

Methadone Clinic Meeting: April 21st, East High School Auditorium, 6:30 pm

Meeting Sponsors; Councilwoman Robb, CHUN, Congress Park Neighbors, South City Park, East High.

Attendees: Approximately 120, mostly neighbors and parents of East High students

Presenters:

Denver Recovery Group: Chad Tewksbury (owner/partner), Jan Morgan (program director), Dr. Andreas Erdich, Ron McNurlen (counselor)

Colorado Office of Behavioral Health: Dr. Patrick Fox (acting director), Denise Vincioni (controlled substance administrator), Todd Marindino (quality assurance and standards)

District 2 Police: Lt. Matt Canino,

City and County of Denver: Councilwoman Robb, Councilman Brooks, Lori Strand (city attorney in land use), Evelyn Baker (Deputy Director of Community Planning & Development)

Facilitator: Steve Charbonneau

Introduction: Councilwoman Robb introduced the panelists and stated the purpose of the meeting is informational. The Clinic is a use-by-right and there are no spacing or notification requirements. Ultimately we need to figure out how the clinic, the neighborhood and the school can work together to co-exist peacefully and safely.

Chad Tewksbury of the Denver Recovery Group gave a brief introduction. The clinic will offer methadone maintenance, medically supervised methadone withdrawal, Suboxone treatment, counseling and support sessions. The clinic hours will be Monday through Friday, 5 am to 9 am and 9:30 to 12:00 noon for dispensing, 12:00 noon to 1:30 pm for counseling, and 5 am – 9 am Saturdays.

Issues/Questions/Responses:

Why two methadone clinics so close together? It's where the need is and one of the present area clinics (18th & Josephine) is moving. The combined number of the patients being treated at both present area clinics is about 900 but it is anticipated once the Gaylord clinic leaves, that total number will drop significantly. This new proposed clinic anticipates treating approximately 200 patients with limited ability to expand in the present location.

Why in this location? It's where the need is, and the zip codes (80204,80205, 80206) of the patients reflect that. The patients are from all walks of life, just trying to recover from addiction to Opiates, including many that had been over-prescribed by doctors. The specialist physician present at the meeting also weighed in on the need and importance of treating these individuals who have to be 18 years of age or over unless brought to the program by their parent(s).

The New York Times had an article on the Hailisco Boys preying on drug users. Have Denver Police heard of this group in Denver? Police have not heard of this specific group, but police have seen similar strategies for contact and drop-off of drugs by drug dealers in Denver.

Lt. Canino distributed area crime statistics and noted that from a review of crime stats around two clinics in Police District 6, there is no indication that there is heightened criminal activity.

What is the clinic's commitment to this community? The operator is from California and the medical director is from the suburbs. Both acknowledged how serious and widespread the drug addiction issues are in today's world.

Chad lives in Pasadena, California and has recently opened another clinic in Las Cruces, New Mexico, and is looking to open additional clinics elsewhere. He has several other private individuals as investors. While he is not a professional in treating patients with addiction problems, all personnel working at the clinic with patients are local, professional and very experienced.

This sort of treatment is important – stated by a neighbor who is a med student and works at the Harm Reduction Center on Colfax.

Why no spacing or distance requirements? Lori Strand of the city attorney's office stated that zoning allows medical clinics as a use-by-right and a methadone clinic is considered a medical clinic. She pointed out that recovering addicts are a protected class under the Americans with Disabilities Act. Three District Courts (the 9th, the 6th and the 3rd Circuits) have not upheld heightened zoning requirements, including spacing. The rulings agree that a law that singles out methadone clinics for different zoning procedures is "facially discriminatory."

Lori also referred to a 1990 case where Denver's Board of Adjustment found that an addiction treatment service was not a medical clinic. However, that ruling was overturned in the Colorado courts.

Finally, if the law could be changed in some way to address the issue, any change would not be retroactive, meaning that change would not apply in this case – this clinic would be "grandfathered" and allowed to continue operations.

Concern that the Clinic will just take Colorado Medicaid \$\$. . Chad Tewskbury noted that he lives very modestly and is passionate about effort this because both his father and step-mother died from overdoses.

Can patients take home methadone: Yes, under certain circumstance – depends on how far along they are in treatment.

What percentage can take home methadone? At this time we're not certain of the number, it depends on numerous factors.

What about parking? There is no parking on the site.

Will there be extra police patrols? Lt. Canino said District 2 would increase police patrols around the clinic, especially when the high school kids were coming and going to school and during lunch time.

Crime surrounding methadone clinics: One attendee noted he is across from one of the present clinics and has had no problems, although he does have some concerns with this proposed clinic being across from East High.

What about loitering, littering, trash, etc? The clinic operator and personnel will be on site during all hours of operation and will personally inspect the area surrounding the property to be sure this does not occur. Security cameras allow operator to see activity around the clinic.

How to protect vulnerable student population from these clients who many think would entice some students with the sale of methadone? Patients are in and out very quickly, just receiving their medication and moving on. Patients who do not conform to requirements of the program are removed and are no longer have access to the clinic.

How safe is methadone? Very safe when prescribed by a doctor; very dangerous and a risk to life when consumed without supervision.

What is the cost of medication? Approximately \$63 a week

What sort of behavior has caused a clinic to close? Who do we report problems to? Todd Maradino from the State said some clinics have been closed. One example was if a clinic didn't meet the staffing requirements. Rules and regulations are on the State's website. Todd gave his phone number at the Office of Behavioral Health – 303-866-7400.

The new reports referred to a needs assessment. Where can we get a copy of the needs assessment for this clinic? There was not a needs assessment as such; the news misquoted Chad Tewksbury.

Concern that this is a for-profit operation

How do we balance the needs of 200 recovering addicts and the safety of 2500 students? How could this site have been selected? The speaker was not satisfied that the operator and personnel of the clinic are adequately addressing safety concerns related to a vulnerable population interfacing with patients coming and going to the clinic.

We have treatment services at Denver Health, and at 16th and Gaylord and now this. We should limit ALL medical clinics, if we cannot single out methadone clinics.

As vice-principal at East, what do I tell my students to expect? Initial answer was about general drug education for teens. Chad Tewksbury didn't understand the question in terms of how will things look, what will students see, what might they experience? But he did commit to being available to the school.

The Tenth Circuit has not ruled on the spacing issues. Jeanne Robb and Albus Brooks aren't doing enough so neighbors could bring a ballot issue.

Next steps: Any attendees interested in being part of a small group that continues discussion with the operator to address specifics concerns, especially those related to student safety, should sign their contact information on a card available at the entrance. If you signed in with your email you will be included in communications sent out following this meeting. If you have additional questions, also turn in your cards.

Councilwoman Robb thanked everyone and noted that she will continue to pursue any possible zoning avenue that could address a situation like this.

Below are questions submitted on white cards at the April 21st neighborhood meeting at East High School with the Denver Recovery Group. Some of the questions were asked during the meeting and in some cases we refer to the meeting notes for answer.

- 1. Was there a systematic approach to the location, or was it just finding a place on Colfax? Is there a state or data reason for this location? How many clients come from 80206 or immediately surrounding neighborhood?**

The meeting notes cover as much information as we have on this question. The Stakeholders' Group could ask for quarterly reports. (answered by Council District 10)

- 1. How large is the waiting room? Where will patients queue up? (Will people be waiting outside?)**

The waiting room and reception area are combined for a total of 238 square feet and there is an additional center hall between staff offices of approximately 190 additional square feet where patients will wait in line until they are allowed to approach the dispensing window by the nurse. This adds up to approximately 428 sq. feet total inside the building for the patients to wait for appointments and to be medicated. Patients arrive at the clinic throughout the day during the dispensing hours and clinic schedule, and are not all in the building at one time. They check in with the Office Manager at the Administrative Desk, and she enters them into the queue for dosing. If there is ever an overflow of patients out onto the sidewalk in front of the clinic, Denver Recovery Group will place a staff person outside to monitor the activities of the persons in line. (answered by Denver Recovery Group)

- 2. How will the area be monitored for negative impacts as a result of the clinic?**

The police have done a baseline crime report for the last year in a 500' radius of the site. The report can be updated quarterly. (answered by Council District 10) Also, see answer to Question # 5.

- 3. Who works at the clinic? Their title and criteria for being an employee?**

There are only two staff members at this time but we will be interviewing and hiring additional therapists and nurses before we open.

Jan Morgan is the Program Director. She is a Registered Nurse of 46 years, with 25 years in the field of addiction and medication assisted treatment. She is also a Certified Addiction

Counselor, CAC Level III, which is a Master's Level therapist. She was the Head Nurse at Denver Health Medical Center's medication assisted treatment program until 2000 when she took early retirement. Ms. Morgan missed working with this population and so went back to work in 2002 and had been at the University of Colorado Addiction Research and Treatment Services (ARTS) where she held two positions as the Manager of Nursing Operations for Adult Outpatient Services, and acted as the Clinic Coordinator for the Parkside Clinic on Gaylord Street for the last 11 years. She retired in February to help open this clinic. (answered by Denver Recovery Group)

Ron McNurlen is our Lead Therapist and has been a Certified Addictions Counselor, CAC II. since 2005 and was employed at Addiction Research and Treatment Services (ARTS) since 2005. He left Parkside Clinic to work at the Denver Recovery Group Clinic with his previous supervisor, Jan Morgan. CAC II therapists are the majority of levels of therapists and the only job duty they do not perform is Clinical Supervision for other staff. (answered by Denver Recovery Group)

4. What additional services are offered besides dispensing methadone?

Patients must attend individual and group counseling sessions per agency guidelines and Federal and State regulations. They will attend educational groups on The Stabilization and Induction process in order to learn about how reach a therapeutic dose of methadone. They will also be required to attend Orientation Group that reviews all clinic rules and expectations, their patient rights as well as all of the procedures used during their treatment. They also must attend an educational groups on Overdose Prevention, HIV and Hep C prevention, as well as other Infectious Diseases. They receive ongoing medical evaluation and dose adjustments by the Medical Director, as well as an annual physical every year with labs and TB screening and testing.

Since the meeting on 4/21/15 we have added a separate requirement for the patients entering treatment at Denver Recovery Group as part of the Agreement for Methadone Treatment that they must sign on admission, stating that any patients seen interacting with East High students will be administratively discharged from treatment. The phone number of the clinic is posted on the door and we plan to post a sign for the East High students asking them to report any interactions with the patients of Denver Recovery Group to the Office Manager.

5. Stats on effectiveness of methadone. Is it really helping? Is it really a "service," or a way to make money?

Please look at this article for certain references: <http://atforum.com/2013/11/research-medication-assisted-treatment-with-methadone/> Methadone Maintenance Treatment has been found to be more effective than abstinence models, detox, or waitlist in treating opioid disorders. It has shown a dramatic reduction of illicit opioid use, as well as showing a reduction of use of other substances, HIV risk and criminal behavior. ATFORUM.com is an incredible site with up to date research on the topic.

There has been an expansion since Affordable Care Act of Methadone as a covered benefit, but unfortunately it does not build for capacity, as a result we have programs turning away individuals from this treatment, regardless of their payor source. (answered by Denise Vincioni, State Opioid Treatment Authority, Controlled Substances Administrator)

6. How can we insure a methadone clinic doesn't bring more drug selling into proximity?

See the answer to Question 3 and also see Lt. Canino's remark in the meeting notes about crime around other methadone clinics that DPD reviewed. (answered by CD10)

7. Who owns the property leasing to the Denver Recover Group? How long is the lease?

Assessor Records indicate Vasili Haramapopolous owns the property. We have been told the lease is for 3 years. (answered by CD 10)

8. Often there are heroin dealers hanging around the methadone clinics. Will there be increased police presence?

At the meeting, Lt. Canino said police could step up patrols. (answered by CD10)

9. What is the screening process for prospective clients?

All patients have an initial assessment by the Medical Director on their first day in treatment to give a medical history and have a physical exam to ensure that they meet the Federal and State guidelines to enter opioid agonist treatment with a drug that is approved by the Food and Drug Administration for the treatment of opioid dependence. (answered by Denver Recovery Group)

10. What safety precautions does the facility take to ensure medication management is monitored for abuse?

All patients are required to submit random urine drug screens a minimum of once per month that tests for the medication they are being prescribed by the Medical Director, methadone and its metabolite. This ensures the patients are taking their take-out medication as prescribed. Patients are also screened for all other illicit substances including alcohol and marijuana, and are expected to show decrease in all substances abused in order to stay in treatment for their opioid dependence. Patients must confirm their name and medication amount and must swallow and

Speak to the nurse before leaving the dispensing window. (answered by Denver Recovery Group)

11. How will you improve lighting around your facility?

We will work on this with Denver Recovery Group. District 2 Police did offer to do a safety through environmental design assessment for the clinic and the property owner.