

**Below are questions submitted on white cards at the April 21<sup>st</sup> 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.