

**New Hampshire Alcohol & Drug Abuse Counselors Association**  
**January 22, 2015**  
**Board Meeting Minutes**

**Board Members in Attendance:** Jay Bernier, Lori Magoon, Melony Lyons, Michael O’Bryant, James O’Hearn, Kelly Reardon, Lynne Towle, Jane Quigley, Kate Robertson and Margaret Smith

**Staff in Attendance:** Dianne Pepin, Executive Director; Kim Hyslop, Training Coordinator; Ginger Ross, Administrative Assistant

**Unable to Attend:** Regent Champigny, Annette Escalante, Connie Owen, Ronald Sayres, Rhonda Bishop, Peter DalPra and Suzann Thistle

Call to Order/Welcome: Lori Magoon called board meeting to order.

9:05 am

Consent Agenda Items including: September 2014 minutes, President’s Report, Treasurer’s Report, Executive Director Report, NHTIAD Report and Committee Reports.

**Motion to accept the minutes as amended and consent agenda: Jay Bernier**

**Second: Kelly Reardon**

**Abstentions: Margaret Smith, Jane Quigley**

**Motion to accept the consent agenda: Jim O’Hearn**

**Second: Kate Robertson**

**Abstentions: Margaret Smith, Jane Quigley**

Discussion and Action Items:

1. New Board members present (Jane Quigley and Melony Lyons) were introduced. Dianne also introduced our new staff member, Ginger Ross.
2. Dianne reviewed the contents of the Board Member Orientation Manual.
3. Diane reviewed the documents that need to be on file for audit. This includes Board Member Conflict of Interest Statement, Board Member Responsibility Statement, Contact Information and average hours per week of Board service and the Photo/Video Authorization Release. All Board members in attendance executed these forms.
4. Annual Meeting Feedback: Dianne asked the Board for feedback regarding the Annual Meeting. The feedback was generally positive. Other comments and discussion are as follows:
  - Good Presenter - Presenter got 4.7 out of 5.0
  - No one filled out comment cards.
  - Sitting by region did not work out the way we envisioned it. Some of the regions did not have enough room at their designated tables and some members complained about not sitting where they wanted to. Suggestions to improve on this idea included placing placards higher on the table for easier visibility, perhaps color coding members name badges to identify their region and for Regional Representatives to invite members to sit with them at the event.

- Suggestion was made to select a topic for next year that might increase attendance by other credentials, such as LCMHC, LICSW and other mental health professionals.
- Topics suggested for 2015 included Family Impact (Barry Litt) or possibly something regarding Opiates.

New Items:

1. Margaret Smith is the Membership Chair for NAADAC. She announced that NAADAC would like to conduct a membership drive in the month of March. NAADAC will provide marketing packets to state affiliates and there will be a marketing webinar on February 6<sup>th</sup> at noon. They are suggesting a \$20 decrease for professional and associate memberships, no discount for students. A discussion ensued and this Board feels strongly that student memberships are important and that it is in our best interest to pursue adding students to our membership.

A motion for NHADACA to discount student memberships for this Membership drive in March was made by Jay Bernier.  
Seconded by Jim O'Hearn.  
All in favor.  
Motion carries.

2. NHHPP Update: Dianne reports that the program is building capacity and needs to show that Medicaid has the capacity to manage the number of clients in need of services. The program is looking for ways to encourage LCMHC, LICSW and MLADC to apply to be treatment providers.
  - There are concerns about the IMD exclusion and the fact that centers with 16 or more beds may not be eligible for Medicaid funds.
  - Eligibility of certain populations – there is a question about how to serve people who are coming out of correctional facilities. Need to bridge this gap so that benefits are in place once they are released.
  - Hoping that grandfathered LADCs will be able to bill for Medicaid services. Key stakeholders recently attended the JLCAR hearing at which the Medicaid rules were being presented. NHADACA presented at this meeting, without the support of the Medicaid work group whose members were afraid that it would derail acceptance of the rules. Dianne thinks it was the right choice to present NHADACA's stand on this topic representing the profession and the LADCs as competent and needed as providers of Medicaid reimbursable substance use services. Jeff Meyer from DHHS agreed to continued discussion of the matter.
  - Moving forward, the Public Policy committee will need to be very active in this process.
  - Dianne reported that Senator Kevin Avard is willing to propose legislation. The Medicaid Work Group felt that this action would stop all discussion with DHHS and lead to a breakdown in the process. Senator Kevin Avard will be thanked for his assistance and in December 2015 if the need is still present, he may be sought for legislative action.
  - On January 30<sup>th</sup> there is an enrollment forum with Xerox and the MCO's in conjunction with the Center for Excellence and the Provider's Association. This forum will be to increase the number of treatment providers enrolled to provide Medicaid services.

3. Review of Committees:

- Executive Committee/Executive Board: Dianne Pepin, Peter DalPra, Lori Magoon, Kelly Reardon, Rhonda Bishop, Lynne Towle
- Education Committee: Margaret Smith (Chair), Kate Robertson, Mike O'Bryant, Reggie Champigny, Annette Escalante, Jane Quigley, Rhonda Bishop
- Ethics/Peer Assistance Committee: Jay Bernier (Chair), Kate Robertson, Alex Hamel, Jim O'Hearn (willing to serve as a resource).
- Finance Committee: Rhonda Bishop (Chair), Executive Board plus one regional member (TBD)
- Public Policy Committee: Peter DalPra (Chair), Lori Magoon, Charles Bussisson, Amanda Snyder
- Annual Meeting/Nominations Committee: Lynne Towle (Chair), Annette Escalante, Connie Owen, Reggie Champigny
- Licensing Board/Certification Board Liaisons: Ron Sayres (LADC Board), Mike O'Bryant (Prevention Certification Board).
- AdHoc Committees: Mental Health Board Liaison – Jim O'Hearn would be interested in opening up a conversation to see if there is a way to be part of this Board. Lori is interested in establishing a Fundraising Committee. There will be a meeting on March 3<sup>rd</sup> at 9am at NHADACA office for anyone interested. One of Lori's goals is to find ways to bring in more money to NHADACA.

There was a suggestion to add a link to the website for the Ethics/Peer Assistance committee. Also, perhaps to have a question of the day, or question of the week on our Facebook page.

Membership lists were distributed to all Board members. The Board was informed it would also be sent by email and sorted by region. Membership lists will go out monthly, by email, to regional reps.

Need bio and photo from all new Board members for website. All current Board members should review and provide any updates to Kim.

Motion to adjourn made by Kelly Reardon.  
Seconded by Jay Bernier  
All in favor.  
Motion carries.

## Strategic Planning Meeting: Strategic Planning Processes

**Board Members in Attendance:** Jay Bernier, Lori Magoon, Melony Lyons, Michael O’Bryant, James O’Hearn, Kelly Reardon, Lynne Towle, Jane Quigley, Kate Robertson, Kelly Reardon, Margaret Smith

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With every gain comes a loss.

Mission - Reviewed

Vision - Reviewed

Internal and External Values

3-6 strategic intentions with general actions steps

Sub committee

Time Lime

Every six months reassess

Dare to dream – future oriented. Put most of what you want.

Inherent challenge to predict the future.

Read vision & mission.

Mission statement too long.

Mission statement is where you want to be now. Vision statement could be mission statement.

Vision statement needs to be future oriented.

Does mission statement include values? Mission statement doesn’t need to include values.

Margaret suggests adding “addiction” to vision to make vision mission statement

Table Vision – Mission statement review another meeting.

Margaret brought up List Serve Google Groups Clinical List Serve

Opportunities

Linked In, Facebook, Social Media. Strategic Planning Processes

With every gain comes a loss.

Mission

Vision

Internal and External Values

3-6 strategic intentions.

With general actions steps

Sub committee

Time Lime

Every six months reaccess

Dare to dream – future oriented. Put most of what you want.

Inherent challenge to predict the future.

Read vision & mission.

Mission statement too long.

Mission where you want to be now. Vision could be mission statement.  
Vision statement needs to be future oriented.  
Does mission statement include values.  
Mission statement doesn't need to include values.  
Margaret suggests adding addition to vision to make vision mission statement  
Table Vision – Mission for another meeting.  
Margaret brought up List Serve Google Groups Clinical List Serve  
Opportunities  
Linked In, Facebook, Social Media.

### **Brainstorming Sessions**

#### DIANNE'S GROUP

Increased student membership.  
Generate more money (3 year window arrow going down).  
Promote NHADACA at colleges.  
Inform treatment facilities about NHAD  
Increase pay for A & D professionals .  
Assist counselors in evaluating in their own work.  
Medicaid reimbursement.  
Make our committees active.  
Provision Committee – Public Phone calls – Skype into meetings.  
Provide conference calls for meetings.  
Live stream more events. Monetize Live Stream events.  
Offer more trainings up North.  
Create binders for committees to put their meetings in.  
Publish all meeting minutes on line.  
Fundraising consultant Leeann Lewis NHTI.  
Enhance Social Capital – taking advantage of it (fundraising, who do we know).  
Common Man, Alex Ray, Dinner Dance.

#### LORI-KIM'S GROUP

Grant writer  
Advanced technology (webinar equipment).  
Increase income – fundraising, rent space more, more events (smaller events that gets name out there).  
More discounts for members (Sam's clubs, verizon, AAA insurances, 401K  
Advertising; Commercial, radio more community time. (Comcast, Facebook, Local) Establish stronger presence  
in community  
Diversity on board; lawyer, financial, lobbyist, doctor, nurse, psychiatrist.  
Members – Creating History

#### MARGARET, KATE, JANE, GINGER

Coffee House – loose idea; time here 1xweekly-drop in coffee-chat no agenda.  
Peer support group – in house.  
SWAG – T-shirts, hats, Annual meeting incentive give aways, sell online.  
Bi Monthly Broadcasts – online ethical conversation/informational essay on topic.  
(ABCs of...) increase exposure of committee.  
Purchase permanent facility.  
Annual meeting – increasing involvement of members for nominations and voting.

Improve website – NIDA Links Page, Increase virtual community. Members only area. Capture people at a distance, list serve,  
Making NHADACA an integral part of the profession.  
License in mail from License board.  
Increased benefits for students, increased strategies for reaching students.  
Increase connection with community steak holders, law enforcement, medical community - town offices.  
Proactively seeking to reduce stigma (disease model) (TV Radio, facebook, etc.)  
Early education in public schools.  
Educate educators NIDA (National Institute of Drug Abuse).

## **CONSOLIDATED GROUPS**

NHADACA

### **Strategic Development Brainstorming**

Enhance Membership (Professional development)  
Steak holders (other professionals, community)  
Insure Financial Security  
Improve PR & Marketing  
Expand Infrastructure  
Board, technology  
Increase Public Awareness/Networking  
Provide-Increase Education/Professional Development  
Reduce stigma