

**STATE OF NEW HAMPSHIRE
OFFICE OF PROFESSIONAL
LICENSURE AND CERTIFICATION**

**BOARD OF LICENSING FOR ALCOHOL AND OTHER DRUG USE
PROFESSIONALS**

**In Re: Ronald Sayres
MLADC License # 0878**

Docket No.: 23-ALC-002

FINAL DECISION AND ORDER – 08/10/23

I. PARTICIPANTS:

Board Members and Administrative Staff and Counsel:

Alexandra H. Hamel, Board Chair and Member
Jessica G. Carter, Board Member
Regent Champigny, Board Member
Joni O’Brien, Board Member
Thomas Deel, Board Member

Traci Webber, OPLC Board Administrator
Elizabeth Eaton, Board Counsel

Presiding Officer:

Nikolas K. Frye, Esq., OPLC Administrative Law Judge

Parties:

Marissa Schuetz, Esq., Hearing Counsel
Ronald Sayers, Licensee (failed to appear)

II. CASE SUMMARY/PROCEDURAL HISTORY:

On or about 09/01/22, 11/02/22, and 03/12/23 the Office of Professional Licensure and Certification, Division of Enforcement (“OPLC Enforcement”) received, on behalf of the Board of Licensing for Alcohol and Drug Use Professionals (“Board”), complaints that Ronald Sayres, (“Licensee”

and/or “Respondent”), while working as a MLADC at Mid-State Health Center between approximately November 2019 and June 2022, had allegedly exhibited poor consultation, education, client advocacy, and documentation while treating participants as an Impaired Driver Service Provider. The last complaint alleged the Licensee had failed to provide a copy of a client’s MLADC evaluation report that was required by the client’s probation officer. On 08/10/2023 the Board voted to initiate an adjudicate proceeding. A final hearing was held 03/14/24 at 9:00 AM EST at which the Licensee failed to appear. An interim order issued on 03/14/24 instructing the Licensee of his rights to request the hearing be reconvened. This Final Decision and Order follows.

III. SUMMARY OF THE PROPOSED EVIDENCE AND EVIDENTIARY RULINGS:

The Board received the following evidence pursuant to RSA 541-A:33 and Rules 206.22 and 206.18(d):

A. Exhibits were submitted by Hearing Counsel, numbered as follows:

Exhibit 1	Complaint #1 dated September 1, 2022	HC0001
Exhibit 2	Response to Complaint #1 dated October 6, 2022	HC0005
Exhibit 3	Complaint #2 dated November 2, 2022	HC0008
Exhibit 4	Response to Complaint #2 dated December 2, 2022	HC0012
Exhibit 5	Interview Summary of Respondent dated January 24, 2023	HC0013
Exhibit 6	Mid State Health Center (“MSHC”) employment information for Respondent	HC0018
Exhibit 7	MSHC e mail to Respondent re: missing client files	HC0042
Exhibit 8	MSHC CEO’s e mail follow up to Respondent re: missing client files	HC0043
Exhibit 9	MSHC communications re: IDCMP completion documentation issues	HC0045

Exhibit 10	MSHC and Respondent's agreement to complete IDCMP documentation	HC0068
Exhibit 11	MSHC transfer of Respondent's IDCMP clients to another program	HC0091
Exhibit 12	Correspondence between NH Bureau of Alcohol and Drug Services and MSHC	HC0093
Exhibit 13	MSHC client files in possession of Respondent post employment	HC0100
Exhibit 14	Missing enrollment documentation for MSH IDCMP participants	HC0106
Exhibit 15	Emails from Respondent to IDCMP participants instructing use of YouTube videos	HC0107
Exhibit 16	MSHC record of IDCMP client R.D. as an appointment no show on 5/11/2022	HC0115
Exhibit 17	MSHC appointment history of IDCMP client J.M. on 4/8/2022 and 4/15/2022	HC0116
Exhibit 18	MSHC records regarding Respondent's evaluation of client M.Z. for Anger Mgmt	HC0117
Exhibit 19	MSHC audit of Respondent's clients with missing visit notes in EMR	HC0122
Exhibit 20	MSHC audit of Respondent's clients with missing MLADC evaluations	HC0140
Exhibit 21	Respondent's clients with missing MLADC evaluations who were contacted	HC0142
Exhibit 22	MSHC audit of patient "S.L." chart following a 60 minute MLADC evaluation	HC0145
Exhibit 23	MSHC audit of patient "C.P." chart following a 45 minute MLADC evaluation	HC0146
Exhibit 24	Respondent's request to MSHC for extension to provide missing documentation	HC0161
Exhibit 25	MSHC internal complaints received regarding Respondent	HC0162
Exhibit 26	Complaint #3 dated March 12, 2023	HC0170

Exhibit 27	Response to Complaint #3 dated May 26, 2023	HC0171
Exhibit 28	Informal interview of Donna Breault, LADC dated June 15, 2023	HC0173
Exhibit 29	Verification of MSHC client “J.T.” missing MLADC evaluation documentation	HC0177
Exhibit 30	Report of Investigation	HC0180

B. Exhibits were submitted by the Licensee and labeled as follows:

None.

C. Sworn testimony was received from:

1. Eric Goulet, OPLC Investigative Paralegal (by offer of proof provided by Hearing Counsel)

Exhibits were fully admitted by the Presiding Officer at a previous prehearing conference.

IV. CONDUCT OF THE HEARING AND EVIDENCE PRESENTED:

The Licensee failed to appear for a disciplinary hearing held pursuant to RSA 310:10. As memorialized in the Interim Order of 03/14/24, the Presiding Officer concluded that the Licensee had received sufficient notice under RSA 310:10, II, Plc 206.06(b), RSA 541-A:31, and the New Hampshire and Federal Constitutions. The Presiding Officer therefore decided to proceed with the final hearing with the burden of proof, by a preponderance of the evidence, placed upon Hearing Counsel. *See* Rule 206.07(e). The issues presented were as follows:

- (1) Whether the Licensee engaged in professional misconduct as defined at RSA 330-C:27, III(a) (*see* RSA 330-C:10, I) by exhibiting poor consultation, education and client advocacy while treating patients as an Independent Driver Service Provider (IDSP) between September 2021 and June 2022 by instructing participants to watch You Tube videos related to drinking and driving without being present to intervene and counsel participants.
- (2) Whether the Licensee engaged in professional misconduct as defined at RSA 330-C:27, III(a) (*see* RSA 330-C:10, I *and/or* Alc 502.01(d)(1), and/or (3)) by failing to document that the Licensee had contacted a patient on May 11, 2022, to conduct an appointment despite marking the same participant as a no show for their 8:30 am IDSP appointment on the same day.

- (3) Whether the Licensee engaged in professional misconduct as defined at RSA 330-C:27, III(a) (*see* RSA 330-C:10, I *and/or* Alc 502.01(d)(1), *and/or* (3)) by failing to document a patient's Anger Management Evaluation on or about August 10, 2022; and, failed to communicate with that patient's parole officer on March 2, 2022 and June 15, 2022 concerning the same evaluation, causing the patient to have to undergo additional evaluation.
- (4) Whether the Licensee engaged in professional misconduct as defined at RSA 330-C:27, III(a) (*see* RSA 330-C:10, I *and/or* Alc 502.01(d)(1) *and/or* (3)) by engaging in counseling sessions outside of the allotted scheduled appointment time.
- (5) Whether the Licensee engaged in professional misconduct as defined at RSA 330-C:27, III(a) (*see* RSA 330-C:10, I *and/or* Alc 502.01(d)(1), *and/or* (3)) by failing to document his patient visit notes for 64 appointments between the period of January 1, 2022 to June 17, 2022.
- (6) Whether the Licensee engaged in professional misconduct as defined at RSA 330-C:27, III(a) (*see* RSA 330-C:10, I *and/or* Alc 502.01(d)(1), *and/or* (3)) by failing to document written evaluations in the charts of 13 patients between 11/01/2019 to 06/30/2022.
- (7) Whether the Licensee engaged in professional misconduct as defined at RSA 330-C:27, III(a) (*see* RSA 330-C:10, I *and/or* Alc 502.01(d)(1), *and/or* (3)) by failing to document the results of the two evaluations that had been discussed previously with his patients on November 20, 2020 and the other on November 2, 2021.
- (8) Whether the Licensee engaged in professional misconduct as defined at RSA 330-C:27, III(a) (*see* RSA 330-C:10, I *and/or* Alc 502.01(d)(1), *and/or* (3)) by failing to document in a visit note or provide supporting documentation of what was discussed with a patient after a 60-minute MLADC evaluation on May 10, 2021.
- (9) Whether the Licensee engaged in professional misconduct as defined at RSA 330-C:27, III(a) (*see* RSA 330-C:10, I *and/or* Alc 502.01(d)(1), *and/or* (3)) by failing to provide evaluation documentation until four months after completing a patient evaluation in September 2021; and, failed to respond to three requests by a case worker to provide the completed evaluation.
- (10) Whether the Licensee engaged in professional misconduct as defined at RSA 330-C:27, III(a) (*see* RSA 330-C:10, I *and/or* Alc 502.01(d)(1), *and/or* (3)) by mismanaging client files on or about June 17, 2022, by removing and retaining Mid-State Health Center IDCMP Program client files without notifying staff, after Respondent no longer worked as a MLADC for Mid-State, in order to complete documentation for the participants and did not return the patient files to Mid-State until July 12, 2022.
- (11) Whether the Licensee engaged in professional misconduct as defined at RSA 330-C:27, III(a) (*see* RSA 330-C:10, I *and/or* Alc 502.01(d)(1), *and/or* (3)) by failing to document IDCMP participation completion documents in the files of multiple patients between July 12, 2022 to November 1, 2022.

- (12) Whether the Licensee engaged in professional misconduct as defined at RSA 330-C:27, III(a) (*see* RSA 330-C:10, I *and/or* Alc 502.01(d)(1), and/or (3)) in that, on or about August 31, 2022, Respondent did produce completion documents and a discharge summary for a IDCMP participant without having any supporting documentation and notes from the patient's treatment, as the patients file and/or intake paperwork was located at Midstate. As such, it is believed the Licensee is in possession of the IDCMP participant's file, or copies thereof.
- (13) Whether the Licensee engaged in professional misconduct as defined at RSA 330-C:27, III(a) (*see* RSA 330-C:10, I *and/or* Alc 502.01(d)(1), and/or (3)) in that, on or about November 2, 2022, Respondent produced completion documents for a IDCMP participant without having any supporting documentation and notes from the patient's treatment, as the patient's file or intake paperwork was not located at Mid-State. Licensee is alleged to still have this file in his possession.
- (14) Whether the Licensee engaged in professional misconduct as defined at RSA 330-C:27, III(a) (*see* RSA 330-C:10, I *and/or* Alc 502.01(d)(1), and/or (3)) in that, Respondent failed to provide a copy of J.T.'s MLADC evaluation report which was required by J.T.'s probation officer.
- (15) If a finding of misconduct is made pursuant to RSA 330-C:27, III, whether and to what extent Licensee should be subjected to one or more of the disciplinary sanctions authorized by RSA 330-C:27, IV and/or RSA 310:12.

NOH at II(c).

The Board heard evidence as generally summarized below.

HEARING COUNSEL'S CASE-IN-CHIEF:

The offer of proof explained that the Licensee was working at Mid-State Health Center in Plymouth, New Hampshire at the time the complaints were filed against him. According to the offer of proof, the Licensee had taken on too many responsibilities and was not completing paperwork on time. The offer of proof noted that he was consequently terminated from Mid-State Health and took some of his files with him. The offer of proof conceded that it was unclear whether the Licensee took those files with him intentionally and he did eventually return all files and complete all reports. The offer of proof revealed that the Licensee has no prior disciplinary history and is now doing less work than he was when he had the issues.

Upon examination by the Presiding Officer, Eric Goulet stated that he had reviewed the proposed findings of fact filed by Hearing Counsel and they were true and accurate to the best of his knowledge and belief. Upon Board questioning, Mr. Goulet explained that as a result of the Licensee's actions, staffing and management "grinded to a halt" at Mid-State because he was the only person who could sign-off on the evaluations. Additionally, Mr. Goulet explained that clients were not getting paperwork that they needed on time, including for court proceedings. According to Mr. Goulet's testimony insurance billing was also negatively affected. Mr. Goulet acknowledged that the Licensee took as full of responsibility for his actions as he could. He noted that there were some evaluations that the Licensee did not remember, so he could not speak to them during the investigation.

LICENSEE'S CASE-IN-CHIEF:

None.

V. DISCUSSION, FINDINGS OF FACTS, AND CONCLUSIONS OF LAW:

After reviewing all the evidence and considering the presentation and demeanor of all the witnesses, the Board makes the following findings of facts:

1. The LADC Board adopts Hearing Counsel's proposed findings of fact letters A-L.
 - A. At all times relevant, Respondent held an active MLADC license issued by the Board.
 - B. Beginning on or about November 11, 2019, and at all times relevant, Respondent was employed by Mid-State Health Center, Plymouth NH ("MSHC") as the Intensive Outpatient Program (IOP) Director.
 - C. Respondent's duties and responsibilities at MSHC grew to include Director of IOP, Director of the Impaired Driver Management Care Program ("IDCMP"), case consulting, individual counseling, and supervising three Certified Recovery Support Workers ("CRSW") and a MLADC intern.
 - D. Between April 8, 2022, and May 18, 2022, Respondent, on multiple occasions, instructed participants of the IDCMP to watch YouTube videos related to drinking & driving. There is no documentation of counseling having been conducted by Respondent in connection with the said YouTube videos.

- E. On multiple occasions, and with multiple patients, Respondent failed to document appointment time changes, or engaged with clients outside of scheduled appointment times and failed to document such engagements.
 - F. On multiple occasions, and with at least 12 patients, Respondent conducted patient evaluations and assessments and failed to document the evaluations, contact the patient's case worker, and on one occasion, failed to document the patient entirely.
 - G. Between on about January 1, 2022, to on or about June 17, 2022, Respondent did not document patient visit notes for approximately 64 separate appointments ranging from Psychotherapy, Impaired Driver Service Provider, Telehealth, Suboxone, Recovery Services, and Behavioral Health Evaluations.
 - H. On or about April 14, 2022, Respondent was issued a "Corrective Action Notice/Performance Improvement Plan" by MSHC leadership to address Respondent's "poor performance and policy violations."
 - I. On or about May 18, 2022, Respondent submitted his formal resignation to MSHC, effective June 17, 2022.
 - J. On July 6, 2022, Respondent was contacted by MSHC regarding missing IDCMP program client files. Respondent confirmed by email that he was in personal possession of MSHC client files and that he needed additional time to complete documentation. On or about July 11, 2022, MSHC CEO directed Respondent to return the patient files no later than July 12, 2022.
 - K. Between on or about July 12, 2022 to on or about November 1, 2022, Respondent did not document IDCMP program completion paperwork for approximately 25 participants, causing eight of the 25 participants to have to transfer to another IDCMP program.
 - L. Respondent did not return all files in his possession to MSHC until November, 2022.
2. Licensee exhibited poor consultation, education, and client advocacy while treating patients as an Independent Driver Service Provider (IDSP) between September 2021 and June 2022 by instructing participants to watch You Tube videos related to drinking and driving without being present to intervene and counsel participants.
 3. Licensee failed to document that the Licensee had contacted a patient on May 11, 2022, to conduct an appointment despite marking the same participant as a no show for their 8:30 am IDSP appointment on the same day.
 4. Licensee failed to document a patient's Anger Management Evaluation on or about August 10, 2022; and, failed to communicate with that patient's parole officer on March 2, 2022 and June 15, 2022 concerning the same evaluation, causing the patient to have to undergo additional evaluation.

5. Licensee failed to document written evaluations in the charts of 13 patients between 11/01/2019 to 06/30/2022.
6. Licensee failed to document in a visit note or provide supporting documentation of what was discussed with a patient after a 60-minute MLADC evaluation on May 10, 2021.
7. Licensee failed to provide evaluation documentation until four months after completing a patient evaluation in September 2021; and failed to respond to three requests by a case worker to provide the completed evaluation.
8. Licensee failed to provide a copy of J.T.'s MLADC evaluation report which was required by J.T.'s probation officer.

Based upon the findings of fact made by the Board, the Presiding Officer makes the following conclusions of law:

- (1) Hearing Counsel established, by a preponderance of the evidence, that the Licensee engaged in professional misconduct as defined at RSA 330-C:27, III(a) (*see* RSA 330-C:10, I) by exhibiting poor consultation, education and client advocacy while treating patients as an Independent Driver Service Provider (IDSP) between September 2021 and June 2022 when instructing participants to watch YouTube videos related to drinking and driving without being present to intervene and counsel participants.
- (2) Hearing Counsel established, by a preponderance of the evidence, that the Licensee engaged in professional misconduct as defined at RSA 330-C:27, III(a) (*see* RSA 330-C:10, I *and* Alc 502.01(d)(1), and (3)) by failing to document that the Licensee had contacted a patient on May 11, 2022, to conduct an appointment, despite marking the same participant as a no show for their 8:30 am EST IDSP appointment on the same day.
- (3) Hearing Counsel established, by a preponderance of the evidence, that the Licensee engaged in professional misconduct as defined at RSA 330-C:27, III(a) (*see* RSA 330-C:10, I *and* Alc 502.01(d)(1), and (3)) by failing to document a patient's Anger Management Evaluation on or about August 10, 2022; and, failing to communicate with that patient's parole officer on March 2, 2022 and June 15, 2022 concerning the same evaluation, which caused the patient to have to undergo additional evaluation.
- (4) Hearing Counsel did not establish, by a preponderance of the evidence, that the Licensee engaged in professional misconduct as defined at RSA 330-C:27, III(a) (*see* RSA 330-C:10, I *and* Alc 502.01(d)(1) *and/or* (3)) by engaging in counseling sessions outside of the allotted scheduled appointment time.

- (5) Hearing Counsel established, by a preponderance of the evidence, that the Licensee engaged in professional misconduct as defined at RSA 330-C:27, III(a) (*see* RSA 330-C:10, I and Alc 502.01(d)(1), and (3)) by failing to document his patient visit notes for 64 appointments between the period of January 1, 2022 to June 17, 2022.
- (6) Hearing Counsel established, by a preponderance of the evidence that the Licensee engaged in professional misconduct as defined at RSA 330-C:27, III(a) (*see* RSA 330-C:10, I and Alc 502.01(d)(1), and (3)) by failing to document written evaluations in the charts of 13 patients between 11/01/2019 to 06/30/2022.
- (7) Hearing Counsel established, by a preponderance of the evidence, that the Licensee engaged in professional misconduct as defined at RSA 330-C:27, III(a) (*see* RSA 330-C:10, I and Alc 502.01(d)(1), and (3)) by failing to document the results of the two evaluations that had been discussed previously with his patients on November 20, 2020 and the other on November 2, 2021. In drawing this conclusion, the Presiding Officer relied upon finding of fact 1(F) read in conjunction with Exhibits 1, 5, 21, and 30.
- (8) Hearing Counsel established, by a preponderance of the evidence that the Licensee engaged in professional misconduct as defined at RSA 330-C:27, III(a) (*see* RSA 330-C:10, I and Alc 502.01(d)(1), and (3)) by failing to document in a visit note or provide supporting documentation of what was discussed with a patient after a 60-minute MLADC evaluation on May 10, 2021.
- (9) Hearing Counsel established, by a preponderance of the evidence, that the Licensee engaged in professional misconduct as defined at RSA 330-C:27, III(a) (*see* RSA 330-C:10, I and Alc 502.01(d)(1), and (3)) by failing to provide evaluation documentation until four months after completing a patient evaluation in September 2021 and failing to respond to three requests by a case worker to provide the completed evaluation.
- (10) Hearing Counsel established, by a preponderance of the evidence, that the Licensee engaged in professional misconduct as defined at RSA 330-C:27, III(a) (*see* RSA 330-C:10, I and Alc 502.01(d)(1), and (3)) when, after resigning from Mid-State Health on June 17, 2022, he removed and retained Mid-State Health Center IDCMP Program client files without notifying Mid-State Health staff, and did not return all of said patient files to Mid-State Health until November of 2022.
- (11) Hearing Counsel established, by a preponderance of the evidence, that the Licensee engaged in professional misconduct as defined at RSA 330-C:27, III(a) (*see* RSA 330-C:10, I and Alc 502.01(d)(1) and (3)) by failing to document IDCMP participation completion documents in the files of multiple patients between July 12, 2022 to November 1, 2022.
- (12) Hearing Counsel failed to establish, by a preponderance of the evidence, that the Licensee engaged in professional misconduct as defined at RSA 330-C:27, III(a) (*see* RSA 330-C:10, I and Alc 502.01(d)(1), and (3)) in that the findings of fact do not establish that on or about August 31, 2022, the Licensee produced completion documents and a discharge summary for

a IDCMP participant without having any supporting documentation and notes from the patient's treatment, as the patients file and/or intake paperwork was located at Midstate. Nor did Hearing Counsel establish, by a preponderance of the evidence that the Licensee is still in possession of the IDCMP participant's file, or copies thereof.

(13) Hearing Counsel did not establish, by a preponderance of the evidence, that the Licensee engaged in professional misconduct as defined at RSA 330-C:27, III(a) (*see* RSA 330-C:10, I and Alc 502.01(d)(1), and/or (3)). The findings of fact do not establish that, on or about November 2, 2022, the Licensee produced completion documents for a IDCMP participant without having any supporting documentation and notes from the patient's treatment because the patient's file or intake paperwork was not located at Mid-State. Nor did Hearing Counsel establish, by a preponderance of the evidence that the Licensee still has this file in his possession.

(14) The Licensee engaged in professional misconduct as defined at RSA 330-C:27, III(a) (*see* RSA 330-C:10, I and Alc 502.01(d)(1), and/or (3)) in that, The Licensee failed to provide a copy of J.T.'s MLADC evaluation report which was required by J.T.'s probation officer.

Upon a finding of professional misconduct made pursuant to RSA 330-C:10, I, and pursuant to RSA 310:10, VII and RSA 310:12, the Board imposes the following sanctions:

1. Pursuant to RSA 310:12, I(a), the Licensee is **REPRIMANDED**.
2. Pursuant to RSA 310:12, I(d)(1), (2), and (4), the Licensee is placed on **PROBATION** for a period of at least two years, starting the date the order is signed by the Presiding Officer, with the following restrictions in place:
 - a. The Licensee is restricted from practicing in private practice; he must be employed by an agency (not an independent contractor working for an agency) and under direct supervision with frequent audits.
 - b. Within 90 days of the date the order is signed by the Presiding Officer the Licensee shall accomplish the following:
 - i. The Licensee shall acquire a board approved supervisor within the same agency for the purpose of direct supervision. To ensure Board approval, the Licensee shall provide the Board with the resumes of 3 potential supervisors. The Board shall select one to be the Licensee's supervisor and provide notice of approval to the Licensee within 30 days of receipt of the resumes.
 - c. The Licensee shall ensure the supervisor understands and complies with the obligations to report monthly on all facets of documentation, from admission to discharge, and scrutinizing the following:

- i. Timeliness
 - ii. Completeness and accuracy
 - iii. Per agency and regulatory policy, and
 - iv. Fully complying with the code of ethics
- d. The Licensee shall submit evidence of completing 6 hours of continuing in clinical practice and ethics within 90 days of the date of the order signed by the Presiding Officer.
- e. At the end of the probationary period, the Licensee shall come before the Board in an adjudicatory hearing to demonstrate a satisfactory degree of skill is being and has been achieved in those areas which are the basis for probation.
- f. Failure to comply with the terms of the probationary period may be considered other grounds for initiating a separate disciplinary proceeding against the Licensee.
3. Pursuant to RSA 310:12, I(e), the Licensee shall pay an **ADMINISTRATIVE FINE** in the amount of \$500.00 payable to the State of New Hampshire through the Office of Professional Licensure and Certification.
4. Pursuant to RSA 332-G:11, the Licensee shall pay the **COSTS OF INVESTIGATION** in the amount of \$250.00, payable to the Office of Professional Licensure and Certification.

VI. CONCLUSION AND DECISION:

Pursuant to RSA 310:10 and RSA 330-C, the Board makes the findings of fact and the Presiding Officer draws the conclusions of law made herein, and the Board imposes the noted sanctions.

DATED: 4/3/2024

_____/s/ Nikolas K. Frye, Presiding Officer _____
 Administrative Law Judge
 New Hampshire Office of
 Professional Licensure & Certification
 7 Eagle Square
 Concord, NH 03301