

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN
SERVICES
BUREAU OF IMPROVEMENT AND INTEGRITY



HOPE FOR NH RECOVERY

SITE REVIEW REPORT

March 5, 2018

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
BUREAU OF IMPROVEMENT AND INTEGRITY
FINANCIAL COMPLIANCE UNIT

TABLE OF CONTENTS

	<u>Page</u>
I. ACRONYMS AND DEFINITIONS	2
II. EXECUTIVE SUMMARY	3
III. BACKGROUND AND SCOPE OF REVIEW	6
IV. OBSERVATIONS AND RECOMMENDATIONS	7

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ACRONYMS AND DEFINITIONS

Acronyms

Definitions

BDAS	Bureau of Drug and Alcohol Services
BII	Bureau of Improvement and Integrity
BOD	Board of Directors
CAPRSS	Council on Accreditation of Peer Recovery Support Services
DHHS	Department of Health and Human Services
EFSD	Ethical Framework for Service Delivery
FFY	Federal Fiscal Year
LAP	Language Access Plan
PLD	Peer Leader Development
PRSAP	Peer Recovery Support Advisory Panel
PRSS	Peer Recovery Support Services
PSD	Peer Supervisor Development
RSA	Revised Statute Annotated
QI	Quality Improvement
SFY	State Fiscal Year

EXECUTIVE SUMMARY

A team of the Department of Health and Human Services (DHHS) staff conducted a site review of Friends of Recovery NH d/b/a Hope for NH Recovery on November 27 – 29, 2017. Hope for New Hampshire Recovery was a contracted provider of Peer Recovery Support Services from October 2016 to June 2017. This review is one element of an ongoing monitoring process and was conducted in accordance with the Standard Exhibit C, Section 10.1 of the contract, which states:

“During the term of this Contract and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Contract for purposes of audit, examination, excerpts and transcripts.”

The project team consisted of several members from the Bureau of Drug and Alcohol Services (BDAS) and a staff member from the Bureau of Improvement and Integrity and Information (BII). Hope for NH Recovery was notified of the review in advance and received a detailed letter describing the review and requesting financial information.

Hope for NH Recovery provides a comprehensive array of social services that include: a wide range of peer-to-peer, non-clinical services regarding addiction recovery; community advocacy; and, community awareness and education.

The review focused primarily on contract and administrative rule compliance as well as a general financial review. Opportunities for improvement were identified through an evaluation of the various aspects of the review completed by the project team. The review included an examination of records, which was conducted at the Manchester location, and staff interviews conducted at the Manchester, Concord, and Claremont locations.

For the period ending June 30, 2017, the agency appeared to be in reasonable financial health. However, we found that the agency had inadequate formal policies and procedures and lacked BOD approval. In addition, the agency did not sufficiently submit required financial and program data or adhere to accreditation standards as outlined in the contract.

Human Resources

Our review identified the following deficiencies in the area of human resources:

- The agency should have a standard orientation manual for all staff regardless of location.
- Each specific job description should include the basic training requirements. Positions such as “Leader” and “Supervisor” should include additional advanced training.

- When staff receive specific training in telephone recovery support services, the agency should retain documentation in HR files for verification of these trainings.
- All staff should have specific job descriptions included in their HR file.
- When a staff person changes their role, their job description should be updated to reflect the change and this should be included in their HR file.
- All staff should have an annual staff development plan included in their HR file.
- All staff providing services should have supervision notes included in their HR file.

Contract Requirements

Our review identified the following deficiencies in the area of contract reporting requirements:

- The agency should submit any reports that include group coaching sessions to DHHS.
- The agency should submit any reports and minutes of the Peer Recovery Support Advisory Panel (PRSAP) meetings to DHHS.
- There should be representation of the PRSAP included in the Board of Directors (BOD) meetings.
- The agency should forward any information regarding online surveys and community feedback events to DHHS.
- The agency should comply with contractual quality improvement and data collection requirements.
- The agency should submit to DHHS any documentation regarding the community wide meetings.
- The agency should submit reports to DHHS regarding the data collected to determine where each member or client is in their path to recovery.
- The agency should submit quarterly reports to DHHS regarding information about substance use disorder or co-occurring disorder recovery needs, recovery capital, abstinence, crime and criminal justice and employment/education.
- The agency should submit quarterly reports to DHHS regarding the number of staff hired and trained.
- If the agency obtains a new contract from DHHS, the agency must obtain an audit in accordance with standard contract requirements.
- The agency should supply all required interim financial reports in accordance with contract requirements.

Miscellaneous Deficiencies:

- The agency should enroll in and bill Medicaid in accordance with contract provisions.
- The Peer Recovery Support Services (PRSS) programming should provide supervision, support, and learning opportunities to help staff and peer

leaders address boundary-related conflict before, during, and after potential and actual conflicts arise.

- The agency should devise a tool or process for evaluating performance data or incorporating findings to improve quality of Peer Support Services.
- Budgets for contract reporting purposes should be based on more than just wages and rent. There should be an allocation methodology for indirect costs to be used consistently. Any other direct costs such as supplies, telephone and office expenses should be included in the budget.
- There should be a BOD orientation manual.

The agency should have formal written policies and procedures for the following business areas:

- Budget process and procedures
- BOD actual to budget review in addition to review of financial statements.
- Contract development, review, and approval
- Since the BOD requires three proposals for services, property or major purchases, a formal policy should be developed and approved by the BOD.
- Policy development processes including format, content, BOD review process and BOD approval date.
- Since the BOD is responsible for the supervision of the ED, there should be an annual evaluation and staff development plan completed.
- Elements of personnel files
- Job Description – Development
- Annual evaluations and staff development plans
- Staff training and development
- Program rules and responsibilities
- Weapons
- Nepotism
- Review of expenses incurred by the Executive Director
- Employee discipline and termination
- Quality improvement
- Criminal background check
- The Board of Directors (BOD) should review and approve all policies and procedures. The policies and procedures should indicate the date of the review and approval.
- The agency should incorporate their Language Access Plan (LAP) into a policy regarding culturally and linguistically appropriate peer services.
- The BOD should develop policies on how BOD members are selected and oriented to their responsibilities.

BACKGROUND

In 1999, Friends of Recovery NH was established as a 501(c) 3 organization. It reorganized as **Friends of Recovery NH, dba/Hope for New Hampshire Recovery** in 2013 in order to help New Hampshire develop a network of peer-run recovery community centers. The services offered at this agency are:

- Community Advocacy
- Community Awareness and Education
- Peer Recovery Support Services

Below is an excerpt of the agency mission statement.

“Our mission is to support people impacted by addiction through lived experience on their path to wellbeing.”

PURPOSE, SCOPE AND METHODOLOGY OF REVIEW

A team of DHHS staff conducted a review of Friends of Recovery NH on November 27 – 29, 2017. DHHS contracted general funds with Hope for NH Recovery for services and supports. Opportunities for improvement have been identified through the review process.

The purpose of the review was to:

- Assess compliance with state administrative rules and DHHS contracts;
- Review documentation supporting claims submitted to DHHS for reimbursement;
- Identify opportunities for technical assistance from DHHS; and
- Identify best practices.

The scope included the review of:

- Program descriptions;
- Required components of personnel files;
- Agency policy and procedures;
- Billing invoices and payroll;
- Member records;
- Interviews of staff at the Manchester, Concord and Claremont locations; and
- Written questionnaires of the Executive Director and the BOD Chair.

Note: All documentation reviewed was located at the Manchester office.

OBSERVATIONS AND RECOMMENDATIONS

(1) Requirement: According to The Council on Accreditation of Peer Recovery Support Services (CAPRSS) website, CAPRSS employs a set of rigorous standards that come directly from the recovery community and reflect current practice in peer recovery support. One of the core standards is EFSD (Ethical Framework for Service Delivery) 4.0 regarding Boundary Setting. This standard states, “The PRSS program provides supervision, support, and learning opportunities to help staff and peer leaders address boundary-related conflict before, during, and after conflict happens.” The agency is CAPRSS certified.

(1) Observation:

At the time of the review there was no clear documentation on supervision or support related to staff/volunteer-member boundary training in accordance with CAPRSS standards.

(1) Recommendation:

The Peer Recovery Support Services (PRSS) programming should provide supervision, support, and learning opportunities to help staff and peer leaders address boundary-related conflict before, during, and after conflict happens.

(1) Contract Agency Response:

Regarding Supervision, support and learning opportunities:

Our organization does in fact provide supervision, support and learning opportunities via weekly online manager meetings. These meetings are either face-to-face or by teleconference. Managers discuss individual center concerns including ethical concerns that have or may arise. The group collectively shares information and strategies in an effort to improve services.

We acknowledge that our organization needs to be more consistent relative to documenting and memorializing these collaboration and training events. The recommendation is acknowledged and in the future these sessions, the subject matter discussed, and the substantive outcomes will be documented. We will also endeavor to increase the frequency of executive and board participation relative to these sessions. Center Managers are responsible for holding weekly supervision meetings with their employees addressing any ethical concerns that come up. The manager in turn, uses the weekly manager meetings to talk through any issues that may have come up throughout the previous week.

As far as continued learning opportunities to help staff address boundary-related conflicts, ethics training is introduced in the initial orientation and fully explained in the employee handbook. This handbook is thoroughly reviewed with each new staff member by their direct supervisor. The employee provides a signature confirming their understanding and is given a copy of the handbook.

Weekly staff meetings are also held to address concerns. Staff team-building and training sessions are held twice a year. By way of example, in 2017 our organization held training

and team building sessions that were moderated by professional third-party training organizations (Velocity Hub and Sojourn Partners) in an effort to improve employee engagement and communication.

(2) Requirement: There are core standards of CAPRSS regarding Peer Leader Development (PLD). PLD-2.0 is about selection and orientation of staff. It states, “The program has clearly defined processes for screening, selecting, and orienting new peer leaders to the PRSS program.”

(2) Observation:

Orientation seems to consist of having everyone read the Employee Handbook and met with the Center Managers responsible for each location. No other formal orientation processes were noted.

(2) Recommendation:

The agency should have a standard orientation manual for all staff regardless of location. The manual should include:

- All department rules applicable to drug and alcohol services provided by the staff member;
- Agency policies and procedures;
- Grievance procedures; and
- Procedures regarding confidentiality.

(2) Contract Agency Response:

The latest version of the Employee handbook was completed and approved by the Governance Committee (on which board members serve) on 11-14-2017. This employee handbook contains all of the policies and employee procedures including grievance, ethics and confidentiality. This handbook policy manual is available to all employees at any time via our staff intranet page. All employees have access to the staff intranet.

Department Rejoinder: The Department notes written policies and procedures such as an employee handbook are essential for day-to-day management of operations. However, the CAPRSS standards refer to clearly defined processes for 1) “screening,” and “selecting” new peer leaders to the PRSS program and 2) “orienting” those new peer leaders to the PRSS program. Hope for NH Recovery should document and apply procedures for selecting and onboarding new peer leaders in addition to utilizing the employee handbook for ongoing activities.

(3) Requirement: There are core standards of CAPRSS regarding Peer Supervisor Development (PSD). PSD – 3.0 states, “The program provides each peer supervisor with training and ongoing support that will enable them to acquire the knowledge, skills, experience, attitudes, and attributes necessary to effectively supervise peer leaders in a non-clinical context.”

(3) Observation:

Human Resources (HR) records show similar training requirements for all staff, but nothing specific to particular positions, especially the “Leader” and “Supervisor” positions, which should include additional advanced training.

(3) Recommendation:

Each specific job description should include the basic training requirements and the positions such as “Leader” and “Supervisor” should include additional advanced training.

(3) Contract Agency Response:

At the time of our CAPRSS Accrediting, we were following the suggested training protocol for CRSW’s within the framework of the state’s guidance. Because of the shortage of acceptable trainings and the length of time with which it takes for the Licensing Board to approve new applications, we have created our own training protocol that includes a Recovery Coach Academy, ethics training, and biannual all-staff development days.

This year we will incorporate a peer supervisor training that we have recently developed due to the lack of a non-clinical peer supervisor training programming. There are no additional advanced trainings available for non-clinical settings that we are aware of. The aforementioned program we have developed meets CAPRSS standards which state that a CAPRSS organization “...provides each peer supervisor with training and ongoing support that will enable them to acquire the knowledge, skills, experience, attitudes, and attributes necessary to effectively supervise peer leaders in a non-clinical context.” We believe that our weekly manager meetings as well as our professional third-party all staff improvement meetings meet or exceed these requirements.

(4) Requirement: There are core standards of CAPRSS regarding Governance (GOV). GOV 4.0 states, “The board of directors ensures that the organizational policies and practices are consistent with the principles of good governance.”

(4) Observation:

While there are financial policies and policies in the Employee Handbook, there is no indication that the BOD had reviewed and approved them.

(4) Recommendation:

The BOD should review and approve all policies and procedures. The policies and procedures should indicate the date of the review and approval.

(4) Contract Agency Response:

The BOD and the Governance Committee oversees all policies and procedures. A primary function of the Governance Committee over the previous twelve months has been to review the employee handbook as well as other policy and procedural documents and make recommendations to improve them. We have noted the recommendation to date

stamp all handbooks and procedural manuals in the bottom left hand corner with the date of approval.

(5) Requirement: Another core standard of CAPRSS is Management Systems (MS). MS-7.0 is about Cultural Competence. It states, “The organization has clear goals, policies, and oversight practices to provide culturally and linguistically appropriate peer services.”

(5) Observation:

The agency has allowed groups with different races and religious beliefs to use space in the facility for groups. They also submitted a very detailed Language Access Plan (LAP). This plan does not appear to be formalized into a policy regarding culturally and linguistically appropriate peer services.

(5) Recommendation:

The agency should incorporate this LAP into a policy regarding culturally and linguistically appropriate peer services.

(5) Contract Agency Response:

Our detailed Language Access Plan is accessible and visible in every center. We will immediately add the policy and how to access such services to our employee handbook so that it is reviewed in each new hire orientation.

(6) Requirement: There are core standards of CAPRSS regarding Peer Support Core Competencies (PSCC). PSCC-5.0 is about Evaluating the Supports/Services. It states, “The program uses evaluation data as a management tool.”

(6) Observation:

At the time of the review, there was no evidence of a tool or process for evaluating performance data or incorporating findings to improve quality of Peer Support services.

(6) Recommendation:

The agency should devise a tool or process for evaluating performance data or incorporating findings to improve quality of Peer Support services.

(6) Contract Agency Response:

At the time of our CAPRSS accrediting, we were using a system provided by Face it Together. We have since discontinued our contract with them, and are in the process of contracting with ARCO- Association of Recovery Community Organizations. This new system is a complete CRM that will allow us to collect all information for evaluating data and performance. In the meantime we are, as has always been our practice, collecting member data via membership forms and entering them into excel spreadsheets which are then analyzed for the purposes of performance evaluation.

(7) Requirement: Exhibit A Section 2.1.2 states, “The Contractor shall provide Peer Recovery Support Services, which shall include, but not be limited to in center group coaching sessions.”

(7) Observation:

The reports submitted do not include any group coaching sessions.

(7) Recommendation:

The agency should submit any reports that include group coaching sessions to DHHS.

(7) Contract Agency Response:

Perhaps there was some misunderstanding on what we were to provide in the initial audit collection. We do have several groups that qualify as group coaching and all were reported in each of our quarterly reports to BDAS. Our life skills classes, all recovery meetings as well as others that are facilitated by staff members qualify as group coaching sessions. We have several of these a week. I have attached our last quarterly report that was submitted on July 27th, 2017.

(8) Requirements: Exhibit A Section 2.4.2 states, “Ensure meetings and decisions include input from the Contractor as well as the member advisory boards.”

Exhibit A Section 2.13 states, “The Contractor shall ensure the Peer Recovery Support Advisory Panel (PRSAP) is comprised of stakeholders statewide who represent the recovery community at large. The Contractor shall ensure”:

- Exhibit A Section 2.13.3 states, “One (1) individual is designated to attend the Contractor’s board meetings in order to share the current concerns and needs of the panel.”
- Exhibit A Section 2.13.3 states, “The panel conducts online surveys and community feedback events in order to provide a peer review rating of services provided by Hope for New Hampshire.”

(8) Observations:

(8a) The agency provided a narrative on the Peer Recovery Support Advisory Panel (PRSAP) with a contact list of members. They did not include any reports or minutes of meetings.

(8b) There was no representation of the panel included on the BOD minutes submitted to DHHS.

(8c) DHHS did not receive any information regarding online surveys and community feedback events.

(8) Recommendations:

(8a) The agency should submit any reports and minutes of the PRSAP meetings.

(8b) There should be representation of the panel include in the BOD meetings.

(8c) The agency should forward any information regarding online surveys and community feedback events to DHHS.

(8) Contract Agency Response:

As stated during the audit, this has been the most difficult piece of the contract to comply with. At the time of initial contracting, we had created a strong peer advisory panel made up of members of the recovery community from all over the state. As the state contracted with the FO to do the exact same thing, and we were required by this same contract to participate in the PRSS CoP, it seemed duplicative. We have a very small staff and every single one of us interacts with members. As such, we have limited time to attend or host meetings that are duplicative in any way. We would ask DHHS to recognize that maintaining a lean, cost-effective structure that is sustainable must be balanced with participation in meetings or panels.

(9) Requirement: Exhibit A Section 2.6 states, “The Contractor shall implement a back office functional support plan for financial management, billing, quality improvement and data collection.”

(9) Observation:

The agency does have internal accounting staff, however, the staff list submitted to DHHS does not list any employees whose duties include quality improvement or data collection.

(9) Recommendation:

The agency should assign quality improvement and data collection to a staff person and amend their job description.

(9) Contract Agency Response:

Recommendation noted and appreciated. We currently have the job split between our ED and our media and marketing staff member. Subject to the availability of state funding, we will staff a position responsible for data collection and analytics.

(10) Requirements: Exhibit A Section 2.7 states, “The Contractor shall apply to be a Medicaid ‘Peer Recovery Program’ provider and deliver services if approved.”

Exhibit A Section 2.8 states, “The Contractor shall apply to contract with Managed Care Organizations (MCOs) for PRSS and deliver services if approved.”

Exhibit A Section 2.9 states, “The Contractor shall develop billing policies and protocols and implement a billing process to bill Medicaid and other payers for PRSS which may include, but not be limited to”:

- Exhibit A Section 2.9.1 states, “Utilizing billing services available through Orchard Medical Management, LLC.”
- Exhibit A Section 2.9.2 states, “Providing direct supervision and technical assistance to each recovery center to become a Medicaid provider.”

(10) Observation:

The agency enrolled for Medicaid services at one site, but did not bill Medicaid for services. The agency should have enrolled all sites and billed for Medicaid in accordance with contract provisions.

(10) Recommendation:

Any future contracts should consider whether the agency intends to enroll in and bill Medicaid within the contracted timeline.

(10) Contract Agency Response:

At the time of the contract initiation HOPE was very clear that it had no intentions of billing Medicaid as this would undermine the integrity of the programming within the community centers. We were told by the director of BDAS that HOPE would not be forced to bill Medicaid but that “some organizations may want to”. The current rules as written only allow for clinical supervision of peers, which we have unequivocally stated is wholly inconsistent with the authentic peer-to-peer services that we provide. Having clinicians supervise peers is also inconsistent with the CAPRSS philosophy and would cause us to break the fundamental tenet of the CAPRSS accreditation, which is to be non-clinical peer support providers. At the time of the contract signing, there was discussion of a rule change allowing CRSW’s to supervise peers but that rule to our knowledge has not yet been changed. This is one recommendation that HOPE will not be able to accommodate.

DHHS Rejoinder: The agency submitted a proposal in response to the Department’s Request For Proposals stating the agency would apply to become a Medicaid provider and signed a contract stating it would apply to become a Medicaid provider. In the future the agency should present bids which reflect intended contract provisions.

(11) Requirement: Exhibit A Section 2.14 states, “The Contractor shall provide personnel who are able to provide Peer Recovery Coaching and Telephonic Recovery Support Services. The Contractor shall”:

- Exhibit A Section 2.14.1 states, “Ensure all staff basic training in Peer Recovery Coaching and Telephonic Recovery Support Services.”
- Exhibit A Section 2.14.2 states, “Ensure each staff is enrolled in a staff development plan that enables him/her to achieve and maintain certification as a Certified Recovery Support Worker (CRSW).”

(11) Observations:

(11a) Most staff have a certificate for participation in a Recovery Coach Academy in their Human Resource (HR) file. However, the HR staff files that were reviewed did not have documentation of training in telephone recovery support services.

(11b) It was not clear from the files that were reviewed who was providing which services.

(11c) There were no staff development plans in the files that were reviewed.

Recommendations:

(11a) When staff receive specific training in telephone recovery support services, there should be documentation included in their HR files for verification of these trainings.

(11b) All staff should have specific job descriptions included in their HR file.

(11c) When a staff person changes their role their job description should be updated to reflect the change and this should be included in their HR file.

(11d) All staff should have an annual staff development plan included in their HR file.

(11) Contract Agency Response:

(11a)- We have a very small staff and each staff member is trained in the basics of making telephone recovery support calls. We will document this training in the future. We are in the process of creating a more formal TRS training that can be done for volunteers.

(11b)-Every staff member has a copy of their job description in their file. All staff members are crossed-trained as they perform the same basic duties with exception of management and admin staff, that latter having their own job descriptions, a copy of which is kept in their personnel files.

(11c)-Recommendation noted and files will be updated regularly in the future.

(11d)- At the time of the contract initiation our staff development plan did include the path to CRSW. As stated before, due to the difficulty we have in getting trainings approved, we have decided we will no longer require our staff members to become CRSW's. We will of course encourage their own personal growth if that is something that they are interested in, but we will no longer require it. We will be contracting outside facilitators to provide staff development biannually for all staff members.

(12) Requirement: Exhibit A Section 2.15 states, “The Contractor shall ensure that PRSS are provided and personnel providing services are supervised in accordance to CAPRSS and NH CRSW standards.”

(12) Observation:

There was limited supervision notes included in the HR files that were reviewed.

(12) Recommendation:

All staff providing services should have supervision notes included in their HR file.

(12) Contract Agency Response:

Supervision of peers is done by the center manager of each center. Some centers have only one staff member to supervise. Supervision is done on a daily basis. We acknowledge that supervision note taking presents an opportunity for improvement. Please be advised that due to the burdensome record keeping, previous (and ultimately unwarranted) inquiries associated with oversight that proved to be costly and onerous, and staff demands associated with the supervision of CRSW hours, HOPE for NH Recovery will no longer be supervising hours for CRSW applicants.

DHHS Rejoinder: The contract in place during the period of review required employee supervision in accordance with CAPRSS and NH CRSW standards. The contract had such language to ensure employee supervision should occur regularly and be documented and that it would be provided by an appropriately-qualified supervisor. Whether or not for the purpose of achieving CRSW, the agency should document employee supervision takes place.

(13) Requirement: Exhibit A Section 2.16 states, “The Contractor shall conduct a minimum of three (3) community wide meetings per year which shall include the local community of recovery and their families.”

(13) Observation:

DHHS did not receive any documentation regarding the required community wide meetings.

(13) Recommendation:

Submit to DHHS any documentation regarding the meetings.

(13) Contract Agency Response:

We would request that DHHS provide us with formatting expectations, as well as specific instruction as to how and where to send reports. From the beginning we attempted to submit reports in different ways and were told we didn't need to provide “that” information. We would be happy to comply with reporting if the reporting expectations were clearer. HOPE hosts at least one community wide meeting or event each month, in

addition to larger public events our organization creates for the benefit of the community, such as "A Walk Out of The Woods" a fashion and art event that celebrated recovery and raised money for this cause. We provided the auditing team with a book containing flyers from all community events and meetings.

DHHS Rejoinder: The contract referred to “community-wide meetings,” which are not the same as fund-raising events. We would anticipate meetings to include agendas and minutes as well as any intended meeting follow-up.

(14) Requirement: Exhibit A Section 2.17 states, “The Contractor shall collect and analyze data in order to combine various recovery milestones which shall be translated into a point score to determine where each member or client is in their path to recovery. The Contractor shall”:

- Exhibit A Section 2.17.1 states, “Measure biological, social, economic, and community points of members to determine program effectiveness”
- Exhibit A Section 2.17.2 states, “Utilize data to determine the types of interactions that lead to specific outcomes.”
- Exhibit A Section 2.17.3 states, “Utilize data for more effective coach-client matching, improved connections with support groups, and increased contacts that work best.”

(14) Observation:

DHHS has not received any of the data stated above.

(14) Recommendation:

The agency should submit any reports with the required data stated above.

(14) Contract Agency Response:

The initial data tracking system that we were using to analyze recovery milestones and turn them into a point score was very onerous to use and many coaches had difficulties working with it. It was very costly and not as user-friendly as we originally believed. We have discontinued our contract with Face It Together and are currently collecting data manually via excel spreadsheet. We are in the process of updating our reporting systems and working on a new contract for an easier to use system. In the future, specific reporting instructions would be helpful.

DHHS Rejoinder: During the contract period the Department provided data reporting templates which were not utilized by the agency. The agency should seek technical assistance if help is needed to meet contract reporting requirements.

(15) Requirement: Exhibit A Section 3.3 states, “The Contractor shall collect, analyze and utilize client data for evaluation and planning purposes. The data must include, but not be limited to”:

- Exhibit A Section 3.3.8 states, “Substance Use Disorder or Co-occurring

Disorder recovery needs.”

- Exhibit A Section 3.3.10 states, “Recovery capital.”
- Exhibit A Section 3.3.11 states, “SAMSHA National Outcome Measures (NOMs) (<http://www.samhsa.gov/disorders/co-occurring>), which include:
 - Exhibit A Section 3.3.11.1 – 3.3.11.3 include: Abstinence, Crime and Criminal Justice and Employment/Education.

(15) Observation:

The Agency submitted quarterly reports to DHHS with most of the required data, but did not include information about substance use disorder or co-occurring disorder recovery needs, recovery capital, abstinence, crime and criminal justice and employment/education.

(15) Recommendation:

All reports submitted to DHHS should include all required elements of the contract.

(15) Contract Agency Response:

Please see number 14. The new ARCO system collects, analyzes and utilizes all of the above mentioned requirements. For now we have been collecting information on our paper membership form. Our answers on reports from the beginning on the pieces that we do not collect or have been having trouble collecting, have looked like this:

3.3.11.2 Crime and Criminal Justice

Hope for NH Recovery does not capture information regarding Crime and Criminal Justice. We do have a “Home comers Group” for members just getting out of the corrections system. We also have multiple programs with Jails in the State.

We assumed these were sufficient reports as we never heard differently. As Peer support in Recovery community centers are new for NH, we are all learning how to appropriately collect and report out the data that we are all interested in. We are doing the very best that we can. We are very proud of the amount of data that we have been able to collect in one year but are always looking to improve our data catch.

(16) Requirement: Exhibit A Section 4.1 states, “The Contractor shall provide the Department with quarterly reports on their progress of development starting on January 1, 2017.” These reports shall include

- Exhibit A Section 3.3.8 states, “Number of staff hired and trained.”

(16) Observation:

The agency submitted 3 quarterly reports and the reports did not include the number of staff hired and trained.

(16) Recommendation:

When the agency submits quarterly reports all of the required elements should be included.

(16) Contract Agency Response:

Duly noted. We will comply with the employment reporting requirement in the future. This was a misunderstanding with regards to reporting requirements. We separately had to submit invoices to BDAS for payment. The first workbook that our staff member submitted, included every staff member and their hours and she was told that she did not need to do so. She took this as not needing to report employee's names going forward.

(17) Requirement: Exhibit B Section 3 states, "Payments for expenses shall be on a cost reimbursement basis only for actual expenditures."

(17) Observation:

DHHS reviewed the expenses that were included on the submitted invoices. The expenses only included salary, benefits and rent. The direct salaries invoiced agreed with the agency's payroll journal and timesheets. There were indirect administrative salaries also included on the invoice. It was unclear what percent of indirect salaries were used. The rent expense included agreed with the applicable leases. The monthly invoices submitted were based on the total amount of the contract divided by eight months (it was an eight month contract). The actual expenditures indicated on the invoice were sometimes less than the invoiced amount. The agency was aware of this and explained that not all of the expenses are included on the invoice, for example, overhead such as insurance, supplies and office expenses were not included on the invoice.

(17) Recommendation:

Budgets should be based on more than just wages and rent. There should be an allocation methodology for indirect costs to be used consistently. There also should be other direct costs such as supplies, telephone and office expenses that should be included in the budget, and clearly identified on the invoice. Invoiced amounts should reflect actual expenditures.

(17) Contract Agency Response:

The recommendation is noted. Subsequent budget data that is shared with DHHS will include the aforementioned data. This data is already included into our budget calculations. We will determine why it was not included in the information reviewed by DHHS and will take corrective action relative to ensure that the data is supplied for subsequent reviews or audits. It's worth noting here that this may have been another miscommunication with the person in charge of reporting. We thought that we were complying with this requirement when we were submitting the workbook at the time of invoicing and there were only prepared lines for us to fill in.

(18) Requirement: Exhibit C Section 9 states, “Contractor shall submit an annual audit to the Department within 60 days after the close of the agency fiscal year.”

(18) Observation:

The agency did not obtain an audit of its financial statements for the fiscal year under review.

(18) Recommendation:

If the agency obtains a new contract from DHHS, the agency must obtain an audit in accordance with standard contract requirements.

(18) Contract Agency Response:

We have a contract with Bigelow & Co. CPA in Manchester to prepare our Financial statements and tax documents. As a grassroots organization this cost was \$8,735 for FY 2016-17. It was our understanding that the state law and the NH Charitable Trust department nonprofits are only required to do a financial audit when their revenue reaches over \$1 million. Hope only reached this amount this year due to its unusual amount of tax credits it received in order to fit up the Manchester center. We asked for and were granted a waiver this year from the NH Charitable Trust. This audit would have cost us close to \$20,000.

DHHS rejoinder: The audit requirement for DHHS contractors is standard. The Department of Justice Director of Charitable Trusts only has authority to waive the audit requirement in RSA 7:28, III-b and cannot waive an audit required by DHHS.

(19) Requirement: Exhibit C Section 11.1 states, “Written interim financial reports containing description of all costs and non-allowable expenses shall be submitted to DHHS.”

(19) Observation:

No interim financial reports were submitted to DHHS.

(19) Recommendation:

All interim financial reports should be submitted to DHHS in accordance with contract requirements.

(19) Contract Agency Response:

Subject to us entering in further state funding contracts, we will provide financial reporting pursuant to the requirements enumerated in the constituent contract documents.

The information and recommendations in the following section are for technical assistance and best practices.

Though the agency has an “Employee Handbook” and other documentation identified by staff as “Policies,” it is recommended that formal policies be developed. Please note that once approved by the Board, the agency must be in compliance with its own policies.

These may include but might not be limited to:

- A standard process for policy development including approval by Board such as format, content and approval.
- Elements of Personnel files including:
 - Annual file component checklist
 - Supplemental Job Descriptions
 - Training
 - Application
 - Offer of Employment
 - Resume
 - Annual Evaluation and Staff Development plan
 - Other Supervision
- Job Description – Development
- Annual evaluations and staff development plans
- Staff Training and Development
- Program rules and responsibilities
- Weapons
- Nepotism
- Review of expenses incurred by Executive Director
- Employee Discipline and Termination
- Quality Improvement
- Criminal background check
- Budget process and procedures
- Contract development and approval

From the responses to the Board Questionnaire, we recommend:

The BOD should develop policies on how BOD members are selected and oriented to their responsibilities.

There should be a BOD orientation manual. It should include:

- All applicable State administrative rules.
- All brochures of the agency.
- Copy of the By-Laws.
- Copy of the current contracts.

- Training regarding peer support and recovery.
- Responsibilities regarding oversight of financial and programs of the agency.

Each time the BOD meets it should review actual versus budget financials in addition to the financial statements.

Since the BOD requires three proposals for services, property or major purchases, a formal policy should be developed and approved by the BOD.

Since the BOD is responsible for the supervision of the ED, there should be an annual evaluation and staff development plan completed.