CARR Board Meeting

7/18/23

9AM

Zoom Call

Meeting called by:	Standing Monthly Call	**Type of meeting:**	Monthly Board Meeting
Facilitator:	Butch Lewis	**Note taker:**	Kevin Fox
Timekeeper:	Butch Lewis		

Attendees: Alia Andrews, Amy Cooper, Cali Petersen, Dara Keller, Matt Neptune, Rourke Weaver, Tonya Wheeler

Minutes

Agenda item: Approval of June Financials **Presenter:** Butch Lewis

Discussion:

Butch – No BHA billing for June in order to exhaust all funds as not to return back unused funds.

Dara motions to approve the June financials.

Matt – seconds the motion.

The board approves the financial for June with no objections.

Conclusions:

The board approves the financials for June with no objections.

Agenda item: [redacted] [redacted] – grievance update **Presenter:** Butch Lewis

Discussion:

Text message to Butch from [redacted] advising he's taking CARR to court for shutting down his program – this is not what happened.

[redacted] has simply not paid the certification fees.

Butch – CARR went on-site to advise the clients the program was no longer certified and offer the remaining clients alternative recovery residences if they so choose. CARR has exhausted all avenues to support the clients still in the residence.

Tonya – to clarify he's not certified because he has not paid the fees?

Butch – that is 100% correct.

Dara – [redacted] also has my email, cell #, office # and given numerous opportunities to set up a meeting back. Had a meeting set up back in May which he cancelled.

Butch – [redacted] did hire a woman named [redacted] to come in to run the program, but she's only there on Sunday nights during house meetings.

Amy – did CARR tell [redacted] what or outline expectations what running the program meant?

Dara – CARR sent letter stating to hire a 3rd party to run the program [redacted] wanted, [redacted] could perform administrative task, but any communications with the clients or house manager had to be ran through the 3rd party.
Amy – moving forward CARR must have more clarification on 3rd party expectations.

Butch – Agrees w/ Amy. This situation was very complicated and consumed hours of communication.

Conclusions:

CARR to refer all further legal matters to Dara's law firm representing CARR for resolution.

	Attorney Client Privilege		Dara Keller

Discussion:

Attorney Client Privilege only applies when providing legal advice from attorney to clients, in this case CARR and board members. Board members hold the privilege not the attorney and applies individually by board members. This includes legal advice, legal documents from the attorney; this does not include board discussions.

Conclusions:

Attorney Client Privilege only applies when providing legal advice. Board members hold the privilege not the attorney and applies individually by board members.

Agenda item:	State of Recovery Residences	**Presenter:**	Butch Lewis

Discussion:

Butch presenting to state legislature on 7/19. Review of the PowerPoint being presented. CARR's best guesstimate from informal survey of operators back in 2019 there were about 125 homes with 1,250 beds operating based on Oxford House and CARR. The average is 10 beds per house based on data we have. As of 2023, there are 423 homes with 4,192 beds including Oxford House and legacy programs, Step Denver & Sobriety House.

Of the 4192, 2550 male 1550 are female 127 are LGBTQ.

Only sober living/recovery residences (RR) are known in 22 of 64 Colorado counties, 38 counties have no RRs.

CARR has a meeting setup for August 4th with state judicial systems comprised of all the judicial districts, chief judges, problem solving coordinators and chief probation officers around the state to determine which 38 counties to target to support judicial systems in rural areas. Multiple considerations: close to services, employment, transportation, MAT services, etc. Ask judicial system which are the most needed counties.

Recovery residence software license CARR intends to acquire. RecCap data collection to support RR w/ real time data on where individuals are in their recovery.

Nat'l Drug Control Policy put out what they call a "model state policy" if a state were to have a model policy around recovery residence for state language – local municipalities trying to redefine what an RR is and how to treat – this language to provide states sample language to adopt so RRs can operate without zoning battles.

Butch – Questions?

Tonya – heard that NARR (Nat'l Alliance for Recovery Residences) is looking at certifying RCOs, wants to know is CARR looking at doing this in CO.

Butch – No. I don't feel that is CARR's role in CO.

Rourke (to Tonya) – given an opportunity to talk to NARR, I would strongly stand against what they're doing. There are other orgs far better suited to do that.

Conclusions:

Butch presenting to state legislature on 7/19. Review of the PowerPoint being presented. CARR has no plans to become a certifying body of RCOs in the future.

Agenda item:	Meeting w/ Governor's Office, DOLA & DoC	**Presenter:**	Butch Lewis

Discussion:

Discussed with them the Recovery KY model, headed by Governor Ernie Fletcher, and was received really well.

Sounds like the Governor's office would like Fletcher to fly out and talk w/ Polis directly in addition to another meeting w/ DoC and BHA.

Butch – ask Alia if Ridgeview Recovery Center falls under BHA is actually more treatment, but under the recovery banner?

Alia – Ridgeview falls under DOLA.

Conclusions:

Future discussions possible among Governor Polis' office, Colorado DoC, and Gov. Fletcher regarding the Recovery Kentucky Model.

Agenda item: Medical Cannabis **Presenter:** Butch Lewis

Discussion:

Draft only document, "Limitations on the use of medical cannabis in a recovery residence setting" emailed to board members for review. This is the policy created and adopted by NARR.

There are some active, CARR certified programs that do allow medical cannabis.

2 different approaches to this:

1. Florida just passed a law in last 30 days saying medical cannabis cannot be used in a recovery residence. This is the direction FL has gone.
2. Massachusetts has adopted language and some new England very similar to the policy emailed out this morning.

Butch – what direction does the bard want to go? Don't think CARR can no longer have a position on this. Because cannabis use is a constitutional right in CO this will bring up controversy.

Dara – bring up fact medical marijuana is not just used for SUD treatment, but other conditions where a client would need accommodation to allow its use.

Rourke – to clarify, these programs that allow it, only allow it if it's prescribed or recreational use as well?

Butch – wants to make sure board uses the correct language; medical marijuana cannot "prescribed "in the US, period. The reason is prescribed meds must be FDA approved and are federally illegal. Clients have to use the medical marijuana card and the word "prescription" cannot be utilized. It is only "recommended" by physicians.

Cali – the programs that allow it? When do they allow it? How often are they allowed to do it? Is it as needed for pain? Is it locked up? Who decides what use or not overuse? How is this monitored?

Matt – is there lab testing to make sure levels are not being abused or used for mental health diagnosis? This could be the wild, wild west.

Tonya – I agree w/ both of you, as a person of an org that supports all paths of recovery, this does not seem too far fetched and time for CARR to take a look at this. Absolutely feel there should be regulations around this. To Matt & Cali's point, now is the time to begin to look at this. We need to put this policy in place first and likes this policy (as much as she can) for two (2) reasons: a) it has to be edible, tinctures, etc. no smoking b) all perspective residents must be informed of the policy so people choosing to practice abstinence can understand there is medical cannabis being used in a particular RR.

Matt – when you look at MAT like methadone, suboxone, sublocade, naltrexone, vivitrol, these are all considered prescribed medicines because they're FDA approved, correct? Regarding MAT, in order to have state funding, RRs had to accept MAT to receive Signal funding, is marijuana considered right now an MAT service? If not, prescribed by a doctor and not approved by FDA how can CARR say this something we would allow as an MAT service?

Amy – it is not an MAT first and foremost but is prescribed by a physician.

Matt – but it is not prescribed by a physician, thought it was a medical card given?

Amy (correcting) & Rourke – yes, it is not prescribed, it is only medically approved by a physician.

Cali – what do they approve? They just give a card to say take it whenever you need at whatever level you want? Or you get this amount of level, this is what you can take a day, this when you can take it?

Rourke – is not a can or can't, only a recommended daily use or weekly use.

Amy – CARR needs to separate things are between what is our perception/judgment of this as a medical use vs. what the state has allowed. CARR does NOT have a legal leg to stand on to say what is an appropriate medical use of this. Have to look at this from a regulatory standpoint being in a regulatory position over RRs, how do we want to approach this? Right now, to say we're not going to approve at all puts us in more jeopardy than saying here's the safe parameters. How people look at recovery is very different. For some people sobriety does not equal recovery. For some it's getting of the substance that's given them the most concern and still use others in moderation.

Matt – as an operator, I do not want to be bossed into having now allow it. Want the option to not allow it my RR.

Rourke – Reality, it would not have to because it's not prescribed . . .

Dara - . . . with one caveat, if physician as recommended for migraine or back pain, client might have a reasonable accommodation claim if physician is recommending medical cannabis. Smart to have a policy to have something to fall back on in the event it happens.

Rourke – Agress with Tonya, multiple pathways to recovery, I do not define another's path to recovery. This policy does a good job of covering the bases. Additionallyto Matt's point, if we're going to allow MAT then we should also support abstinence-based programs if they don't want to allow it, we need to figure out how to we support. We can't take this so far that no program is allowed to do something or have to allow all things or allowed to operate a more abstinence-based model.

Tonya – agrees w/ Rourke on everything and will say openly that I practice abstinence in my program of recovery. I too do not want to see all RR have to follow this, I hear what Dara is saying from legal standpoint, but I'm thinking about what Matt says. But I don't know what the legal standpoint is to say "we are an abstinence-based model" vs. those RRs that want to adopt this and allow clients to use cannabis. I don't want us to get in trouble by not having a policy to be able to follow.

Matt – to make clear, I am all in favor of this, and could not agree more w/ Rourke on judging other's recovery – not my job. However, the microgram is similar to the experience I had, the more options we have in not all having all boxed in to do the same thing give more people different options to try different things that might work. From an operating standpoint, I would like the option not to take that. I would much rather see a person using medical marijuana have positive relationships, hold down a job and be happy in life vs. someone abstinent and miserable, hates their life and doesn't have any relationships; I absolutely agree with that! That's just not the program I have, and I know there are other program out there with similar beliefs and we may just not be the appropriate place so up to us on the front to do our due diligence to make sure we're vetting these clients to make sure they are appropriate for us vs. and heads-n-beds mentality. With this conversation coming around, like with MAT services, I just don't want to have to do something again that I was kind of against in the first place.

Rourke (to Matt) – I hear you, we're on the same page.

Butch – So, it sounds like everyone is on the same page with this. We need to determine what are the next steps to adopt this policy with a change to standards. Given the constitutionality of this one, I don't know if there's an extra step? Amy or Alia, you would know better than I.

Alia – CARR has the authority to do what they want, not the BHA. Mark and I will take a look at it and the AG's office.

Cali – as an operator, say I admitted a client, observed them taking marijuana and they get in their car and have an accident; can I get sued for that? If I find a client drinking in my house and they drive off, I call the cops!

Rourke – Possibly. People can sue for anything. But one can create parallels on this. All RRs can do is create strong P&Ps.

Tonya – can we put language in our policy that says something that not all CARR RRs are required to do this, but those who want to, here are the parameters.

Rourke – It's a recommended policy? Look into this further?

Cali – other drugs are coming up that we may as well address them all at once?

Rourke – Cali, do you manage anyone's meds? Are you responsible for anyone's meds?

Cali – our policy is, if they're on MAT their meds are always double-locked in the manager's room and have to take it in front of staff whatever doc prescribes.

Tonya – Cali, you are only observing not administering, that's the difference. Maybe RRs that chose to allow the use of medical cannabis in an RR setting, something about permitting, then the residences could have their own policies? I want there to be choice.

Butch – what steps should I take with BHA on this?

Amy – send over the policy with a letter requesting AG's opinion on this matter. Make sure you include objective language around if someone appears overly sedated vs. "getting high or getting well". This is very different than MAT.

Kevin – to clarify, to CARR cert. programs currently allowing combustible cannabis will either have to change the policy to not allow it all or lose their certification?

Butch – 100%

Kevin – to clarify further, programs that call me asking how do I draft a policy to determine getting high vs. getting well? What do I tell them?

Butch – Amy will be clarifying this language.

Cali – Agrees w/ Tonya, add language that all programs notify applicants that a particular house allows medical marijuana.

Conclusions:

Butch will start an email w/ Amy and Dara work on language with this. Try to get a draft to board as well as AG's eyes.

Agenda item: Recovery Residences operating outside of statute **Presenter:** Butch Lewis

Discussion:

Butch – what is the board's thought on trying to get the legislature to fining an RR operating outside of CO statute?

Tonya – that's not a CARR issue, but a state issue? who polices that?

Dara – Normally the state would send a cease-and-desist letter.

Butch – Who at the state? They're going to kick it to us, guaranteed.

Dara – Not sure whose plate this falls on.

Matt – what are the consequences if they take the cease & desist letter and trash it?

Dara – Exactly. Then we would need participation from AG's office

Butch – what is the AG going to do?

Dara – AG's office can enforce damages, fines, etc.? Worth a conversation with the AG. It's almost a consumer protection piece to this. There is a state interest there.

Tonya – I remember when houses were throwing people on mattresses and just filling houses. But I don't think CARR can enforce this?

Rourke – The state mandated the OBH (BHA) define and regulate sober living now, that was punted to CARR as the governing body, but did not leave the OBH to define a CARR standard sober living.

Butch – will be meeting with AGs office next month and can bring this up.

Dara – OBH has delegated authority to CARR. The AG office represents all agencies in CO so, AG would represent OBH, because OBH has delegated its authority to CARR, AG would also represent CARR in that situation.

Rourke – Butch, you're going after false advertising? Would rather pursue a program because of quality of care not because of false advertising.

Butch – It's both.

Rourke - Allowing use or misuse of drugs more urgent than an egress window!

Dara – an injunction from AG's office to stop operating an RR program that's not certified.

Rourke – At the time, we did the best we could to hold RRs accountable that were not operating well and/or ethically.

Butch – we're an entirely different organization than we were in 2019.

Tonya – during Butch's presentation add a piece about this to legislature?

Matt - I do remember a couple years ago, we were not out there to punish, but educate. Now, because we have no ability to "shutdown" these operators. For example: from a clinical standpoint, if a therapist engages in a sexual relationship with a client, you're losing your license! CARR really can't do anything, it's less than a slap on the wrist.

Rourke – Agreed. But should the whole organization be shut down for the actions of a single individual? Any position of authority should be taken into account. The vast majority of CARR's intention is to educate & support, to create better policy and help those orgs out of what is really amateur or peers at best. At the same time, CARR created a pathway to penalize bad organizations w/ just have not done that yet. Have we gone to DORA to shutdown referrals to a program? Or is this too much work for not an effective enough solution, we need to create a new opportunity? If we're going to throw it out, let's just be clear about it?

Butch – I don't think we've thrown it out. We just . . .

Rourke – If it's not working, if it doesn't work let's make sure we say that and we have a direction we're going.

Butch – It's a nuclear bomb!

Rourke – Shutting a company down is nuclear bomb.

Butch – Grieving a therapist license is pretty . . . We know we can send that request to DORA and DORA's hands are tied because of law, we know the therapist would be notified that the grievance happened. But do I want to do that to all the therapists at a particular treatment program?

Rourke – if we're not going use that, then it was a shallow and useless threat, then we better come up with something else. Then we should say "it is not a successful or useful policy, and I was wrong to create it and we should create something else"?

Tonya – It is every perpetrator's goal is to make sure people are afraid to come forward. We need to think about it from that perspective. As an organization, as a board and have an attorney we trust. Counselors continue to sleep with their clients because they get to bully and intimidate the victim, so they won't say anything. We need to be careful not to do that.

Butch – Do we want to then grieve all the therapist at , and

Rourke – Yeah, if we're at a point . . . you're saying they're on the same par, they are continuing to operate uncertified, we've gone through all the motions, therefore every org who is uncertified we're going to pursue?

Tonya – I don't know that we need . . . what about the people that are making the grievance?

Matt – Regardless, if , , and are resistant to CARR cert. All three (3) of them are top notch and they put client care ahead of everything, they just might not agree with CARR. My issue is with orgs blatantly doing things to take advantage of people in early recovery. These people who are predators, kicking people out for no reason, whatever, really looking at it from a client standpoint. Here's the best way to look at this is, what's in the best interest of the client. Are they serving the clients well? There are CARR certified programs not following their own P&Ps worse than some programs not certified operate better!

Rourke – Example: We went through the motions with . Program was certified. And now, now not certified. We did not notify DORA. We did not notify the BHA. CARR understands only options are to grieve the referrals notify BHA and DORA.

Conclusions:

Butch to have conversation w/ AG's office on best way, from a consumer protection standpoint, to address this issue.

Other Information

Observers:

Resources:

Special notes: