

LEGISLATIVE PERFORMANCE AUDIT AND OVERSIGHT COMMITTEE MINUTES

October 3, 2025

The Legislative Performance Audit and Oversight Committee met on Friday, October 3, 2025 at 10:00 AM in the State House, Room 100.

Members in attendance were as follows:

Rep. Gerald Griffin, Chairman
Rep. Lucy Weber (joined late)
Rep. Keith Erf (joined late)
Rep. Mary Jane Wallner
Rep. Kenneth Wyler
Sen. Cindy Rosenwald (left early)
Sen. Howard Pearl
Sen. Keith Murphy

The meeting was called to order by Representative Griffin at 10:00 AM.

VOTE ON ACCEPTANCE OF THE SEPTEMBER 5, 2025 MEETING MINUTES

On a motion by Representative Griffin, seconded by Representative Erf, that the minutes of the September 5, 2025 meeting be accepted. **MOTION ADOPTED.**

Representative Rosenwald would like to see honorifics used in the minutes.

POTENTIAL AUDIT TOPICS – REVIEW STATUS OF PRIOR PERFORMANCE AUDITS

Police Standards and Training Council – 16 Observations

John Scippa, Director, Police Standards and Training Council (PSTC), and Major Adam Hawkins presented. Director Scippa updated the Committee, stating that all observations except four of 16 have been resolved. These remaining four have been either partially or substantially resolved.

Director Scippa went through the unresolved observations sequentially, starting with **Observation No. 6**. Funding was secured at the end of the last budget cycle. A company was contracted to complete a job task analysis and collect data relative to a physical aptitude test for officers, updating a physical assessment in use since 2001. The company has since completed this analysis. A meeting with various subject matter experts is scheduled to examine this analysis and compare it to existing procedures, scheduled for completion in the first quarter of 2026.

When discussing **Observation No. 7**, Director Scippa noted he was appointed a year after this audit report was released. After his appointment in 2020, Governor Sununu created the Governor’s Commission on Law Enforcement Accountability, Community, and Transparency (LEACT). LEACT published a report containing 48 observations, 22 of which pertained to the PSTC. The

PSTC has been working to resolve findings published in both the LEACT report and the 2019 performance audit report, which have some overlap. Director Scippa also stated that council members have not been able to meet to develop a strategic plan.

Observation No. 10 was discussed next. A part-time employee was hired at the PSTC to oversee administrative rules. Director Scippa has also been working with their rules subcommittee to propose amendments to existing rules. The PSTC will hold a public hearing on the amendments in November, for finalization in 2026.

Observation No. 16 was discussed last. Director Scippa explained the Corrections Advisory Committee (CAC) had not met since 2021, and those members identified in statute did not have direct experience in corrections. Some vacancies on the CAC have also not been filled.

OPLC's Board of Dental Examiners – 36 Observations

Dee Jurius, Executive Director of the Office of Professional Licensure and Certification (OPLC), and Heather Kelly, OPLC Director of Operations, presented. Executive Director Jurius went through the partially resolved observations, starting with **Observations No. 2** and **No. 3**. RSA 310 made significant changes to the governing statute of OPLC, and OPLC is currently updating rules and policies to reflect these changes.

Observations No. 10 and **No. 11** were discussed next. OPLC is tracking employee performance and will incorporate this into decision-making. Funding for a contract to create a new licensing portal for the enforcement division was recently approved as well.

Observations No. 18 and **No. 19** were discussed last. Executive Director Jurius explained that OPLC does not decide credentialing, and only provides support to the Board of Dental Examiners via administrative rulemaking. The Board has made multiple updates to their rules over the past two years. OPLC has been working through standardizing the disciplinary process as well.

OPLC's Naturopathic Board of Examiners – 18 Observations

Dee Jurius, Executive Director of the Office of Professional Licensure and Certification (OPLC), and Heather Kelly, OPLC Director of Operations, presented. Executive Director Jurius said there are three unresolved and two partially resolved observations.

Observation No. 1 was discussed first. OPLC is in the middle of the rulemaking process which has been delayed by statutory changes related to OPLC, which take priority.

Observations No. 2 and **No. 3** were discussed next. Within the Naturopathic Board of Examiners is a formulary that contains members from other boards. Naturopathic doctors require the approval of the formulary to prescribe drugs. The formulary has not met in some time. OPLC is also working on processes to incorporate the Board of Pharmacy and its inspectors for its enforcement.

STATUS OF ONGOING PERFORMANCE AUDITS

NHED Oversight of Special Education

Christine Young, Director of Audits, LBA, and Jay Henry, Supervisor of Performance Audits, LBA, presented. Director Young stated fieldwork for this performance audit is complete, and observations are in progress. Twenty observations have been sent to the Department of Education and responses have been received. No other observations will be sent until the report is complete, as per the Department's request. A full draft report is expected to be completed in the first quarter of 2026.

NHED Oversight of Education Freedom Accounts

Director Young stated fieldwork is nearing completion, and that 40 observations have been identified so far, ten of which pertaining to eligibility have been finalized. A draft report is expected in the upcoming Spring, and a presentation to the Fiscal Committee in the Summer. Senator Pearl asked if recent statutory changes to qualifications will impact the audit; Director Young responded by saying the changes have been considered, and language has been added to acknowledge these changes to statute.

Doorway Program

Director Young said the team is finalizing the audit plan and has encountered challenges regarding isolating financial activities of the program in NH FIRST, as it is funded by both federal funding and the Governor's Commission on Addiction, Treatment, and Prevention. A draft report is estimated for completion in January or February, and a presentation to the Fiscal Committee in March or April.

OTHER BUSINESS

Mr. Henry asked the Committee if any other agencies will be invited to the next meeting. After some discussion, he was asked to invite the OPLC and Department of Corrections.

DATE OF NEXT MEETING AND ADJOURNMENT

Next meeting is scheduled for Friday, November 7, 2025, at 10:00 AM, at 1 Granite Place (room TBD). Representative Weber moved to adjourn the meeting and Representative Griffen adjourned the meeting at 11:07AM.

Gerald Griffin, Chair



STATE OF NEW HAMPSHIRE

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION

OFFICE OF THE EXECUTIVE DIRECTOR

Deanna Jurius
Executive Director

Heather A. Kelley
Director

7 EAGLE SQUARE, CONCORD, NH 03301-4980

Telephone: 603-271-2152

TDD Access: Relay NH 1-800-735-2964

www.oplc.nh.gov

AUDIT STATUS REPORT

Office of Professional Licensure and Certification

Real Estate Commission Audit

September 2017

Status Update: October 11, 2025

Goal to be completed: March 18, 2027

Summary of Audit Observations/Findings					
Number	Observation Title	Status			
		Unresolved	Partially Resolved	Substantially Resolved	Fully Resolved
1	Review the Process for Granting Reciprocal Licenses			X	
2	Adopt Rules for Equivalent Experience				X
3	Improve Review of Applicants Disclosing Adverse Financial History and Liabilities		X		
4	Improve Supervision over Licensing Activities			X	
5	Better Track Complaint Processing			X	
6	Improve Complaint Resolution Process			X	
7	Improve Fiscal Management				X
8	Review Administrative Rules			X	
9	Improve Declaratory Ruling Process				X
10	Improve Statutory Compliance				X
11	Improve Records Management				X
12	Further Clarify and Document NHREC and OPLC Roles and Responsibilities			X	
13	Establish a Performance Measurement System				X

Observation 1: Review the Process for Granting Reciprocal Licenses

Summary of Finding: New Hampshire Real Estate Commission (NHREC) should review whether brokers should be granted reciprocal licenses, codify the salesperson reciprocity process in rule, ensure rules reflect reciprocity agreements with other states are properly approved. If necessary, NHREC may consider seeking legislative amendment to allow brokers licensed in other jurisdictions to receive a reciprocal New Hampshire broker license.

Current Status: The New Hampshire Real Estate Commission follows RSA 331-A:22 and have implemented rules relating to it. See Rea 304.01 and Rea 301.03(c). The real estate commission is currently not part of universal endorsement through RSA 310:17 and the Plc 313s.

Observation 2: Adopt Rules for Equivalent Experience

Summary of Finding: NH REC should adopt rules defining equivalent experience for obtaining a broker license.

Current Status: The Real Estate Commission adopted Rea 301.03(c): “Candidates who apply for the broker examination based on being licensed in another state for at least one calendar year shall submit the name of each state in which the candidate is licensed, the license number from each state, and a certificate of good standing from the licensing authority of the state in which the person was licensed along with the examination registration.”

Observation 3: Improve Review of Applicants Disclosing Adverse Financial History and Liabilities

Summary of Finding: NHREC should evaluate the necessity of collecting information regarding an applicant’s adverse financial history. If the information is necessary to ensure public confidence, NHREC should establish minimum standards and level of review, and codify the process to ensure compliance.

Current Status: In July of 2023, the legislature enacted RSA 310, which specified that boards had to create objective criteria for the OPLC to use in determining whether to grant or deny applications for licensure. The OPLC is in the process of assisting all boards with rulemaking to bring their rule sets into compliance with RSA 310. The OPLC has also created extensive universal application process rules and procedures for handling the process of granting and denying licensure to ensure that both the boards and OPLC comply with the law.

Observation 4: Improve Supervision over Licensing Activities

Summary of Finding: *NHREC and Office of Professional Licensure and Certification (OPLC) should conduct a risk assessment of licensing activities and identify types of applications requiring additional review. OPLC should update and formalize licensing policies and procedures.*

Current Status: In July of 2023, the legislature enacted RSA 310, which specified that boards had to create objective criteria for the OPLC to use in determining whether to grant or deny applications for licensure and gave the OPLC control over the licensing application process. The OPLC has since promulgated the Plc 300s and created multiple policies and procedures to ensure compliance with the current law. Both the Plc rules and policies and procedures identify types of applications requiring additional review and how those should be handled (i.e., criminal background checks with convictions, affirmative answers to background questions, and applications necessitating subject matter review by the Board). OPLC is implementing a new licensing system and finalizing licensing policies and procedures based on this new system upgrade.

Observation 5: Better Track Complaint Processing

Summary of Finding: *NHREC should improve complaint processing by establishing timeframes for when each phase of the process should be completed, tracking each phase, comparing actual performance to established timeframes, and periodically reporting information to Commissioners.*

Current Status: In July of 2023, the legislature enacted RSA 310, which placed the investigative process in control of the OPLC. The OPLC complies with RSA 310:9, Plc 204, and 205.03 in determining what a complaint is, processing complaints, conducting investigations, and sending reports of investigations to boards for review. Additionally, the OPLC Division of Enforcement has begun creating policies with timeframes for the receipt and handling of complaints, conducting investigations, and filing of reports of investigations with the boards.

Observation 6: Improve Complaint Resolution Process

Summary of Finding: *NHREC should review the complaint resolution process to determine whether existing statutes offer sufficient flexibility and seek amendment to statute if necessary. NHREC should also establish policies and procedures clarifying the contents of a complaint file and scope of investigation.*

Current Status: See observation 5.

Observation 7: Improve Fiscal Management

Summary of Finding: *NHREC should periodically review revenue and expenses, and ensure fees are sufficient to collect 125 percent of the previous fiscal year's expenses. OPLC should develop a cost allocation method more reflective of the cost to operate each board and commission, track examination expenses separately from other NHREC expenses, ensure funds carried forward into another fiscal year are properly authorized or lapse to the General Fund, and provide periodic financial reports to Commissions outlining restricted and unrestricted revenue and associated expenses.*

Current Status: In July of 2023, the legislature enacted RSA 310:5, which tasks the OPLC executive director with establishing and collecting all license, renewal, and reinstatement fees, as well as any necessary administrative fees for each license type and professional regulatory board administered by the office. It also requires that such fees are sufficient to produce estimated revenues up to 125 percent of the total operating expenses for the office, as determined by averaging the operating expenses for the office for the previous 2 fiscal years. OPLC has developed a cost allocation method that attributes the indirect and direct costs by board. OPLC no longer lapses funds to the general fund and has a dedicated fund. OPLC adjusts fees yearly based on expenditures incurred for the previous two years. Examination fees are no longer collected by the office; licenses pay any examination fees directly to the company administering the exam.

Observation 8: Review Administrative Rules

Summary of Finding: *NHREC and OPLC should periodically track rules status, only enforce requirements contained in valid rules, adopted rules required by statute, and amend rules to grant reciprocal licenses only to salesperson applicants. If NHREC determines brokers licensed in another jurisdiction should be permitted to receive a reciprocal broker license, it should seek legislative amendment.*

Current Status: OPLC has hired three full-time board counsel, board administrators, and a rule maker to ensure that all Boards, including the Real Estate Commission, have legal, administrative and rulemaking assistance at every board meeting and who are also available for board issues that crop up in between meetings. The OPLC has been assisting all board with revising their rules to ensure they comply with the changes brought about by RSA 310 and are otherwise compliant with the law. Board counsel and the rule maker regularly work with the Office of Legislative Services Administrative Rules Office to ensure existing and proposed board rules are based in statutory authority in accordance with RSA 541-a. The OPLC Rulemaking Bureau consists of one full-time and one part-time employee and is responsible for approximately 25% of the state of New Hampshire's rulemaking. The OPLC has recently developed a system and policy for accepting, prioritizing, and fulfilling rulemaking requests and is working with all boards on eliminating board rules that do not comport with new statutory requirements for licensure. In addition to this it has procured new software that helps it create and track rulemaking projects across all boards. See also observations 1 and 2 above.

Observation 9: Improve Declaratory Ruling Process

Summary of Finding: *NHREC should ensure all requests for declaratory rulings receive a documented response, clearly indicated applicability to the petitioner, and are properly filed with the Director of Legislative Services. NHREC should also ensure informal requests for clarification of statute or rules are handled through the declaratory ruling process, and consider adopting administrative rules for declaratory rulings applicable to all licensees of the general public.*

Current Status: The OPLC has promulgated Plc 210, which creates a process for receipt and answering requests for declaratory rulings that complies with RSA 541-a. Additionally, the OPLC has hired three full-time board counsel and board administrators to assist the Commission and other boards in following the appropriate process and answering requests for declaratory rulings in compliance with the law.

Observation 10: Improve Statutory Compliance

Summary of Finding: *NHREC should discontinue the practice of issuing temporary bans to applicants, letters of concerns, and temporary exemption from licenses; document meetings attended telephonically with a roll call vote; require alternative Commissioners to approve minutes timely; include a description of complaints discussed in non-public minutes; ensure all NHREC business is conducted within a duly constituted meeting; issue laws and rules to all new licensees; and file biennial reports. If NHREC determines the authority to issue temporary bans, letters of concerns, or temporary exemptions from licensure is necessary, NHREC should seek legislative changes.*

Current Status: The OPLC has hired three full-time board counsel and board administrators to ensure that all Boards, including the Real Estate Commission, have legal, administrative and rulemaking assistance at every board meeting and who are also available for board issues that crop up in between meetings.

Observation 11: Improve Records Management

Summary of Finding: *NHREC should establish and codify record retentions policies. OPLC should develop procedures to implement NHREC policies.*

Current Status: Under RSA 310, the OPLC maintains board records. It has promulgated Plc 104 and multiple record-related policies (including for archiving) to address this concern.

Observation 12: Further Clarify and Document NHREC and OPLC Roles and Responsibilities

***Summary of Finding:** NHREC and OPLC should clarify its relationship by further defining roles and responsibilities through a formal agreement, and corresponding policies and procedures.*

Current Status: In July of 2023, the legislature enacted RSA 310, which further clarified the relationship between OPLC and the boards, including the Commission. The OPLC and Commission have (and are still actively) promulgating rules to better define the roles and responsibilities of each. The OPLC has also promulgated a number of internal policies that assist in delineating authority as well.

Observation 13: Establish a Performance Measurement System

***Summary of Finding:** NHREC should work with OPLC to develop a performance management system to monitor achievement of goals and objectives. NHREC and OPLC should codify benchmarks and expectations, and periodically report on performance.*

Current Status: The OPLC has developed a mission statement and strategic plan that aligns with its statutory obligations. The OPLC seeks feedback from boards in this process.



STATE OF NEW HAMPSHIRE
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
OFFICE OF THE EXECUTIVE DIRECTOR

Deanna Jurius
 Executive Director

Heather A. Kelley
 Director

7 EAGLE SQUARE, CONCORD, NH 03301-4980
 Telephone: 603-271-2152
 TDD Access: Relay NH 1-800-735-2964
 www.oplc.nh.gov

AUDIT STATUS REPORT

Office of Professional Licensure and Certification
 Board of Pharmacy Inspections Audit
 May 2015
 Status Update: October 11, 2025
 Goal to be completed: March 18, 2027

Summary of Audit Observations/Findings					
Number	Observation Title	Status			
		Unresolved	Partially Resolved	Substantially Resolved	Fully Resolved
1	Adopt Rules for Inspecting Licenses			X	
2	Update Compliance Investigator Policy Manual		X		
3	Ensure Inspection Forms Reflect All Statutory and Administrative Rule Requirements		X		
4	Violation Form Should be in Administrative Rule			X	
5	Ensure Board Fees are Reasonable				X
6	Establish Performance Goals and Measurements		X		
7	Improve Reliability of Agency Inspection Data		X		
8	Establish a Process to Track Violations Related to Individual Pharmacists				X
9	Ensure Out-of-State Licensees are Inspected Similarly to In-State Licensees		X		
10	Consider a Risk-Based Inspection Schedule		X		

Observation 1: Adopt Rules for Inspecting Licenses

Summary of Finding: Adopt procedural inspection rules for each type of license.

Current Status: In 2023, the legislature enacted RSA 310 which placed the OPLC in control of processes for all boards within it including the Board of Pharmacy. The OPLC has adopted the Plc 400s for all board inspections. Additionally, the Board of Pharmacy has adopted rules for multiple inspection types including site inspections for pharmacy permits (Ph 305.02); inspection reports (Ph 702.06); inspections for manufacturers, wholesalers and Distributors (Ph 1002.05); inspections for outsourcing facilities identified as 503B by the United States FDA (Ph 2006.06); and general inspections (Ph 2100 et seq). The OPLC is also assisting the Board of Pharmacy with a massive overhaul of its rules to bring them into compliance with all changes brought about by RSA 310.

Observation 2: Update Compliance Investigator Policy Manual

Summary of Finding: Update and periodically review compliance policy manual and provide training to inspectors in a timely manner.

Current Status: The OPLC is also assisting the Board of Pharmacy with a massive overhaul of its rules to bring them into compliance with all the changes brought about by RSA 310. The manual will be updated in accordance with the rules the board is currently working on.

Observation 3: Ensure Inspection Forms Reflect All Statutory and Administrative Rule Requirements

Summary of Finding: Ensure inspection forms accurately include all requirements and inspectors receive training and written guidance on the forms. Enhance or replace the retail pharmacy inspection information system and work with the Department of Information Technology to determine whether the new licensing software will meet the Board's inspection needs.

Current Status: The OPLC is assisting the Board of Pharmacy with a massive overhaul of its rules to bring them into compliance with all the changes brought about by RSA 310. This will include a review of any JLCAR inspection forms. Currently the OPLC uses MLO software for the inspection information system but is in the process of moving all boards over to a more advanced licensing software system.

Observation 4: Violation Form Should be in Administrative Rule

Summary of Finding: Update the violation notice form and adopt into administrative rule. Consider whether the Boards wants to limit its ability to discipline a licensee when a violation is issued.

Current Status: The current violation notice form does not meet the definition of a “form” under RSA 541-a:1, VII-a such that it would need to be adopted as a JLCAR form. There are no blank spaces for insertion by the licensee, and it is not submitted to the agency by people outside the agency but instead filled out by an employee of the agency. The OPLC has adopted Plc 400s, which attempts to obtain compliance from a licensee through a detailed process before moving forward with a disciplinary process.

Observation 5: Ensure Board Fees are Reasonable

Summary of Finding: Periodically review and, if necessary, adjust Board fees.

Current Status: In 2023, the legislature enacted RSA 310 which placed the OPLC in control of fee setting authority. The OPLC periodically reviews and adjusts all board fees in accordance with RSA 310:5.

Observation 6: Establish Performance Goals and Measurements

Summary of Finding: Establish a performance measurement system and compare goals to actual performance.

Current Status: The OPLC, which has only existed since 2015 and has undergone significant statutory changes, has been working on establishing policies to create standards and expectations for its employees providing services to the board. This will allow it to better track employment performance and assess and incorporate it into decision-making. The OPLC is also in the process of moving into new software that will hopefully assist it in this endeavor.

Observation 7: Improve Reliability of Agency Inspection Data

Summary of Finding: Establish a system to capture and report inspection activities; assess the inspection capabilities of the online licensing software; and collaborate with other boards receiving inspection services to identify practitioners who are in need of inspection.

Current Status: Currently the OPLC uses MLO software for the inspection information system but is in the process of moving all boards over to a more advanced licensing software system. The

OPLC has also created a compliance bureau to assist with this concern. OPLC is in the process of establishing policies and procedures for this bureau.

Observation 8: Establish a Process to Track Violations Related to Individual Pharmacists

Summary of Finding: Develop procedures to track violations related to individual pharmacists.

Current Status: Currently the OPLC uses MLO software, which allows it to track violations related to individual pharmacists. The OPLC is in the process of moving to a more advanced licensing system which should further assist in this endeavor. The OPLC and Board maintain disciplinary orders on its website for a period of 7 years. The licensing lookup portal on the OPLC website also has hyperlinks in a licensee's profile to any disciplinary orders of the board.

Observation 9: Ensure Out-of-State Licensees are Inspected Similarly to In-State Licensees

Summary of Finding: Establish procedures to ensure out-of-State licensees are inspected similar to in-State licensees and review statutory authority.

Current Status: See observation 2.

Observation 10: Consider a Risk-Based Inspection Schedule

Summary of Finding: Schedule inspections based on risk; work with other boards to update practitioners subject to Board inspection; identify agricultural, technical, and industrial users of prescription drugs; and report aggregate inspection results for the board.

Current Status: The OPLC is assisting the Board of Pharmacy with a massive overhaul of its rules to bring them into compliance with all the changes brought about by RSA 310. Inspection processes and policies will be established after the board adopts new rules.

Agency Name	Department of Corrections
Audit Name	Sexual Offender Treatment Program
Audit Period	SFY 2014 – SFY 2016
Status Report Date	October 14, 2025

Summary of Audit Observations/Findings					
Number	Observation Title	Status [place X in status column]			
		Unresolved	Partially Resolved	Substantially Resolved	Fully Resolved
1	Re-evaluate whether there is sufficient time to complete the Intensive Sexual Offender Treatment (ISOT) program and the remainder of the parole planning process if inmates are enrolled 18 months before their minimum. Develop policies and procedures for prioritizing sexual offenders serving short minimum sentences.				X
2	Codify new prioritization policies and procedures to allow sexual offenders to take advantage of available sentence reduction opportunities.				X
3	Work with case managers to relay information about offenders close to being discharged from ISOT.				X
4	Codify the Administrative Review Committee and develop policies and procedures outlining its role, responsibilities, scope of authority, and practices in the sexual offender treatment process.				X
5	Formally develop policies regarding outside employment of therapeutic staff and establish a process to help staff determine whether an actual or perceived conflict of interest may exist.				X

Observation 1: Re-Evaluate the Timing of Intensive Sexual Offender Treatment Program Enrollment

Summary of Finding: Re-evaluate whether there is sufficient time to complete the Intensive Sexual Offender Treatment (ISOT) program and the remainder of the parole planning process if inmates are enrolled 18 months before their minimum.

Develop policies and procedures for prioritizing sexual offenders serving short minimum sentences.

Current Status: Complete

The revision of PPD 6.35 – Indicates:

Section IV. Procedures B. Assessment #2

2. The timing of the assessment will be dependent on the individual's sentence structure including any provisions outlined by the sentencing court for sentence reduction modifications contingent on successful completion of treatment. The assessment will be scheduled with the intent to provide the individual at least 24 months to complete the intensive treatment service, if it is the recommended intervention. In situations where the person enters the prison with less than a year to their minimum as well as an assessment indicating need for intensive treatment, the Department's goal is to enroll them as soon as possible to mitigate the impact of keeping them over their minimum sentence.

Example: For an individual with a 3 year minimum sentence, they would be assessed within their first year of incarceration to determine treatment needs.

This observation did not take into account the Department's Statutory obligation to:

21-H:3 Establishment; General Functions. –

- I. There is hereby established a department of corrections, an agency of the state.
- II. The department of corrections, through its officials, shall be responsible for:
 - (a) Providing for, maintaining and administering such state correctional facilities and programs as may be required for the custody, safekeeping, control, correctional treatment and rehabilitation of inmates.
 - (b) Supervising persons placed on probation and persons released on parole and administering probation and parole services.
 - (c) Acting in an advisory capacity in assisting law enforcement agencies and communities in the prevention of crime and delinquency.
 - (d) Ensuring that victims of crime are treated in a manner consistent with RSA 21-M:8-k.

This observation looked specifically at the costs to the State if a person went over their minimum and on page 18 of the audit stated:

“Sexual Offenders Experiencing Setbacks

In our review of 243 sexual offender files, we found 90 had completed ISOT at the time of our review. The remaining did not complete, were not enrolled in, or were still in the process of completing ISOT. The 90 sexual offenders completing ISOT generally finished the program in 12 months. However, we found 23 of the 90 sexual offenders who completed ISOT (26 percent) were removed from the program

at least once while 25 inmates (28 percent) failed the polygraph exam at least once, causing delays amounting to several months beyond the average for all participants. Sexual offenders who were removed from the program at least once generally completed ISOT in 21.5 months, while those who failed a polygraph exam at least once finished ISOT in 14.7 months.

Based on these averages and the additional time needed for parole planning, an inmate enrolled in ISOT exactly 18 months prior to his minimum and removed from the program would miss his minimum by 5.5 months, or 165 days.”

By amending the policy, we can address individual sentencing circumstances and mittimus orders. However, we would not be able to establish consistent, measurable criteria for behaviors that would lead to removal from the sexual offender treatment program in a way that guarantees release at the minimum sentence date. Additionally, if an individual’s behavior while incarcerated is significantly adverse, we would not support parole and would instead likely consider pursuing civil commitment under NH RSA 135-E.

Observation 2: Develop Prioritization Policies and Procedures for Sentence Reduction Opportunities

Summary of Finding: During the audit period, the SOT program did not consistently account for opportunities which could have reduced an inmate’s minimum sentence when assessing and enrolling sexual offenders.

Current Status: Complete

Revision of PPD 6.35 – Indicates:

Section IV. Procedures B. Assessment #2

- 2. The timing of the assessment will be dependent on the individual’s sentence structure including any provisions outlined by the sentencing court for sentence reduction modifications contingent on successful completion of treatment. The assessment will be scheduled with the intent to provide the individual at least 24 months to complete the intensive treatment service, if it is the recommended intervention. In situations where the person enters the prison with less than a year to their minimum as well as an assessment indicating need for intensive treatment, the Department’s goal is to enroll them as soon as possible to mitigate the impact of keeping them over their minimum sentence.**

Example: For an individual with a 3 year minimum sentence, they would be assessed within their first year of incarceration to determine treatment needs.

And Section IV. Procedures B. Assessment #6

6. Entrance into ISOTS-MTC will be determined by the individual's minimum sentence date. In general, an offender will be considered for entrance into the program when they have reached the date that is within two years of their minimum release date. Those who are further away from their minimum release date may be admitted into the program if space is available and all entrance requirements are met. If an individual is eligible for sentence reduction by participating in the program, this will be included in the calculation for his minimum release date to allow the individual timely access. For those individual's with shorter sentences, less than two years to their minimum, they will be triaged into services as soon as possible in order to maximize their opportunity for release upon their minimum sentences barring their own decision to decline services or institutional behavior.

Since the time of the audit, the Department transitioned to an electronic file management system (Filehold). All client record information is scanned in and available to all staff managing sentencing in addition to the entries which occur in our offender management system (CORIS) Conditions and Sentence Summary Tabs. In examining this audit finding, if we created a reduction in sentence associated with anticipated completion, we would create an opportunity for error in release if a person did not meet the requirements of the intent of the sentencing document. We continue to use the Program Enrollment function in CORIS with an adjusted start date for entry aligned with any sentencing reduction opportunities outlined by the sentencing court.

Observation 3: Establish a Process for Timely Coordination with Case Managers.

Summary of Finding: After completing ISOT, sexual offenders were required to develop a parole plan and request a hearing before the Adult Parole Board (Board). According to a DOC case manager, the parole process typically takes inmates two months. However, given the difficulties sexual offenders may have in finding suitable housing, it may be beneficial to start the parole planning process earlier. Once finished with ISOT, we found the most common reason sexual offenders were not granted parole was because their housing plan was denied by the Board. Depending on the circumstances, sexual offenders may not be able to return to their home if the person they were convicted of abusing was still residing there. Other circumstances may also render their home an unsuitable housing choice. In our file review of 243 sexual offenders, we found 116 appeared before the Board. Of these, we were able to document at least 16 (14 percent) were denied parole specifically due to an inadequate housing plan. By delaying inmates who successfully completed the ISOT program and were eligible for parole from being released, the DOC unnecessarily incurs costs. According to a case manager, more planning time would benefit sexual offenders; however, case managers were generally unaware of when a sexual offender was estimated to be discharged from ISOT.

Current Status: Complete.

Observation #3 – Action Taken

Since the audit, NHDOC revised PPD 6.35, which now states:

Section IV. Procedures E. Documentation

E. Documentation

1. Sexual offender treatment will be documented in the electronic health record using the progress note, group note, treatment plan and discharge summary. This includes such documents as the assessment, polygraph materials and other disclosure/administrative tools.
2. Treatment plans will be completed during the readiness phase and updated at least every six months or when goals are attained or require modifications based on the individual’s needs. Clinical staff will follow the time and documentation standards as outlined in PPD 6.05 Behavioral Health Services.
3. Caseloads will be entered in CORIS for ongoing informational sharing and awareness for re-entry planning. CORIS will also be used to document movement in ISOT-MTC treatment for purposes of case management. Clinicians will continue to update this information, for instance when someone has transitioned out of ISOT whether it be due to a security move or because they have been issued a discharge summary.
4. All discharges from sexual offender treatment services shall be documented by the primary clinician within five days of program completion.

Example from CORIS Entries:

Adult SPM Medium DOC ID: Search

Lifetime Registrant

Search Criteria

Client: Contact Mode: Search

Results Per Page: 10 Note Type: Clear Criteria

Note Date	Note Type	Short Note	Staff	Contact Mode	Person Contacted	Violations
2/8/2019	Case Plan/Ma...	NH EASY APPLI...	Barton, Nadine M	Office Visit	Client	<input type="checkbox"/>
9/20/2018	Administrative ...	SOT	Simon, Abbey S	Treatment	Client	<input type="checkbox"/>
9/19/2018	Classification ...	Job Change	Reed, Theresa	Classification ...	Other Staff	<input type="checkbox"/>
9/14/2018	Health Non Co...	SOT Assessment	Jordan, Lindsay B	Assessment	Client	<input type="checkbox"/>
9/24/2015	Case Plan/Ma...	Information for em...	Adam, Brenda	Inmate Reque...	Client	<input type="checkbox"/>
9/24/2015	Case Plan/Ma...	Re-Entry Plan	Adam, Brenda	Reentry Plan	Client	<input type="checkbox"/>
2/11/2015	Classification ...	Job Change Requ...	Reed, Theresa	Classification ...	Other Staff	<input type="checkbox"/>
1/28/2015	Administrative ...	motion to authoriz...	Crompton, Cindy	Letter Sent/R...	Self	<input type="checkbox"/>
11/24/2014	Case Plan/Ma...	Earned Time Pac...	Morin, Ann Marie	Earned Time ...	Client	<input type="checkbox"/>
11/12/2014	Administrative ...	Earned Time Appli...	Dean, Tammy L	Earned Time ...	Supervisor	<input type="checkbox"/>

<< Prev Next >> 1 2 3

Observation 4: Establish the Administrative Review Committee in Rule and Develop Policies and Procedures

Summary of Finding: Even though the ARC had a lot of power in granting sexual offenders a discharge or terminating and removing them from ISOT, the DOC did not formally establish the ARC in rule or document its operations in policy and procedure directives.

Current Status: Complete. We updated all our rules in March 2018 - Cor 302.03 Diagnosis, Counseling, and Therapy.

http://gencourt.state.nh.us/rules/state_agencies/cor100-400.html

Observation 5: Establish a Policy Addressing Outside Employment

Summary of Finding: The DOC did not have a policy to help mitigate potential conflicts of interest, which may arise when SOT staff also provided therapeutic services to sexual offenders outside of the prison.

Current Status: Complete.

Revision of PPD 6.35 – Indicates:

Section IV. Procedures K Staff Rules and Guidelines –

K. Staff Rules and Guidelines

1. No employee shall engage in any activity as an employee of NHDOC, as a private provider or as an employer of a community provider that services the offender population, as that is a conflict of interest. The NHDOC places the burden of responsibility on the employee to disclose and report all potential conflict of interest situations to his/her supervisor. An employee who violates their Licensing Board's Conflict of Interest Policy, who fails to make a timely or accurate report of potential, apparent or real conflict of interest, or who engages in any conflict of interest or fails to discontinue such conflict after being so advised, shall be subject to disciplinary action up to and including discharge. Pursuant to the NH Legislative Budget Assistance Audit of November of 2016, "The American Mental Health Counselors Association (AMHCA), the National Association of Social Workers (NASW), and Association for the Treatment of Sexual Abusers (ATSA) have all promulgated ethics guidelines discouraging this type of relationship. Specifically:
 - a. The AMHCA states, "[m]ental health counselors do not evaluate, for forensic purposes, individuals whom they are currently counseling or have counseled in the past. In addition, mental health counselors do not counsel individuals they are currently evaluating, or have evaluated in the past, for forensic purposes."
 - b. The NASW prohibits social workers from engaging in dual relationships with clients or former clients. According to the NASW, dual relationships occur "when social workers relate to clients in more than one relationship, whether professional, social, or business."
 - c. The ATSA guidelines state, "[m]embers recognize that there may be potential conflicts of interest when they provide both evaluation and treatment services to the same person. When it is necessary to fulfill both functions, (for example, in rural settings or institutions) members take reasonable steps to manage and resolve any conflict in the best interests of the client and the community."

Observation 6: Establish a Performance Measurement System

Summary of Finding: The SOT program did not have a system to evaluate whether activities were contributing to its overall goal or whether it was meeting its informal assessment and enrollment objectives.

Current Status: This is in progress and should be completed prior to the next status update for this audit. Our system is now able to track all individuals with sex offenses, or diagnoses such as paraphilic disorders. Using this information, staff is working with IT to create a report to track the recidivism amongst this specific group of individuals.