ -	
21	Annual Price Limitation Reduction Recommended SFY23 amount based on average spending plus 10%.					
22	P	Multi-Tier System of Support-Behavioral Health (MTSS-B)	Implement the MTSS-B model to improve school climate, increase student access to mental health services, engage family and community members, and build local prevention and mental health promotion capacity and infrastructure, with public preschools and schools as implementation hubs.	\$ 500,000.00	\$ 156,000.00	

Type*	Name**	Description	SFY22 Gov Comm Contracted/Proposed Dollars	SFY23 Gov Comm Funding Reccomendations	Notes	
23	T	Medication Assisted Services	Work with hospitals and their networked physician practices throughout the state to develop their capacity to address substance misuse, including substance use disorders in their practices.	\$ 651,893.00	\$ 404,107.00	
24	P	School Climate Transformation Grant Program	Funding to support the evidenced informed programming within NH School Districts to change climate favorable to substance misuse and mental heath prevention.	\$ 154,000.00	\$ -	The Department of Education has never billed for this scope of work.
25	P	Surveillance and Related Activities for Youth Access to Tobacco and Alcohol	Conduct surveillance and related activities for youth access and use of tobacco use (Synar)-MOU.	\$ 100,000.00	\$ 88,000.00	
26	Annual Price Limitation Reduction Recommended Vendor has recently been awarded funding from an alternate source, reducing or eliminating the need for Governor's Commission funding.					
27	C	Access and Delivery Hub for Opioid Use Disorder Services	Provide funding for the Doorways to address needs of clients with SUDs other than Opioid or Stimulant Use Disorders with an emphasis on Alcohol Use Disorders.	\$ 243,996.00	\$ -	GOFERR recently contracted with the Foundation for Healthy Communities to provide funding to the Doorways for this purpose. This will be considered a priority for future funding should a need be demonstrated.

Type*	Name**	Description	SFY22 Gov Comm Contracted/Proposed Dollars	SFY23 Gov Comm Funding Reccomendedations	Notes
28 P	Evidence-Based Prevention Curricula	To support NH school districts and community organizations with access to adequate training and evidence-based K-12 curricula that will assist in reducing risk factors and strengthening protective factors for individuals affected by substance use disorders.	\$ 250,000.00	\$ 125,000.00	GOFERR recently provided the Department of Education with \$1,000,000 for this purpose. This will be considered a priority for future funding should a need be demonstrated.

Type*	Name**	Description	SFY22 Gov Comm Contracted/Proposed Dollars	SFY23 Gov Comm Funding Reccomendations	Notes	
29	Annual Price Limitation Reduction Recommended Less funding is needed for maintenance than was needed for standup.					
30	R	Recovery Friendly Workplace Initiative	Provide Recovery Friendly Workplace services to businesses promoting health and wellness for employees, proactively preventing substance misuse and supporting recovery from SUDs.	\$ 450,000.00	\$ 400,000.00	
31	P	Substance Misuse Prevention Direct Services	This programs include a mix of substance misuse prevention strategies focused on youth who are at a high risk of developing a substance use disorder. It includes outdoor adventure youth empowerment and leadership , prevention education and peer to peer mentoring.	\$ 819,327.00	\$ 719,000.00	
32	P	Life of an Athlete	Prevention program for schools educating students on healthy choices & decisions and the impact of alcohol & other drug use on performance & development.	\$ 250,000.00	\$ 150,000.00	
33	P	Mitigation and Prevention of Adverse Childhood Experiences-Home Visiting	Funding for ACES screening in a DPHS contract.	\$ 207,656.00	\$ 108,000.00	

Type*	Name**	Description	SFY22 Gov Comm Contracted/Proposed Dollars	SFY23 Gov Comm Funding Reccomendedations	Notes
34	I Juvenile Court Diversion Services	Enhance and expand access to juvenile court diversion accredited programs in under-served regions within the state where accredited juvenile court diversion programs currently do not exist and support the infrastructure of the NH Juvenile Diversion Network.	\$ 275,000.00	\$ 200,000.00	
35	P Adverse Childhood Experiences (ACES) within Domestic Violence Crisis Centers	Provide a mix of diverse prevention programming to address the needs of children and adolescents who have been impacted by trauma.	\$ 360,000.00	\$ 260,000.00	

Type*	Name**	Description	SFY22 Gov Comm Contracted/Proposed Dollars	SFY23 Gov Comm Funding Reccomendations	Notes	
36	Annual Price Limitation Reduction Recommended <i>Actual or anticipated factors have resulted in a need for less funding.</i>					
37	S	Support Services	Provide administrative support to the Governor's Commission and general support to prevention services.	\$ 650,000.00	\$ 600,000.00	This reduction is to be applied to the Governor's Commission support work only and is based on anticipated changes to Governor's Commission support needs due to restructuring.
38	P	Ask The Question (ATQ) Link Collaborate Technical Assistance Program	ATQ is a Link Collaborate Technical Assistance program that provides practices that identify, refer or treat for risk of substance misuse and Substance Use Disorder with resources to identify and refer Service members, Veterans and their Families to appropriate services available as a result of their military experience.	\$ 78,750.00	\$ -	This program never gained traction.
39	S	Professional Awareness Campaign for Alcohol Misuse	Conduct Professional Awareness Campaigns for alcohol misuse to expand healthcare professionals awareness by providing messaging and distribution of evidence-based materials to members of professional associations.	\$ 200,000.00	\$ -	This was one time funding in SFY22.
40	R	Peer Recovery Outreach to Homeless Shelters and Encampments	Increase peer recovery outreach to homeless shelters and encampments.	\$ 175,000.00	\$ -	This scope of work is being transitioned into the Peer Recovery Support Services Facilitating Organization scope of work.

Type*	Name**	Description	SFY22 Gov Comm Contracted/Proposed Dollars	SFY23 Gov Comm Funding Reccomendations	Notes	
41	T	Sununu Youth Services Center (SYSC) Renovations	Unutilized funding earmarked in a previous state budget for renovations to a section of SYSC.	\$ 88,860.00	\$ -	This funding is no longer needed and the enabling legislation allows for it to be utilized for other purposes.
42	S	Technology Based Education for Diverse sectors	--	\$ -	\$ -	New funding initiatives for similar work that have been implemented since the recommendation was made make it unclear whether or not this funding is any longer needed.
43	S	To provide a range of training and consulting services providers and service professionals across the AoD System of Care.	--	\$ -	\$ -	New funding initiatives for similar work that have been implemented since the recommendation was made make it unclear whether or not this funding is any longer needed.
44	T	Transitional Living	Provide operational/room and board support for transitional living based on the current BDAS definition.	\$ 375,000.00	\$ 563,000.00	This will require a contract amendment.

*Contract Type Key

P = Prevention

I = Intervention & Harm Reduction

C = Crisis and Access

T = Treatment

R = Recovery

S = Systems Support

SFY23 Recommendations	\$ (10,686,570.00)
Available	\$ 10,000,000.00
	\$ (686,570.00)
Anticipated Carry Forward	\$ 812,000.00
Balance Available for SFY23	\$ 125,430.00

**These are the official contract names and may not fully reflect the content of the contracts