New Hampshire's Opioid Settlements

The United States is in the **midst of a crisis** on its streets and in its communities as **overdoses, homelessness, and disorder reach record levels**. Yet settlement proceeds secured by the State of New Hampshire present an **unprecedented opportunity for generational investment** in treatment capacity for chronic substance abuse (CSA) and severe mental illness (SMI).

New Hampshire is set to receive **nearly $300 million** (*$289,412,822.31*) in opioid settlement funds—equal to over one-fourth of the state's share of the monumental Tobacco Master Settlement Agreement.[1] With twenty separate settlements and with payments spread out over decades, the funds are **at risk of being squandered** through ad-hoc allocations to **diffuse and disorganized efforts**.

The state must ensure that this opportunity for treatment investment is not underutilized. **New Hampshire can make targeted investments in treatment capacity** that will **honor those who suffered** in the opioid crisis and **ensure accessible care** for decades to come.

New Hampshire reserves 85 percent of settlement funds (*$246,570,409.40*) for use by the state, with the remainder allocated to subdivisions.[i] The state's share is held in an opioid abatement trust fund, and distributed by the Commissioner of the Department of Health and Human Services under the approval of the 23-person Opioid Abatement Advisory Commission and the Governor's Commission on Addiction, Treatment, and Prevention.[2] [3] Statute lists 19 approved uses of funds, and the recommendations made herein are all eligible. **The state would do well to amend the statute and place allocation authority in the hands of the state legislature.**

The state is fairly transparent with uses of funds, though the 2024 Annual Report lists several allocations that raise concern.[4] For example, the state has allocated $10 million to support homeless shelters, $18 million for supportive housing, and nearly $7 million to provide housing for "criminal justice involved individuals."

The state must rein in the misallocation of these funds and prioritize investments in comprehensive treatment networks. **Three priorities** (Certified Community Behavioral Health Clinics, secure psychiatric beds, and community SMI/CSA response) **will ensure these funds have the largest impact** on New Hampshires.

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[i] With the exception of the McKinsey and Publicis settlements, in which the state controls 100 percent of funds.

Certified Community Behavioral Health Clinics (CCBHCs)

CCBHCs, designed to ensure access to coordinated comprehensive behavioral health care, have stable funding and are supported by all recent presidential administrations. CCBHCs are a key response to the opioid crisis and can augment other services such as police crisis response teams, homelessness outreach and services, and outpatient psychiatric commitment services.

- **Solution: Fund the development and expansion of CCBHCs.**
    - Expand the CCBHC footprint with an emphasis on a team-based approach to co-occurring disorders.
    - Create a stepped approach to SMI/CSA treatment with services provided by the CCBHCs.
    - Require CCBHCs to offer specific care pathways to meet the needs of individuals with co-occurring disorders.

State Psychiatric Hospitals

Inpatient beds in secure facilities are critical for serving the highest-acuity psychiatric patients. New Hampshire currently has only **11.0 state psychiatric beds** per 100,000 people available for civil (i.e., non-criminal) patients.[5] [6] Treatment Advocacy Center recommends a rate of 30-60 beds per 100,000. Even counting non-public secure psychiatric beds, New Hampshire still falls short of the minimum.[7] Secure beds are a costly but necessary expenditure to protect patients with severe psychiatric disorders and the public at large.

- **Solution: Fund the expansion of civil psychiatric beds.**
    - Invest in expanding state hospital capacity.
    - Move forensic (criminal) commitments to a jail-based restoration facility.
    - Apply for one of several Section 1115(a) waivers to expand Medicaid reimbursement for institutions for mental diseases (IMDs).

Inpatient Stabilization Centers and Mobile Crisis Teams

Emergency departments (EDs) are supposed to be a last resort for times of true emergencies, but are increasingly used for all types of immediate-need medical care. This is especially true for low- to medium-acuity mental health crises. In order for CCBHCs and state psychiatric bed expansions to have the largest impact, there must be an immediate triage of low-acuity patients from higher-need patients, or else investments in these facilities will be drowned out, overburdened, and underutilized by those that need them most, just like emergency departments.

- **Solution: Fund community-based mental health response resources.**
    - Expand community-based recovery centers, including voluntary short-term respite housing, especially for young adults.
    - Leverage CCBHC resources to develop comprehensive mobile crisis response teams in conjunction with police crisis intervention teams (CIT).

- Support integration of community resources with crisis networks such as the Lifeline to support those in need or provide guidance for concerned loved ones.

[1] KFF. "Actual Tobacco Settlement Payments Received by the States (in millions)." Accessed 8 September 2025. https://www.kff.org/health-costs/state-indicator/tobacco-settlement-payments.
[2] RSA § 126-A:84. https://gc.nh.gov/rsa/html/X/126-A/126-A-84.htm.
[3] RSA § 126-A:86. https://gc.nh.gov/rsa/html/X/126-A/126-A-86.htm.
[4] New Hampshire Department of Health & Human Services, "Opioid Abatement Commission Annual Report 2024: Opioid Abatement Dashboard." https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents2/oa-dashboard.pdf.
[5] Treatment Advocacy Center, "New Hampshire Psychiatric Beds Report." 2023. https://www.tac.org/wp-content/uploads/2023/10/NewHampshirebedsinformation.pdf.
[6] United States Census Bureau, "2023 American Community Survey – Total Population." https://data.census.gov/table/ACSDT1Y2023.B01003?q=population&t=Population+Total&g=010XX00US$0400000.
[7] Silver, Shanti, "Estimating Psychiatric Bed Need in the United States," p. 2-4. Treatment Advocacy Center Office of Research and Public Affairs. January 2024. https://www.tac.org/wp-content/uploads/2024/03/TAC_ORPA_ResearchSummary1.24.pdf.