

**APPLICATION OF ROOT CENTER FOR ADVANCED  
RECOVERY FOR MAP AMENDMENT AND SPECIAL  
EXCEPTION WITH SITE PLAN REVIEW FOR  
392 WASHINGTON STREET, MIDDLETOWN, CT**

**Applicant's Final Supplemental Materials**

*– Submitted October 7, 2020 –*



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### SUBMITTED SEPARATELY

Four paper copies of Applicant's Final Supplemental Materials booklet

Dropbox link of all supplemental materials



## MEMORANDUM

TO: Planning and Zoning Commission

FROM: Root Center for Advanced Recovery  
Shipman & Goodwin LLP

DATE: October 7, 2020

RE: Applicant's Final Submission

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1. Summary of regulatory compliance established to date. The following aspects of Root Center's application have been established as compliant with Middletown's Zoning Code.

- Site dimensions
- Building dimensions, including setbacks and building height
- Site layout and design (the removal of the cedar fence is shown on revised Sheets CS-101 and LP-101, prepared by Fuss & O'Neill and submitted herewith)
- Rear entrance is appropriate
- Parking, loading, and traffic circulation
- Stormwater management and drainage
- Landscaping
- Lighting
- Utilities
- Erosion and sediment controls
- Signage (dimensions for the rear-of-building sign complying with the Zoning Code have been added to the revised elevations prepared by Tecton Architects and submitted herewith)
- Traffic on Washington Street and nearby streets and intersection: no change to Level of Service; no vehicle crash risks
- No wetlands on site

In addition, the following City Board / Department approvals have been secured:

- The Engineering Division of the Public Works Department has approved the application
- The City Water and Sewer Department has approved the application
- The City Health Department has approved the application
- The City's Design Review and Preservation Board approved the proposed architecture, building materials, floor plan, and amenities on September 9.

2. Visual comparison of existing and proposed uses. Simply put, the proposed clinic will be a substantial visual and architectural improvement along Washington Street:

**Existing**



Front Elevation

**Proposed**



Front Elevation



Rear Elevation



Rear Elevation

3. This Commission already has confirmed that Washington Street is an **appropriate** - not just eligible - location for a methadone clinic. In February 2020, PCD staff submitted a petition for a text amendment to modify Section 60 by removing methadone clinics from the list of uses prohibited in all business, industrial and other non-residential zones. In connection with that application, PCD staff confirmed in an April 16, 2020 memorandum to the Commission that a methadone clinic is a “clinic for substance abuse,” which is permitted in the SMH floating zone by special exception approval. **PCD staff submitted with that memo a map identifying those locations within the City where a methadone clinic could be established, including 392 Washington Street.** As shown by the April 22, 2020 hearing transcript (submitted on September 18, 2020), the Commission reviewed that map at that public hearing. The Commission could have declined to specify locations, but it did not do so. The Commission could have eliminated Washington Street from the areas applicable to the SMH zone and thus, available for use as a methadone clinic, but it did not do so, thereby designating the applicable portion of Washington Street as an appropriate location for a methadone clinic. In other words, **the Commission did not only amend the regulations to make methadone clinics a potential use somewhere in the City; it reviewed and approved a map of locations where an application to land the SMH floating zone and allow a special exception could be made.** Root Center has relied on this designation in submitting this application. See Tab 7 of this package. The Commission may not now assert that 392 Washington Street is not an appropriate

location, as doing so would be contrary to its April 2020 action on the PCD-sponsored text amendment.

While the Commission retains some discretion in rezoning particular parcels, its discretion is circumscribed by its prior actions. By removing methadone clinics in April 2020 from the list of prohibited uses in the MX Zone and confirming the applicability of the SMH floating zone to the Washington Street area by special exception, the Commission determined that such a use is "generally compatible with the zoning district, but requires review and approval by a land use agency under standards in the zoning regulations to determine that it is consistent with uses permitted as-of-right in the district." If the use meets the regulations, then the Commission's only remaining question is whether the "mode of operation must be regulated [through conditions of approval] because of topography, traffic problems, neighboring uses, etc. of the site." See R. Fuller, *Connecticut Land Use Law and Practice*, § 3.8 (4th ed. 2019).

Moreover, as to whether 392 Washington Street is an "appropriate location" for the proposed clinic, the Commission should consider its positive characteristics, and (rhetorically) ask the opponents who have claimed "there is a better location" to identify that location and demonstrate that it provides a better list:

- Centrally located.
- Walkable via sidewalks, with lighting.
- On a public bus line.
- Abutted on both sides by commercial / retail uses, and part of a row of commercial uses, see Tab 10 of this package.
- Site of an existing business with an existing driveway.
- Not accessible from the rear of the lot.

Finally, as Root Center previously explained, 520 Saybrook Road is not a viable alternative location because it is rented office space that cannot be converted to a standalone methadone clinic; and is not as accessible as 392 Washington Street. In addition, Root Center notes that:

- Root Center's New Britain clinic is in the process of being replaced by a new state-of-the-art facility and does not provide a valid comparison.
- Root Center's Manchester clinic is a good template for the proposed Middletown clinic, and functions safely and efficiently.
- Root Center's proposed Middletown clinic is not a "medical clinic" as defined by Zoning Code § 44.08.06; it is a "clinic" as defined in § 16.03.05.

4. Comparison of trip generation rates with recently approved developments along Washington Street. Fuss & O'Neill has reviewed trip generation rates for a number of recently approved and constructed developments along the Washington Street corridor and within the area of the proposed treatment facility. These developments and their estimated trip generation volumes, based on industry standard ITE rates, are summarized at Tab 6, Table 2. The Starbucks, Chipotle, and Mozzicato Bakery generate significantly more traffic than the proposed clinic during the peak hours. The O'Reilly Auto Parts store and 89 unit residential development

at 138 College Street will generate a similar amount of traffic to the clinic overall, but with a greater number of trips in the afternoon peak hour.

As noted previously, the Root Center clinic will add 0.04% to peak traffic of 2500 +/- vehicles per hour.

5. Evaluation of Root Center's application; Focus on the Proposed Use: As the Commission reviews and considers Root Center's application, it is critical that the members keep in mind what the proposed use is: **a treatment center, and a response to a public health crisis. Root Center is proposing a clinic where those who are willing to be treated for substance use and addiction may come to get help, stabilize their lives, and avoid risk to themselves and others.**

Those who have spoken to date in these hearings about past conduct of individuals who now want treatment are ignoring the proposed land use solution - the provision of treatment, with enhanced access, and decreased stigma. Instead of asking if the proposed clinic will help alleviate aspects of a public health and safety crisis, opponents are focusing on the conduct that the Root Center seeks to alleviate through treatment.

If this Commission focuses on the use being proposed rather than the conduct of substance users when they don't receive treatment, it will arrive at a correct analysis and conclusion.

6. Benefits to Middletown and the region. As demonstrated by the testimony of Dr. Leonard Lev, Root Center's Medical Director, and various studies written by experts in the field (*see* at Tabs 3 and 4 of this package), the proposed clinic **will help stabilize the lives of the individuals receiving treatment**, which will benefit the City and the neighborhood, and improve property values, and decrease crime.

Methadone has been a proven treatment of opioid addiction for approximately 50 years and is endorsed by the CSAT (Center for Substance Abuse Treatment) branch of SAMHSA (the Substance Abuse and Mental Health Services Administration), U.S. Institute of Medicine, ASAM (American Society of Addiction Medicine), AAAP (American Association of Addiction Psychiatry), and NIDA (National Institute of Drug Addiction). Numerous studies have proven that methadone treatment reduces the risk of overdose death, reduces days spent engaging in criminal activities, reduces transmission rates of HIV, reduces the use of illicit opioids or other illicit drugs, produces higher rates of employment, reduces commercial sex work, and reduces needle sharing.

7. The Commission may not ignore or dismiss unchallenged expert evidence in the record. Those in opposition to this application have provided lay testimony, not supported by any qualitative evidence, claiming adverse impacts on property values, criminal conduct and traffic. Conversely, Root Center has provided expert testimony and peer-reviewed academic studies that the proposed facility will comply with all applicable regulations, will not adversely impact the neighborhood or surrounding road network, and will improve not only the lives of those receiving treatment, but improve property values and decrease crime.

Specifically, the Root Center provided at Tabs 6 and 7 of their September 18, 2020 supplemental materials package academic studies demonstrating that methadone clinics do not decrease property values or increase crime. In addition, evidence submitted to the Commission on September 23, 2020 in response to staff comments received on September 22 demonstrate that drivers in methadone treatment are not adversely impacted by the treatment and the studies regarding crime around methadone treatment facilities include both violent and nonviolent crime.

The Commission should bear in mind that on matters that require expert testimony, if the hearing record contains unchallenged expert evidence, the Commission may not reject that evidence and reach an opposite finding or conclusion. *See, e.g., Builders Service Corp. v. Planning & Zoning Commission*, 208 Conn. 267, 292-93 (1988).

8. Facility Security & Operations Plan. The Root Center has prepared a Facility Security & Operations Plan, attached here at Tab 2. The Commission may adopt this Plan as a condition of approval. The Plan provides: (a) Root Center will utilize state-of-the-art security technology to monitor the proposed facility; (b) Root Center's medical staff will work with those receiving treatment to ensure they do not engage in conduct at the clinic or off-site that could put them or others at risk; and (c) Root Center will regularly monitor activity in its own parking lot and around its building.

It is important to note that Root Center is entitled to a presumption that it will comply with its proposed plan. *See State ex rel. Newfield Swim Club, Inc. v. Swinnerton*, 22 Conn. Supp. 337, 339 (Com. Pl. 1960). In other words, neither opponents nor Commission members may assume that Root Center will now follow or implement its own Plan.

9. Support letters. The Commission already has received various letters in support of Root Center's application from important members of, and contributors to, the Middletown community, including the State of Connecticut Department of Mental Health and Addiction Services, Middlesex Health, Advanced Behavioral Health, Inc., and St. Vincent de Paul. Each of these letters are not only a testament to the efficacy of methadone treatment for those suffering from substance use disorder, but the letters reaffirm the need for methadone treatment in Middletown. Those letters are attached again here at Tab 5.

10. Popular support on Mayor Florsheim's Facebook page. Mayor Florsheim spoke in favor of Root Center's application during the September 8, 2020 public hearing. The next day, Mayor Florsheim posted a written version of his comments to the Commission on his Facebook page in response to which dozens of people commented in support, commending the Mayor for his comments, noting the need for a methadone treatment facility in Middletown, and encouraging the City to fight the stigma associated with methadone treatment. Thus, while the majority of those speaking at the public hearing are in opposition, it appears that a significant number of Middletown residents are in favor of Root Center's application and supportive of its efforts to provide methadone treatment in Middletown. A screenshot of the Facebook page is at Tab 12 of Root Center's September 18, 2020 Supplemental Materials package.

11. Butternut Street traffic. At the September 9 and 23 hearings, the Commission heard from residents of Butternut Street about dangerous traffic conditions. For example, on September 23, Michelle Mehrman of 91 Butternut Street discussed a recent crash, and said the intersection of Butternut and Washington is “hugely dangerous,” with “lives at risk.”

Aside from the fact that traffic engineer Mark Vertucci has verified that the Root Center clinic will have no impact on Butternut Street, the applicant is constrained to point out that Ms. Mehrman and others are complaining about an existing condition. The applicant could also ask whether Butternut Street residents have complained to City officials about the existing danger, and why they chose to live on Butternut Street if it is so dangerous?

12. Property impact articles. The record now contains an article entitled “Not In My Backyard,” submitted by Ed McKeon. This article studies substance use treatment centers in residential neighborhoods. 392 Washington Street is in a mixed use zone and flanked by commercial / retail uses. See Tab 10 of this package. Moreover, this “study” only concludes that the value of single-family homes within 1/8 of a mile -- about 650 feet -- of a treatment clinic may decline up to eight percent in value. 392 Washington Street is flanked by commercial uses.

Two other articles (North Central News, Arizona, and about APT / New Haven) both also discuss only treatment clinics in residential neighborhoods.

13. No speculation. There is no place in this hearing for speculation. As one example, in describing his observations of Root Center’s Manchester clinic, the City Planner stated that he saw “one driver” who “drove noticeably erratic.” The apparent implication is that this person was driving erratically because of methadone treatment, but the City Planner presumably did not know if this driver was fatigued, distracted by a cell phone or conversation, or upset emotionally. Speculation is simply not appropriate.

14. The existing use automotive repair use is nonconforming and by law, should be replaced with a conforming use. The site, which is located in the MX Zone, currently houses Fine Tunes Car Stereo & Complete Auto Repair. Automobile service and repair garages are not now permitted in the MX Zone. It is a well-established legal principle that nonconformities should be reduced or altogether eliminated whenever possible. See *Blum v. Lisbon Leasing Corp.*, 173 Conn. 175, 181 (1977) (“the indisputable goal of zoning to reduce nonconforming to conforming uses with all the speed justice will tolerate”). Special exception uses are, by law, conforming uses and, therefore, the Root Center’s proposed special exception use is legally preferred over the existing nonconforming use on site. See also Section 14.04 of the Middletown Zoning Code, stating that special exception uses are conforming uses. Accordingly, the Commission should endeavor to reduce the existing nonconformity on site in favor of a conforming use, such as the use proposed by Root Center.

15. Other items: Martha Stevens: anonymous letters and e-mails. Prior to the September 23, 2020 public hearing, an anonymous opposition letter from an alleged former employee of the Root Center was submitted into the record. During the public hearing, a member of the public who introduced herself as Martha Stevens, a former employee of the Root Center, testified in opposition. Upon further investigation, Root Center confirmed that it has

never had an employee named Martha Stevens. The member of the public who spoke as Ms. Stevens most likely used a fictitious name or lied about being a former employee of the Root Center's.

The submission of anonymous testimony into the record of a public hearing violates Root Center's due process rights, its right to fundamental fairness in a public hearing, and its right to cross examine witnesses during a public hearing. Thus, the Commission here should strike both the anonymous letter and the testimony of the alleged Ms. Stevens from the record and refuse to consider the same in rendering its decision on Root Center's application.

16. Discrimination and American with Disabilities Act ("ADA"). The ADA prohibits discrimination against individuals on the basis of disability in public accommodations. Persons with substance use disorders participating in a rehabilitation program are considered "disabled" within the meaning of the ADA. If the Root Center's application is denied as a result of the type of services it will provide -- or as a result of the disability of its clients -- the Commission will need to identify a non-discriminatory reason that is valid under the ADA.

17. Conclusion. In summary, the Root Center's application should be approved for these reasons:

- The plan complies with all applicable Code provisions;
- The Commission has identified 392 Washington Street as an appropriate location for a clinic;
- 392 Washington Street meets all the characteristics of an appropriate location, and no one has identified a better location in Middletown;
- A treatment center will benefit the City and the region by providing an accessible, state-of-the-art facility where individuals willing to be treated can go;
- Methadone treatment stabilizes individual lives and curtails substance use disorders;
- Methadone treatment, therefore, improves property values and decreases crime;
- The clinic will not have any adverse impacts on traffic;
- Root Center has proposed an Facility Security & Operations Plan that the Commission can impose as a condition of special exception approval;
- Opposition has been based on speculation, stereotypes, and an incorrect focus on the worst case past conduct of the clinic's clients instead of the proposed use - treatment;
- The Commission may not ignore or reject unchallenged expert testimony and studies in the record; and
- In light of the above, a denial will have to be based on rejection of expert evidence, speculation about individual conduct, rejection of the Root Center's Facility Security & Operations Plan, and "discrimination" -- making assumptions about conduct based only on the fact that clients seeking treatment are disabled in that they have a substance use disorder.



**Root Center for Advanced Recovery Security & Operations Plan  
392 Washington Street, Middletown**



Root Center for Advanced Recovery will monitor client behavior by setting forth enhancements to our current model of oversight at existing clinics and training staff and medical providers accordingly.

The security technology proposed for the Middletown facility has advanced programming options and can be modified as needs grow and change. This technology has proven highly effective in similar applications used by our cameras and security specialist, Chris Goff, a Senior Security Consultant with Sonitrol of New England. This initiative involves establishing a new Drug Enforcement Administration compliant security system for the interior of the proposed Middletown clinic and an intelligent, exterior video system that can detect loitering or afterhour's activity and alert site staff and/or the central monitoring station of the same.

The exterior video detection and verification system will consist of multiple *Thermal Cameras with Advanced Video Analytics*. Through this cutting-edge technology, Root Center will be able to set a perimeter wherein an alarm will be triggered if any loitering or suspicious activity occurs. There will also be a *High Definition* camera system, which will operate in tandem with the thermal cameras for an excellent view of site activity with the analytical power to recognize any person crisply and clearly. Simply put, the thermals recognize the loitering and the HD cameras identify the person(s).

If the alarm is generated during occupied hours, an outdoor speaker will be activated from within the facility to allow staff to direct the person(s) to vacate the premises, as they would be violating our policy. Once the verbal cue has been made to vacate the premises, the system has the technology to set an additional parameter, where a second alarm will be generated after a set amount of time has expired (30 seconds for example), at which point if the person(s) have not left, staff will then physically step outside to request the person to vacate the premises, or face disciplinary action within the program at Root and/or notification of Police. If an alarm is generated after hours, the Central Station operators can verify the alarm, and Police can be dispatched to the site if unwarranted activity is detected.

With respect to the staff and medical provider training: all members of Root Center will be trained to recognize suspicious activity and report the same to upper management.

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October 6, 2020 - Testimony of Leonard Lev, MD

Board Certified by American Board of Psychiatry and Neurology and by American Board of Preventive medicine in Addiction Medicine

Medical Director, Root Center for Advanced Recovery

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Thank you for opportunity to add my comments, as a Medical Director of Root Center for Advanced Recovery.

I am not going to spend your time on talking about Opioid epidemic which took more lives in just over 2 years than Coronavirus in this state. We are all in agreement that the State and each town need to address that public health crisis.

I would like to comment on some specific concerns and questions raised during last two days of public hearing.

**1. First, on location.**

It must be accessible by private and public transportation as well as walking.

Proximity of clinic is a significant factor in bringing people to treatment and can not become another barrier for taking action towards recovery.

Where it is proposed, it meets those objectives, and it will benefit community of Middletown.

It will allow our patients from Middletown to gain employment and be on-time to work, which is difficult if someone must spend the morning hours commuting to faraway clinic locations.

**2. Second, on treatment itself and its safety.**

Treatment of opioid addiction with methadone is endorsed by the CSAT (Center for Substance Abuse Treatment) branch of SAMHSA, by the U.S.'s Institute of Medicine, by ASAM (American Society of Addiction Medicine), by AAAP (American Association of Addiction Psychiatry), and by NIDA (National Institute of Drug Addiction).

In over 50 years of studies, Methadone has been shown to reduce the risk of overdose death, reduce days spent in criminal activities, reduce transmission rates of HIV, reduce the use of illicit opioids, reduce the use of other illicit drugs, produce higher rates of employment, reduce commercial sex work, and reduce needle sharing. These are all benefits to community.

When patients on methadone are dosing every day, they have a tolerance to the drowsiness that opioids cause to opioid-naive people.

Because methadone is such a long-acting medication, the blood levels don't even reach the peak until around three hours after dosing.

The proper dose of medication makes patients feel normal.

They do not feel intoxicated or high and do not feel withdrawal symptoms as the day wears on.

On an adequate dose of Methadone, if patient relapses and uses an illicit opioid, the medication blocks the effects of the illicit opioid.

Therefore, prescribing Methadone to treat opioid addiction is not "like giving whiskey to an alcoholic" or "replacing one drug with another", as has been commonly asserted. The valid difference lies in the unique pharmacology of Methadone. People can lead normal lives on this medication, when it is properly dosed.

Most of our patients have jobs, families, and responsibilities that they meet, despite having this potentially fatal illness of opioid addiction. They are of all walks of life, college graduates and professionals, teachers and lawyers, nurses and business owners, private and state employees.

But we monitor our premises, and don't tolerate any loitering, threatening or aggressive behavior on our properties, as no other medical facility would. Our goal is to make the experience of clinic visit safe, dignified, respectful and void of any stigma usually attached to our patients.

### **3. Third, the safety to drive issue.**

Sedation and drowsiness are function of the too high dose and pace of dose increase, and therefore, this most commonly happen when methadone is used illicitly or for pain management.

Over the years, many studies have been done on Methadone to see if patients are able to drive safely.

In study after study, data show patients on stable doses can safely drive cars, operate heavy equipment, and perform complex tasks.

There was a study from Iran cited during last Public Hearing, which points out some cognitive functioning issues on Methadone.

I have provided abstracts from over 15 studies from US, Australia and Germany which conclude that Methadone Maintenance does not impair driving and does not cause any significant decrement in memory test, vigilance and simple reaction time, compensatory, pursuit and critical tracking, maintaining lane position, speed, and reaction time.

According to the National Institute on Drug Abuse, "Properly prescribed, methadone is not intoxicating or sedating and does not interfere with ordinary activities like driving a car."

I'm not saying, however, that patients on Methadone can't become impaired.

During first two weeks in treatment while the dose is getting adjusted, we recommend that patient uses public transportation or taxi, or gets help from friend or family member.

For that reason, patients are assessed immediately prior to dosing and after, and warned not to drive if they ever feel sedated or drowsy.

The impairment tends to happen if they mix other drugs, alcohol, or medications with their methadone.

In fact, the most common substance found in perpetrators of motor-vehicle accidents is alcohol, followed by marijuana, not opioids or methadone specifically.

Our agency utilizes safety precautions to prevent impaired driving which exceed precautions of restaurants and bars.

In as many towns and counties in Connecticut where we have our clinics, we have never encountered complains from officials or public on any fluctuations in frequency of motor-vehicle issues related to our patients.

We and our family members drive on these roads too, and we want to keep Middletown roads safe as much as you do.

#### **4. On the concern frequently raised here about possibility of increase in crime rate.**

The Baltimore study provided looked at crime rates in the vicinity of 15 Methadone Treatment Centers located in different including middle class neighborhoods and compared to residential, convenience stores and Hospitals locations. The hospitals were excluded from statistical analysis due to insufficient number. It looked not only for violent crime, but for all FBI part 1 crimes including larceny, motor-vehicle theft and others.

The study found that Methadone Treatment centers, in contrast to convenience stores, are not associated geographically with crime.

Rather, MMTs are associated with lower crime rates.

I have provided another three more recent studies.

5 years of data review published in Journal of Health Economics concludes that Substance Abuse Treatment is associated with reduced crime rate and large and statistically significant reduction in robbery.

The Journal of Forensic Science published a study which looked at 6 years follow up of more than 2000 patients on maintenance treatment found significant and clinically relevant reduction in criminal behavior including not drug-related offences.

In Journal of Comparative Study of Addiction, same result was found in study looking at over 3 thousand of patients over 6 years period – treatment reduces all criminal behavior.

I understand the concern in community, but it is no longer acceptable to limit the availability of Methadone Maintenance Treatment because of fear of crime.

Our clinic here will make your community safer.

**5. Finally, on the question whether OTP is a Clinic or Medical Clinic for the purpose of zoning.**

According to Middletown Zoning Regs:

16.13.02 MEDICAL CLINIC BUILDING- An establishment where patients are accepted for special study and treatment by a group of physicians practicing medicine together.

16.03.05 CLINIC- A place used for the care, diagnosis and treatment of sick, ailing, infirmed and injured persons and those who are in need of medical or surgical attention, but who are not provided with board or room nor kept overnight on the premises.

Methadone program or OTP (Opioid Treatment Program) has a special designation.

According to Federal Guidelines and SAMHSA of U.S. Department of Health and Human Services, an OTP is

any treatment program certified by the Substance Abuse and Mental Health Services Administration

(SAMHSA) in conformance with 42 Code of Federal Regulations (CFR), Part 8, to provide supervised

assessment and medication-assisted treatment for patients who are opioid addicted. An OTP can exist in a number of settings, including, but not limited to, intensive outpatient, residential, and hospital settings.

As proposed here for stand-alone OTP facility, it is not a Hospital where patients provided with Emergency services, or room and board or kept overnight on the premises.

It is also not a medical clinic as defined by Middletown Zoning regulations, where patients are accepted for special study and treatment by a group of physicians practicing medicine together and where ambulatory procedures or surgeries, specialty tests or multi-disciplinary physician or professional groups could be found.

OTP provides Medication Assisted treatment by dispensing and administration. It will be staffed by nurses administering and dispensing medication, by counselors providing counseling services.

It will function under supervision of Medical Director certified in Addiction Medicine, who periodically will be on-site.

Therefore, it fits under designation as Clinic as defined by Middletown Zoning regulations.



## RESEARCH REGARDING BENEFITS OF METHADONE TREATMENT Submitted October 7, 2020

Review Mt Sinai J Med

. Oct-Nov 2000;67(5-6):347-64.

**Methadone maintenance treatment (MMT): a review of historical and clinical issues**

H Joseph 1, S Stancliff, J Langrod

PMID: 11064485

Abstract

Methadone maintenance has been evaluated since its development in 1964 as a medical response to the post-World War II heroin epidemic in New York City. The findings of major early studies have been consistent. Methadone maintenance reduces and/or eliminates the use of heroin, reduces the death rates and criminality associated with heroin use, and allows patients to improve their health and social productivity. In addition, enrollment in methadone maintenance has the potential to reduce the transmission of infectious diseases associated with heroin injection, such as hepatitis and HIV. The principal effects of methadone maintenance are to relieve narcotic craving, suppress the abstinence syndrome, and block the euphoric effects associated with heroin. A majority of patients require 80-120 mg/d of methadone, or more, to achieve these effects and require treatment for an indefinite period of time, since methadone maintenance is a corrective but not a curative treatment for heroin addiction. Lower doses may not be as effective or provide the blockade effect. Methadone maintenance has been found to be medically safe and non-sedating. It is also indicated for pregnant women addicted to heroin. Reviews issued by the Institute of Medicine and the National Institutes of Health have defined narcotic addiction as a chronic medical disorder and have claimed that methadone maintenance coupled with social services is the most effective treatment for this condition. These agencies recommend reducing governmental regulation to facilitate patient access to treatment. In addition, they recommend that the number of programs be expanded, and that new models of treatment be implemented, if the nationwide problem of addiction is to be brought under control. The National Institutes of Health also recommend that methadone maintenance be available to persons under legal supervision, such as probationers, parolees and the incarcerated. However, stigma and bias directed at the programs and the patients have hindered expansion and the effective delivery of services. Professional community leadership is necessary to educate the general public if these impediments are to be overcome.

**Drug Alcohol Depend**

. 2018 Nov 1;192:94-97. doi: 10.1016/j.drugalcdep.2018.07.019. Epub 2018 Aug 25.

**Methadone maintenance treatment among patients exposed to illicit fentanyl in Rhode Island: Safety, dose, retention, and relapse at 6 months**

Andrew C Stone 1, Jennifer J Carroll 2, Josiah D Rich 3, Traci C Green 2

PMID: 30243145 DOI: 10.1016/j.drugalcdep.2018.07.019

#### Abstract

**Introduction:** Illicitly manufactured fentanyl (IMF) is a potent synthetic opioid that has been contributing to overdose deaths in the United States. This study examined intake toxicology and six-month treatment outcomes for patients newly admitted to a single methadone maintenance treatment program (MMTP) in Rhode Island with a high prevalence of illicit fentanyl.

**Methods:** We conducted a retrospective chart review of patients admitted to a single MMTP between November 1st, 2016 and August 31st, 2017 followed for six months. Outcomes measured included: 1) retention in treatment at 6 months; 2) evidence of sustained abstinence; 3) relapse; 4) methadone dosage required to achieve sustained abstinence; and 5) the number of days required to achieve abstinence.

**Results:** We observed 154 unique intake events (representing 147 patients). 80% (n = 123) tested positive for fentanyl at intake. During the six-month follow up period, 32% (n = 49) left treatment before six months, two individuals died within five weeks of discontinuation. No deaths were seen among those remaining in treatment. The majority (89%) who remained in treatment at six months achieved abstinence. No significant difference was seen for dose or time to achieve abstinence. Relapse was common (57%). Repeated exposure to fentanyl was seen frequently (71%) while in MMT before and after achieving abstinence.

**Conclusion:** While there is concern that the potency of IMF may reduce the effectiveness of MAT, this study suggests that MMT is safe, abstinence achievable, and MMT is protective against death among fentanyl-exposed patients.

#### J Subst Abuse Treat

. 2020 Aug;115:108031. doi: 10.1016/j.jsat.2020.108031. Epub 2020 May 11.

**One year of methadone maintenance treatment in a fentanyl endemic area: Safety, repeated exposure, retention, and remission**

**Andrew C Stone 1, Jennifer J Carroll 2, Josiah D Rich 3, Traci C Green 4**

PMID: 32600619 DOI: 10.1016/j.jsat.2020.108031

#### Abstract

**Introduction:** Fentanyl is a potent synthetic opioid that has contributed to increasing overdose deaths in the United States in recent years. Concern over safety and efficacy of agonist treatment for fentanyl use may limit access to treatment. This study sought to address these potential concerns in a naturalistic setting.

**Objectives:** Measure 12-month treatment outcomes for methadone maintenance treatment (MMT) in a fentanyl endemic area.

Outcomes: Primary: 1) Treatment retention; 2) sustained remission (defined as 3 consecutive negative screens); 3) return to use; 4) methadone dosage required; and 5) number of days to achieve remission. Secondary: Mortality.

Methods: A naturalistic follow-up study and retrospective review of consecutive patients newly admitted to a single methadone maintenance treatment program in Rhode Island.

Results: We observed 154 unique intake events (representing 151 patients). Eighty percent (n = 121) tested positive for fentanyl at intake. Seventy-five percent of patients achieved remission within the 12-month study period. One-year retention was 53% for fentanyl-exposed individuals and 47% for those not exposed. The majority (99%) of patients who remained in treatment at 12 months achieved remission. We saw prolonged, sustained remission in 44% of patients exposed to fentanyl at intake and 47% of those who were not. Dose and time to remission were similar. Unfortunately, 4 patients died after leaving MMT prematurely.

Conclusions: This study suggests MMT is safe despite repeated exposure to fentanyl while taking methadone. Remission is achievable, and MMT is protective against death among fentanyl-exposed patients while in treatment.

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**BMJ**

. 2020 Mar 31;368:m772. doi: 10.1136/bmj.m772.

**Opioid agonist treatment and risk of mortality during opioid overdose public health emergency: population based retrospective cohort study**

Lindsay A Pearce 1, Jeong Eun Min 1, Micah Piske 1, Haoxuan Zhou 1, Fahmida Homayra 1, Amanda Slaunwhite 2, Mike Irvine 2, Gina McGowan 3, Bohdan Nosyk 4 5

PMID: 32234712 PMCID: PMC7190018 DOI: 10.1136/bmj.m772

Abstract

Objective: To compare the risk of mortality among people with opioid use disorder on and off opioid agonist treatment (OAT) in a setting with a high prevalence of illicitly manufactured fentanyl and other potent synthetic opioids in the illicit drug supply.

Design: Population based retrospective cohort study.

Setting: Individual level linkage of five health administrative datasets capturing drug dispensations, hospital admissions, physician billing records, ambulatory care reports, and deaths in British Columbia, Canada.

Participants: 55 347 people with opioid use disorder who received OAT between 1 January 1996 and 30 September 2018.

Main outcome measures: All cause and cause specific crude mortality rates (per 1000 person years) to determine absolute risk of mortality and all cause age and sex standardized mortality ratios to determine relative risk of mortality compared with the general population. Mortality risk was calculated according to treatment status (on OAT, off OAT), time since starting and stopping treatment (1, 2, 3-4, 5-12, >12 weeks), and medication type (methadone, buprenorphine/naloxone). Adjusted risk ratios compared the relative risk of mortality on and off OAT over time as fentanyl became more prevalent in the illicit drug supply.

Results: 7030 (12.7%) of 55 347 OAT recipients died during follow-up. The all cause standardized mortality ratio was substantially lower on OAT (4.6, 95% confidence interval 4.4 to 4.8) than off OAT (9.7, 9.5 to 10.0). In a period of increasing prevalence of fentanyl, the relative risk of mortality off OAT was 2.1 (95% confidence interval 1.8 to 2.4) times higher than on OAT before the introduction of fentanyl, increasing to 3.4 (2.8 to 4.3) at the end of the study period (65% increase in relative risk).

Conclusions: Retention on OAT is associated with substantial reductions in the risk of mortality for people with opioid use disorder. The protective effect of OAT on mortality increased as fentanyl and other synthetic opioids became common in the illicit drug supply, whereas the risk of mortality remained high off OAT. As fentanyl becomes more widespread globally, these findings highlight the importance of interventions that improve retention on opioid agonist treatment and prevent recipients from stopping treatment.

## Review Acute Med

. 2013;12(1):51-4.

Problem based review: The patient taking methadone

Alok Arora 1, Karen Williams

PMID: 23539377

### Abstract

Methadone maintenance treatment (MMT) is an effective therapy for opioid-dependence; its use is based on a harm reduction philosophy and represents one of a range of treatment approaches for opioid-dependent individuals. The medical literature supports MMT as a well-established and cost-effective treatment for opioid-dependence that allows a return-to-normal physiological, psychological and societal functioning. The effectiveness of MMT is enhanced by psycho-social interventions such as contingency management and addressing other co-existing health and social needs. MMT saves lives and reduces violent and non-violent crime, drug use and the transmission of HIV, hepatitis C and other communicable diseases. For some people, MMT may continue for life, while others may eventually be able to discontinue and remain abstinent. Methadone interacts with numerous drugs and prolongs the corrected QT interval (QTc) with risk of sudden cardiac death. It has a prolonged half-life and premature discharge of patients after methadone overdose may be fatal. Each patient must be assessed, treated and monitored on an individual basis. Successful outcomes through MMT require knowledge, experience, vigilance, and diligence on the part of the physician, the patient and all of those involved in treatment.

## REVIEW OF METHADONE TREATMENT IN AUSTRALIA

Australian Government Department of Health

### 4 The principles of methadone maintenance therapy

#### 4.3 Effects of methadone on drug use, crime and social functioning

##### 4.3.1 Randomised controlled research

Methadone maintenance treatment is without competitor as the best researched of all of the treatments for opioid dependence [12-16]. It is the only treatment for opioid dependence which has been clearly demonstrated to reduce illicit opiate use more than either no-treatment [17, 18], drug-free treatment [19], placebo medication [20, 21, 22], and detoxification [23] in randomised controlled trials. These trials have been conducted by different research groups in markedly differing cultural settings, yet have converged to provide similar results, suggesting a robust effect.

among those in MMT were less likely to be associated with continued drug use than those which occurred among those who had left MMT or requested detoxification.

Swedish researchers [34] followed a cohort of 368 heroin-dependent individuals, and assessed mortality over five to eight years. The yearly death rates showed:

for those enrolled in methadone maintenance treatment, 1.40% died, a rate 8.4 times the population-based expectation

for those "successful" graduates from methadone maintenance treatment, 1.65% died

for those involuntarily discharged from methadone maintenance treatment, 6.91% died, 55.3 times greater than the population-based expectation and

for those who were provided "intermittent detoxification and participated in drug-free treatment", 7.20% died annually, 63.1 times greater the population-based expectation.

Of those enrolled in methadone maintenance treatment who died, many of the deaths were related to pre-existing physical diseases (and thus were not caused by methadone treatment), and none were caused by heroin overdose. Of those deaths that occurred outside methadone, 71% were attributed (partly or totally) to heroin overdose.

More recently, Italian research has confirmed the protective effect of MMT. In a case-control study of overdose deaths, Davoli and colleagues [35] found that among a cohort of 4200 clients in MMT in Rome from 1980 to 1988, those who left MMT were 8 times more likely to die of overdose in the first 12 months after they left compared to those who remained in MMT (odds ratio = 7.98, 95% confidence interval = 3.40-18.73). The effect continued; after a year those who had left MMT were twice as likely to die of an overdose than those who remained (odds ratio = 2.54, 95% confidence interval = 1.25-5.15).

Australian research has examined the outcome of 307 heroin addicts and confirmed that their relative risk of dying in MMT was one-third that when not in MMT (odds ratio = 0.35, 95% confidence interval = 0.18-0.69) [36].

Elsevier

Journal of Substance Abuse Treatment

Volume 115, August 2020, 108031

Journal of Substance Abuse Treatment

One year of methadone maintenance treatment in a fentanyl endemic area: Safety, repeated exposure, retention, and remission

Author links open overlay panel Andrew C. Stonea Jennifer J. Carrollb Josiah D. Richc Traci C. Greend

<https://doi.org/10.1016/j.jsat.2020.108031> Get rights and content

Highlights

First study to investigate 1-year outcomes in methadone maintenance treatment (MMT) patients exposed to fentanyl.

Repeated exposure to fentanyl common while in MMT, no deaths for those who remained, 4 deaths in those who left treatment.

Remission in majority of fentanyl-exposed patients. Prolonged remission (>6m) in nearly half who remained in treatment.

MMT safe despite repeated fentanyl exposure. Remission achievable. MMT protects against death for fentanyl-exposed patients.

Abstract

Introduction

Fentanyl is a potent synthetic opioid that has contributed to increasing overdose deaths in the United States in recent years. Concern over safety and efficacy of agonist treatment for fentanyl use may limit access to treatment. This study sought to address these potential concerns in a naturalistic setting.

Objectives Measure 12-month treatment outcomes for methadone maintenance treatment (MMT) in a fentanyl endemic area.

Outcomes

Primary: 1) Treatment retention; 2) sustained remission (defined as 3 consecutive negative screens); 3) return to use; 4) methadone dosage required; and 5) number of days to achieve remission.

Secondary: Mortality.

Methods

A naturalistic follow-up study and retrospective review of consecutive patients newly admitted to a single methadone maintenance treatment program in Rhode Island.

## Results

We observed 154 unique intake events (representing 151 patients). Eighty percent (n = 121) tested positive for fentanyl at intake. Seventy-five percent of patients achieved remission within the 12-month study period. One-year retention was 53% for fentanyl-exposed individuals and 47% for those not exposed. The majority (99%) of patients who remained in treatment at 12 months achieved remission. We saw prolonged, sustained remission in 44% of patients exposed to fentanyl at intake and 47% of those who were not. Dose and time to remission were similar. Unfortunately, 4 patients died after leaving MMT prematurely.

## Conclusions

This study suggests MMT is safe despite repeated exposure to fentanyl while taking methadone. Remission is achievable, and MMT is protective against death among fentanyl-exposed patients while in treatment.

**March 17, 1999**

### **Moderate- vs High-Dose Methadone in the Treatment of Opioid Dependence**

#### **A Randomized Trial**

**Eric C. Strain, MD; George E. Bigelow, PhD; Ira A. Liebson, MD; et alMaxine L. Stitzer, PhD**

**JAMA. 1999;281(11):1000-1005. doi:10.1001/jama.281.11.1000**

#### **Abstract**

Context Methadone hydrochloride treatment is the most common pharmacological intervention for opioid dependence, and recent interest has focused on expanding methadone treatment availability beyond traditional specially licensed clinics. However, despite recommendations regarding effective dosing of methadone, controlled clinical trials of higher-dose methadone have not been conducted.

Objective To compare the relative clinical efficacy of moderate- vs high-dose methadone in the treatment of opioid dependence.

Design A 40-week randomized, double-blind clinical trial starting in June 1992 and ending in October 1995.

Setting Outpatient substance abuse treatment research clinic at the Johns Hopkins University Bayview Campus, Baltimore, Md.

Participants One hundred ninety-two eligible clinic patients.

Intervention Daily oral methadone hydrochloride in the dose range of 40 to 50 mg (n=97) or 80 to 100 mg (n=95), with concurrent substance abuse counseling.

Main Outcome Measures Opioid-positive urinalysis results and retention in treatment.

Results By intent-to-treat analysis, through week 30 patients in the high-dose group had significantly lower rates of opioid-positive urine samples compared with patients in the moderate-dose group (53.0% [95% confidence interval {CI}, 46.9%-59.2%] vs 61.9% [95% CI, 55.9%-68.0%];  $P = .047$ ). These differences persisted during withdrawal from methadone. Through day 210 no significant difference was evident between dose groups in treatment retention (high-dose group mean retention, 159 days; moderate-dose group mean retention, 157 days). Nineteen (33%) of 57 patients in the high-dose group and 11 (20%) of 54 patients in the moderate-dose group completed detoxification.

**Conclusions Both moderate- and high-dose methadone treatment resulted in decreased illicit opioid use during methadone maintenance and detoxification. The high-dose group had significantly greater decreases in illicit opioid use.**

## European Addiction Research

### Research Report

#### Six-Year Outcome of Opioid Maintenance Treatment in Heroin-Dependent Patients: Results from a Naturalistic Study in a Nationally Representative Sample

Soyka M.a, b · Strehle J.d · Rehm J.d, e · Bühringer G.c, d · Wittchen H.-U.d

Eur Addict Res 2017;23:97-105

<https://doi.org/10.1159/000468518>

### Abstract

Background: In many countries, the opioid agonists, buprenorphine and methadone, are licensed for maintenance treatment of opioid dependence. Many short-term studies have been performed, but little is known about long-term effects. Therefore, this study described over 6 years (1) mortality, retention and abstinence rates and (2) changes in concomitant drug use and somatic and mental health. Methods: A prevalence sample of  $n = 2,694$  maintenance patients, recruited from a nationally representative sample of  $n = 223$  substitution doctors, was evaluated in a 6-year prospective-longitudinal naturalistic study. At 72 months,  $n = 1,624$  patients were assessed for outcome; 1,147 had full outcome data, 346 primary outcome data and 131 had died; 660 individuals were lost to follow-up. Results: The 6-year retention rate was 76.6%; the average mortality rate was 1.1%. During follow-up, 9.4% of patients became "abstinent" and 1.9% were referred for drug-free addiction treatment. Concomitant drug use decreased and somatic health status and social parameters improved.

**Conclusions: The study provides further evidence for the efficacy and safety of maintenance treatment with opioid agonists. In the long term, the number of opioid-free patients is low and most patients are more or less continuously under opioid maintenance therapy. Further implications are discussed.**





**STATE OF CONNECTICUT**  
**DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES**  
*A Healthcare Service Agency*

NED LAMONT  
GOVERNOR

MIRIAM E. DELPHIN-RITTMON, Ph.D.  
COMMISSIONER

September 2, 2020

Mr. Marek Kozikowski  
Planning and Zoning  
City of Middletown  
245 Dekoven Drive  
Middletown, CT 06457

Subject: Zoning Application of Root Center for Advanced Recovery for 392 Washington Street, Middletown, Connecticut.

Dear Mr. Kozikowski:

The Connecticut Department of Mental Health and Addiction Services (DMHAS) understands that The Root Center for Advanced Recovery has filed a zoning application for the development of a methadone treatment clinic at the existing building at 392 Washington Street in Middletown, Connecticut. The Department supports this application and would welcome the local availability of methadone treatment to provide evidenced-based treatment for individuals with substance use disorders.

DMHAS looks forward to continuing our longstanding partnership with The Root Center to help individuals with opioid use disorders connect to methadone treatment and build a successful recovery plan.

Respectfully,

A handwritten signature in black ink that reads "Miriam E. Delphin-Rittmon".

Miriam E. Delphin-Rittmon, Ph.D.  
Commissioner



August 31, 2020

Mr. Marek Kozikowski  
Planning and Zoning  
City of Middletown  
245 Dekoven Drive  
Middletown, CT 06457

Subject: Zoning Application of Root Center for Advanced Recovery for 392 Washington Street, Middletown, Connecticut.

Dear Members of the Middletown Planning and Zoning Commission

The Center For Behavioral Health at Middlesex Hospital understands that the Root Center For Advanced Recovery has filed a zoning application for the development of a methadone clinic at the existing building at 392 Washington St. in Middletown, Connecticut. We fully support this location and would welcome the availability of methadone treatment for our patients that struggle with substance abuse disorders.

The Center For Behavioral Health looks forward to partnering with ROOT to help our patients with opioid disorders connect with methadone care and build a recovery plan to will promote successful reintegration into the community.

Sincerely,

A handwritten signature in black ink that reads 'Jeffrey Shelton MD'.

Jeffrey Shelton MD  
Chairman, Department of Psychiatry  
Center For Behavioral Health  
Middlesex Health

A handwritten signature in black ink that reads 'Terri DiPietro MBA, OTR/L'.

Terri DiPietro MBA, OTR/L  
Administrative Director  
Center For Behavioral Health  
Middlesex Health



Advanced Behavioral Health, Inc.

September 11, 2020

Mr. Marek Kozikowski  
City Planner  
City of Middletown  
245 Dekoven Drive  
Middletown, CT 06457

**RE: Letter of Support  
Zoning Application of Root Center for Advanced Recovery for 392 Washington Street, Middletown,  
Connecticut**

Dear Mr. Kozikowski,

We understand the Root Center for Advanced Recovery has filed a zoning application for the development of a methadone treatment clinic at the existing building at 392 Washington St in Middletown, Connecticut.

On behalf of Advanced Behavioral Health (ABH), located at 213 Court Street, Middletown, we would like to express our support of this application. ABH provides behavioral health management services throughout the state of Connecticut and we have worked with the Root Center and know their programs, staff and leadership very well. The Root Center for Advanced Recovery, formerly known as the Hartford Dispensary, has been treating individuals and their health needs in the state of CT since 1871, and changed their focus in 1971 to substance use and mental health services in response to the economic and medical problems associated with opioid dependence in the greater Hartford community. They are a highly respected organization and have been providing very specialized care to our communities for many years.

Root Center currently serves approximately 125-150 Middletown residents who must seek their care elsewhere within the Root Center continuum for methadone treatment. There are currently no providers in Middletown for this most highly regarded, studied, and efficacy-based treatment for opioid dependence. Oftentimes, patients must travel daily to receive this life saving medication. The number of overdose deaths in Middletown since 2015 has totaled 88, not including data for 2020. Through the first 5 months of this calendar year, compared to last calendar year, there has already been a 22% increase in overdose deaths (CT DPH), off of what was a record number of overdoses in 2019. Root Center's intent is to bring these clients "home" for their treatment, not unlike what we would want for most any other disease when appropriate resources are available and possible. The stigma is also eliminated for these patients as they are no longer faced with having to leave their community to receive this disease-based care.

Root Center is also committed to continuing to be a partner in the Middletown community. They already operate a behavioral health office at 520 Saybrook Road, are members of the Middlesex Chamber of Commerce, have recently donated \$8,000 to the St. Vincent de Paul Food pantry, and have attempted to sponsor numerous events prior to the pandemic – PRIDE 2020 & Mayor's Ball, to name just two. They have strong relationships already in place with Middlesex Health, who are also outspoken supporters of the Root Center and this application, as well as the Commissioner of DMHAS, Miriam Delphin-Rittmon, and the Mayor of Middletown, Ben Florsheim.

Root Center also has proven to not only understand the importance of creating a safe space for treatment, but also a clinical environment anyone would be proud to enter. They have high standards in terms of aesthetics, material, and ambiance, not only for those that may drive by, but also for those that may decide to enter. This will be a high quality building both inside and out.

We unequivocally support this application and welcome the opportunity to have Root Center assist our neighbors in this most awful and painful opioid epidemic.

Sincerely,

A handwritten signature in black ink that reads "Samuel Moy, Ph.D." The signature is written in a cursive style with a large, stylized "S" and "M".

Samuel Moy, Ph.D.  
President and CEO,



St. Vincent de Paul  
Middletown

MEETING NEEDS, OFFERING HOPE

August 18, 2020

Mr. Marek Kozikowski  
City Planner  
City of Middletown  
245 DeKoven Drive  
Middletown, CT 06457

**Zoning application of Root Center for Advanced Recovery for 392 Washington Street, Middletown, CT**

Dear Mr. Kozikowski,

We understand that the Root Center for Advanced Recovery has filed a zoning application for the development of a methadone clinic at the existing building at 392 Washington Street. I am writing in support of that application. The building will seek to be a Center for addiction treatment for many residents of Middletown with Methadone treatment for individuals recovering from drug addiction.

All of our guests and clients of St Vincent de Paul Middletown who seek to overcome drug addiction and are prescribed Methadone treatment by the healthcare/addiction specialist provider, have to go daily to Hartford, the nearest Methadone treatment provider. This is a daily treatment method, so our population has to get to Hartford daily to receive this vital treatment to remain in recovery from serious drug addiction.

The Root Center for Advanced Recovery, is a solid, best practice recovery treatment provider with current operations in Middletown, at the Saybrook Road Heath complex and they have operations in several other Connecticut communities operating vital recovery treatment centers.

Opioid addiction is very imbedded in every community in our State and a major health crisis in our Country. In the last year, our staff have saved a minimum of 50 people by administering Narcan to our guests, clients and the general public who overdose on our Main Street facility, and on the sidewalks in the North End. We constantly battle with removing the drug dealers who have used the North End of our City as their place of business and they unfortunately prey on our guests and clients and get them hooked on opioids laced with Fentanyl.

In supporting The Root Center for Recovery in their desire to operate a Methadone treatment facility on Washington Street, will provide many of our residents the ability to seek treatment and remain in treatment leading to recovery in our own City.

The Root Center for Recovery has a strong business model, is efficient, effective in treatment delivery and keeps their properties well maintained and discreet to the public so as not to create a stigma for those coming for treatment.

Please formally accept this letter of support of their desire to seek approval for their new building in your Zoning vote.

Sincerely,

A handwritten signature in purple ink, appearing to read "Maryellen M. Shuckerow". The signature is fluid and cursive, with a large loop at the top.

Maryellen M. Shuckerow, MHSA

Executive Director

St. Vincent de Paul Middletown



**Table 1**

**Peak Hour Site Generated Traffic Volumes  
Medical Outpatient Facility  
Middletown, Connecticut**

Land Use	Trip Generation		
	Trips Entering	Trips Exiting	Total Trips
<b>7,200 SF Proposed Medical Clinic</b>			
Morning Peak Hour	24	18	42
Afternoon Peak Hour	16	18	34
<b>7,200 SF Existing Auto Repair</b>			
Morning Peak Hour	18	14	32
Afternoon Peak Hour	18	20	38
<b>Net New Trips</b>			
Morning Peak Hour	+6	+4	+10
Afternoon Peak Hour	-2	-2	-4

Note: Trip generation based on Rate per Land Use Codes 630 "Clinic" and 942 "Automobile Care Center" as published in *Trip Generation*, 10<sup>th</sup> Editions

**Table 2**

**Peak Hour Site Generated Traffic Volumes  
Recently Approved Nearby Traffic Generators  
Middletown, Connecticut**

Land Use	Trip Generation			Comparison to Proposed Use
	Trips Entering	Trips Exiting	Total Trips	
<b>89 Unit Housing Development Code 221 – Multifamily Housing (Mid-Rise)</b>				
Morning Peak Hour	8	24	32	-10
Afternoon Peak Hour	24	16	40	+6
<b>2,008 SF Starbucks with Drive-Through Window Code 937 – Coffee/Donut Shop with Drive-Through Window</b>				
Morning Peak Hour	91	87	178	+136
Afternoon Peak Hour	43	44	87	+53
<b>8,774 SF Chipotle Code 933 – Fast Food Restaurant without Drive-Through Window</b>				
Morning Peak Hour	-	-	-	-
Afternoon Peak Hour	124	125	249	+215
<b>2,978 SF Mozcatto Bakery Code 940 – Bread/Donut/Bagel Shop with Drive-Through Window</b>				
Morning Peak Hour	57	58	115	+73
Afternoon Peak Hour	26	28	54	+20
<b>8,500 SF Auto Parts Store (O'Reilly) Code 843 – Automobile Parts Sales</b>				
Morning Peak Hour	12	10	22	-20
Afternoon Peak Hour	20	22	42	+8

Note: Trip generation based on Rate per Land Use Codes 221 “Multifamily Housing (Mid-Rise),” 937 “Coffee/Donut Shop with Drive-Through Window,” 933 “Fast-Food Restaurant without Drive-Through Window,” 940 “Bread/Donut/Bagel Shop with Drive-Through Window,” and 843 “Automobile Parts Sales” as published in *Trip Generation*, 10<sup>th</sup> Editions.



**From:** Kozikowski, Marek <Marek.Kozikowski@MiddletownCT.Gov>  
**Sent:** Friday, February 21, 2020 2:55 PM  
**To:** Samolis, Joseph <Joseph.Samolis@MiddletownCT.Gov>; Steven.Zuckerman <Steven.Zuckerman@rootcenter.org>  
**Cc:** Bruce Simons <bruce@f8properties.com>  
**Subject:** RE: Checking-In

Hi Steve,

I've drafted zoning text amendments to remove methadone clinics from the prohibited use list. The Planning and Zoning Commission will be holding a public hearing for the amendment on March 11<sup>th</sup> at 7:00pm. If approved they will be allowed in the Substance Abuse/Mental Health Floating Zone (SMH Zone). Properties eligible for the floating zones can be found in the following areas:

Saybrook Road - from the intersection of Randolph Road to its northern terminus;

Main Street Extension;

Route 17, South Main Street - from the intersection of Highland Avenue, north to the South Green;

Route 66, Washington Street - from the intersection with Camp Street, easterly to the intersection

with Broad Street; and

Silver Street - from Main Street Extension easterly to intersection with Eastern Drive.

Let me know if you have any more questions.

Marek

Marek Kozikowski, AICP

City Planner

Department of Planning, Conservation & Development

City of Middletown, CT

245 deKoven Drive

Middletown, CT 06457

860-638-4842

---

**From:** Samolis, Joseph <[Joseph.Samolis@MiddletownCT.Gov](mailto:Joseph.Samolis@MiddletownCT.Gov)>

**Sent:** Friday, February 21, 2020 11:55 AM

**To:** Steven.Zuckerman <[Steven.Zuckerman@rootcenter.org](mailto:Steven.Zuckerman@rootcenter.org)>

**Cc:** Kozikowski, Marek <[Marek.Kozikowski@MiddletownCT.Gov](mailto:Marek.Kozikowski@MiddletownCT.Gov)>; Bruce Simons <[bruce@f8properties.com](mailto:bruce@f8properties.com)>

**Subject:** Re: Checking-In

Hi Steve,

Sorry for delay! I am catching up from last week. Will try to get it today for you to review Monday at latest!

Please excuse any typos, message sent from iPhone.

On Feb 21, 2020, at 9:13 AM, Steven.Zuckerman <[Steven.Zuckerman@rootcenter.org](mailto:Steven.Zuckerman@rootcenter.org)> wrote:

Good morning Joe,

Hope your time off was good.

I wanted to check-in as we did not hear from Marek last week as described in your email below, and I know your plan was to check back in with us this week.

Thanks much

Steven Zuckerman, MA, LPC  
President & CEO  
Root Center for Advanced Recovery (a trade name of The Hartford Dispensary)  
335 Broad Street  
Manchester, CT 06040  
Phone: 860-643-3200  
<https://rootcenter.org>  
<https://www.linkedin.com/company/root-center>  
<image001.png>

---

**From:** Steven.Zuckerman  
**Sent:** Thursday, February 6, 2020 4:38 PM  
**To:** 'Samolis, Joseph' <[Joseph.Samolis@MiddletownCT.Gov](mailto:Joseph.Samolis@MiddletownCT.Gov)>  
**Cc:** Kozikowski, Marek <[Marek.Kozikowski@MiddletownCT.Gov](mailto:Marek.Kozikowski@MiddletownCT.Gov)>; Bruce Simons <[bruce@f8properties.com](mailto:bruce@f8properties.com)>  
**Subject:** RE: Checking-In

Hi Joe,

Thanks for the reply. I'm also out next week, and returning on Wednesday the 19<sup>th</sup>, but Marek should certainly feel free to send along the below.

It is going to be extremely important for the town to be as flexible as possible with location. Otherwise, we simply remove the town ordinance barrier, but we are potentially faced with another barrier, just as big – appropriate real estate.

I'm "cc" our Board President, Bruce Simons, essentially my boss, whose real estate firm is helping us search for property in the Middletown area for purchase. Our plan was that as we found Middletown sites that seemed suitable, to "run" them by you for thoughts before we proceed on any next steps. We certainly want to be as collaborative as possible.

We all want success and to bring our Middletown residents "home", and assist Middlesex Health with their significant needs of methadone treatment placement for those patients coming through their emergency rooms. Also, if you are aware of properties that may not be known to the public that we should consider, please also let us know.

Thanks much!

Steven Zuckerman, MA, LPC  
President & CEO  
Root Center for Advanced Recovery (a trade name of The Hartford Dispensary)  
335 Broad Street  
Manchester, CT 06040  
Phone: 860-643-3200  
<https://rootcenter.org>  
<https://www.linkedin.com/company/root-center>  
<image001.png>

---

**From:** Samolis, Joseph [<mailto:Joseph.Samolis@MiddletownCT.Gov>]  
**Sent:** Thursday, February 6, 2020 4:24 PM  
**To:** Steven.Zuckerman <[Steven.Zuckerman@rootcenter.org](mailto:Steven.Zuckerman@rootcenter.org)>  
**Cc:** Kozikowski, Marek <[Marek.Kozikowski@MiddletownCT.Gov](mailto:Marek.Kozikowski@MiddletownCT.Gov)>  
**Subject:** RE: Checking-In

Hi Steven,

We are hard at work on changing the code, we have already drafted the change to eliminate it from the prohibitive use category. I will ask Marek in my office to assist while I am away next week. I will ask him to lay out a map of the areas that would allow for this type of use so that you can look to see if it fits your needs in terms of location.

I will then follow up the week of the 18<sup>th</sup> to make sure we move this along quickly.

Thanks you again Steven!

We will be in touch.

Joe

---

**From:** Steven.Zuckerman <[Steven.Zuckerman@rootcenter.org](mailto:Steven.Zuckerman@rootcenter.org)>  
**Sent:** Thursday, February 6, 2020 3:18 PM  
**To:** Samolis, Joseph <[Joseph.Samolis@MiddletownCT.Gov](mailto:Joseph.Samolis@MiddletownCT.Gov)>  
**Subject:** Checking-In

Good afternoon Joe,

Hope you are well.

I wanted to send a follow-up to my email below and the voice mail I left you earlier in the week.

Thanks

Steven Zuckerman, MA, LPC  
President & CEO  
Root Center for Advanced Recovery (a trade name of The Hartford Dispensary)  
335 Broad Street  
Manchester, CT 06040  
Phone: 860-643-3200  
<https://rootcenter.org>  
<https://www.linkedin.com/company/root-center>  
<image001.png>

---

**From:** Steven.Zuckerman  
**Sent:** Friday, January 31, 2020 1:18 PM  
**To:** [bobbye.peterson@middletownct.gov](mailto:bobbye.peterson@middletownct.gov); [joseph.samolis@middletownct.gov](mailto:joseph.samolis@middletownct.gov);  
[benjamin.florsheim@middletownct.gov](mailto:benjamin.florsheim@middletownct.gov)  
**Cc:** Leonard.Lev <[Leonard.Lev@rootcenter.org](mailto:Leonard.Lev@rootcenter.org)>; [ken@klpgovaffairs.com](mailto:ken@klpgovaffairs.com)  
**Subject:** Thank you

Good afternoon all,

I wanted to take a moment to express our sincerest thanks for meeting with us yesterday. Our organization is extremely passionate around reducing stigma of those with addiction and mental health disease. As we all know, access to treatment in your community is crucial to any type of sustained recovery, no matter the disease. The longer one must travel to get that treatment, the easier it becomes in one's mind to say "forget it". Personally, I felt great joy when I left your office yesterday knowing that the new administration is as deeply concerned about the subject as we are, and wants to act expeditiously to right a wrong that has existed for way too long in Middletown.

If we can be of any service to your administration, please do not hesitate to reach out.

Joe, we will be looking forward to hearing from you on any next steps necessary from us, but also any properties that you feel we should begin pursuing. We can certainly use your help. Our Board of Director's was immensely happy about the outcome of our meeting yesterday and we are already beginning to pursue potential real estate opportunities that may currently exist.

Have a wonderful weekend.

Best,

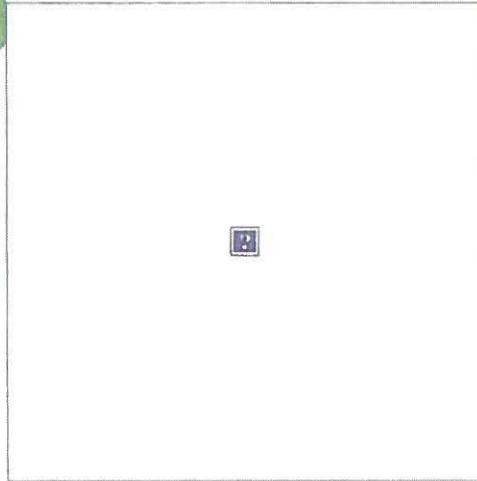
Steven Zuckerman, MA, LPC  
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<https://rootcenter.org>  
<https://www.linkedin.com/company/root-center>  
<image001.png>



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PLEASE SUPPORT OUR WORK - DONATE TODAY



Support our work - [Donate Today](#)

---

**From:** Kozikowski, Marek <Marek.Kozikowski@MiddletownCT.Gov>  
**Sent:** Tuesday, March 3, 2020 11:23 AM  
**To:** Steven.Zuckerman <Steven.Zuckerman@rootcenter.org>; Samolis, Joseph <Joseph.Samolis@MiddletownCT.Gov>  
**Cc:** Bruce Simons <bruce@f8properties.com>; Ken Przybysz <ken@klpgovaffairs.com>  
**Subject:** RE: Checking-In

Hi Steven. See below in red.

A few questions on the below:

1. You note "if approved" – is there any reason to think that it will not? In our meeting with the Mayor, he felt quite strongly that this discriminatory language should be removed.  
The PZC will review the text amendment on March 11th. Approval requires a vote from the PZC. I've learned over my career not to assume how Commissioners will vote.
2. Do you feel that we should be in attendance on March 11th? If so, are certain individuals you think should attend? i.e. – administrators, staff, patients, etc.  
It is a public hearing. If you want to add information for the commission to consider, that a good opportunity for you.
3. Are there properties in the floating zone that you are currently aware of that we should take a look at?  
I am not aware of any properties.
4. Are there any potential state or city owned properties in the floating zone that you are currently aware of that we should take a look at?  
I am not aware of any properties.
5. In the event that there are simply no suitable properties in the floating zone, will there be flexibility to explore elsewhere in the town with city approval/support?

If you want to see properties outside of the floating zone, then you would have to present a text amendment to the floating zone to expand the eligible areas. That would also require a public hearing and Commission vote.

392 Washington Street is in the eligible areas.

Marek

Thanks

Steven Zuckerman, MA, LPC

---

**From:** Steven.Zuckerman <[Steven.Zuckerman@rootcenter.org](mailto:Steven.Zuckerman@rootcenter.org)>  
**Sent:** Tuesday, March 3, 2020 10:57 AM  
**To:** Kozikowski, Marek <[Marek.Kozikowski@MiddletownCT.Gov](mailto:Marek.Kozikowski@MiddletownCT.Gov)>; Samolis, Joseph <[Joseph.Samoljs@MiddletownCT.Gov](mailto:Joseph.Samoljs@MiddletownCT.Gov)>  
**Cc:** Bruce Simons <[bruce@f8properties.com](mailto:bruce@f8properties.com)>; Ken Przybysz <[ken@klpgovaffairs.com](mailto:ken@klpgovaffairs.com)>  
**Subject:** RE: Checking-In  
**Importance:** High

Good morning,

We wanted to one again check-in on the below. If there is a preference that we reach out to the Mayor, please just let us know. That is certainly not a problem for us.

Currently, we are pursuing a property on 392 Washington Street, which appears to be in the zone that was specified below. If we are wrong, please let us know, as our operations are moving forward based upon the discussions we had with the mayor and the zone identified. We are heavily relying on the conversations with the mayor and the plan for the 3/11 meeting, but for which we have heard nothing further.

Thanks much

Steven Zuckerman, MA, LPC  
President & CEO  
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335 Broad Street  
Manchester, CT 06040  
Phone: 860-643-3200  
<https://rootcenter.org>  
<https://www.linkedin.com/company/root-center>

---

**From:** Kozikowski, Marek <Marek.Kozikowski@MiddletownCT.Gov>  
**Sent:** Tuesday, March 3, 2020 1:15 PM  
**To:** Steven.Zuckerman <Steven.Zuckerman@rootcenter.org>; Samolis, Joseph <Joseph.Samolis@MiddletownCT.Gov>  
**Cc:** Bruce Simons <bruce@f8properties.com>; Ken Przybysz <ken@klpgovaffairs.com>  
**Subject:** RE: Checking-In

Your passion is apparent. Typical process is that staff issues comment to the Commission by the Friday before the next scheduled meeting.

See attached for the proposed language.

Marek

---

**From:** Steven.Zuckerman <[Steven.Zuckerman@rootcenter.org](mailto:Steven.Zuckerman@rootcenter.org)>  
**Sent:** Tuesday, March 3, 2020 11:40 AM  
**To:** Kozikowski, Marek <[Marek.Kozikowski@MiddletownCT.Gov](mailto:Marek.Kozikowski@MiddletownCT.Gov)>; Samolis, Joseph <[Joseph.Samolis@MiddletownCT.Gov](mailto:Joseph.Samolis@MiddletownCT.Gov)>  
**Cc:** Bruce Simons <[bruce@f8properties.com](mailto:bruce@f8properties.com)>; Ken Przybysz <[ken@klpgovaffairs.com](mailto:ken@klpgovaffairs.com)>  
**Subject:** RE: Checking-In  
**Importance:** High

Hi Marek,

Thank you for the below. **Much** appreciated.

Can you forward us the language of the planned text amendment? We are about to put in an LOI on the 392 Washington Street property, and the proposed language could potentially help guide us.

With respect to #1, should the Commissioner vote “no”, they would be continuing to perpetuate ongoing discrimination, which opens the city up to a host of other potential issues from constituents looking to return to Middletown for life saving treatment. We believe that the message, preferably from the city leaders – Mayor, yourself and Joe, to PZC Commissioner prior to the hearing, really needs to also speak to the above. This is more than just a PZC vote – it’s about equal rights. The 11<sup>th</sup> is a week from tomorrow, have those conversations been had with the PZC Commissioner? Should we involve Middletown State Reps & Senators in those conversations who are very supportive of our work and organization? We can certainly speak to all of what I just said about on the 11<sup>th</sup>, but have hoped, again, based upon what was discussed with the mayor, that some of the backround conversations have already ensued.

As an aside, would be glad to have a further conference call with Joe and yourself if you think it would be better outside of email.

Thanks much.

Steven Zuckerman, MA, LPC  
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Phone: 860-643-3200  
<https://rootcenter.org>  
<https://www.linkedin.com/company/root-center>



---

**From:** Kozikowski, Marek [<mailto:Marek.Kozikowski@MiddletownCT.Gov>]  
**Sent:** Tuesday, March 3, 2020 11:23 AM  
**To:** Steven.Zuckerman <[Steven.Zuckerman@rootcenter.org](mailto:Steven.Zuckerman@rootcenter.org)>; Samolis, Joseph <[Joseph.Samolis@MiddletownCT.Gov](mailto:Joseph.Samolis@MiddletownCT.Gov)>  
**Cc:** Bruce Simons <[bruce@f8properties.com](mailto:bruce@f8properties.com)>; Ken Przybysz <[ken@klgovaffairs.com](mailto:ken@klgovaffairs.com)>  
**Subject:** RE: Checking-In

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1. You note "if approved" – is there any reason to think that it will not? In our meeting with the Mayor, he felt quite strongly that this discriminatory language should be removed.  
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392 Washington Street is in the eligible areas.

Marek

Thanks

Steven Zuckerman, MA, LPC

---

**From:** Steven.Zuckerman <[Steven.Zuckerman@rootcenter.org](mailto:Steven.Zuckerman@rootcenter.org)>  
**Sent:** Tuesday, March 3, 2020 10:57 AM  
**To:** Kozikowski, Marek <[Marek.Kozikowski@MiddletownCT.Gov](mailto:Marek.Kozikowski@MiddletownCT.Gov)>; Samolis, Joseph <[Joseph.Samolis@MiddletownCT.Gov](mailto:Joseph.Samolis@MiddletownCT.Gov)>  
**Cc:** Bruce Simons <[bruce@f8properties.com](mailto:bruce@f8properties.com)>; Ken Przybysz <[ken@klpgovaffairs.com](mailto:ken@klpgovaffairs.com)>  
**Subject:** RE: Checking-In  
**Importance:** High

Good morning,

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Thanks much

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<https://rootcenter.org>  
<https://www.linkedin.com/company/root-center>



---

**From:** Steven.Zuckerman  
**Sent:** Tuesday, February 25, 2020 1:13 PM  
**To:** Kozikowski, Marek <[Marek.Kozikowski@MiddletownCT.Gov](mailto:Marek.Kozikowski@MiddletownCT.Gov)>  
**Cc:** Bruce Simons <[bruce@f8properties.com](mailto:bruce@f8properties.com)>; Samolis, Joseph <[Joseph.Samolis@MiddletownCT.Gov](mailto:Joseph.Samolis@MiddletownCT.Gov)>; Ken Przybysz <[ken@klpgovaffairs.com](mailto:ken@klpgovaffairs.com)>  
**Subject:** RE: Checking-In  
**Importance:** High

Good afternoon Marek,

I wanted to check-in again on my questions from last week. Please see below. And to also be aware that our organization has the ability to take a blighted property and demo/build an entirely new building that is very well maintained.

Thanks much

Steven Zuckerman, MA, LPC  
President & CEO  
Root Center for Advanced Recovery (a trade name of The Hartford Dispensary)  
335 Broad Street  
Manchester, CT 06040  
Phone: 860-643-3200

**From:** Steven.Zuckerman <[Steven.Zuckerman@rootcenter.org](mailto:Steven.Zuckerman@rootcenter.org)>  
**Sent:** Wednesday, April 29, 2020 9:43 AM  
**To:** Kozikowski, Marek <[Marek.Kozikowski@MiddletownCT.Gov](mailto:Marek.Kozikowski@MiddletownCT.Gov)>  
**Subject:** FW: Methadone Maintenance Treatment  
**Importance:** High

Good morning Marek,

Hope you are doing well.

I wanted to follow-up with you on the below. As you know, we are in negotiations with a seller for a property on **Washington Street** that would serve as a site to provide methadone treatment and an array of other behavioral health services. In our contract with the seller, we have a 60-day due diligence period to ensure that the site can meet our needs and has no legal concerns, site specific concerns, further PL&Z barriers, etc., to move forward. Thankfully, with your help and support, the largest barrier has already been lifted with amending the PL&Z text language and allowing for Methadone treatment in Middletown. Once that 60-day due diligence period expires, and assuming we can't get an extension from the seller due to information still being garnered, we lose our deposit and the property. The 60-day period clock began ticking on 4/20.

If you are not the person to answer the below questions, please direct us accordingly. It would be devastating to have had the text amendment pass, but not be able to secure the property.

Thanks much.

Steven Zuckerman, MA, LPC  
President & CEO  
Root Center for Advanced Recovery (a trade name of The Hartford Dispensary)  
335 Broad Street  
Manchester, CT 06040  
Phone: 860-643-3200  
<https://rootcenter.org>  
<https://www.linkedin.com/company/root-center>



---

**From:** Joseph.Sirko  
**Sent:** Monday, April 27, 2020 1:41 PM  
**To:** [marek.kozikowski@middletownCT.gov](mailto:marek.kozikowski@middletownCT.gov)  
**Cc:** Steven.Zuckerman <[Steven.Zuckerman@rootcenter.org](mailto:Steven.Zuckerman@rootcenter.org)>; Amy.DiMauro <[Amy.DiMauro@rootcenter.org](mailto:Amy.DiMauro@rootcenter.org)>  
**Subject:** Methadone Maintenance Treatment

---

**From:** Kozikowski, Marek <Marek.Kozikowski@MiddletownCT.Gov>  
**Sent:** Wednesday, April 29, 2020 10:03 AM  
**To:** Steven.Zuckerman <Steven.Zuckerman@rootcenter.org>  
**Subject:** RE: Methadone Maintenance Treatment

Q: Would you be able to tell me when the Planning and Zoning Commission's recent decision for Methadone Maintenance Treatment use will be published?

The text amendment was noticed with the Town Clerk last Friday and the notice of decision was posted with the clerk on Monday pursuant to the Governor's executive order.

Q: Also, is this a special exception use? If indeed it is, could you be so kind as to send me a copy of all of the relevant regulations so that we can determine what we might need to apply? Once we have submitted the required application and supporting documents, what is the timeline for the approval process?

The property will first need to be rezoned to the Substance Abuse/Mental Health Floating Zone. The applicable regulations are Sections 71 and 39C. Then upon rezoning, a special exception would be required. The applicable sections are Sections 44, 39C, 55, 61 and 40. There may be more sections required but they would be more specific to your proposal, layouts, etc. I won't know until I see your site plan, floor plans, narratives, etc.

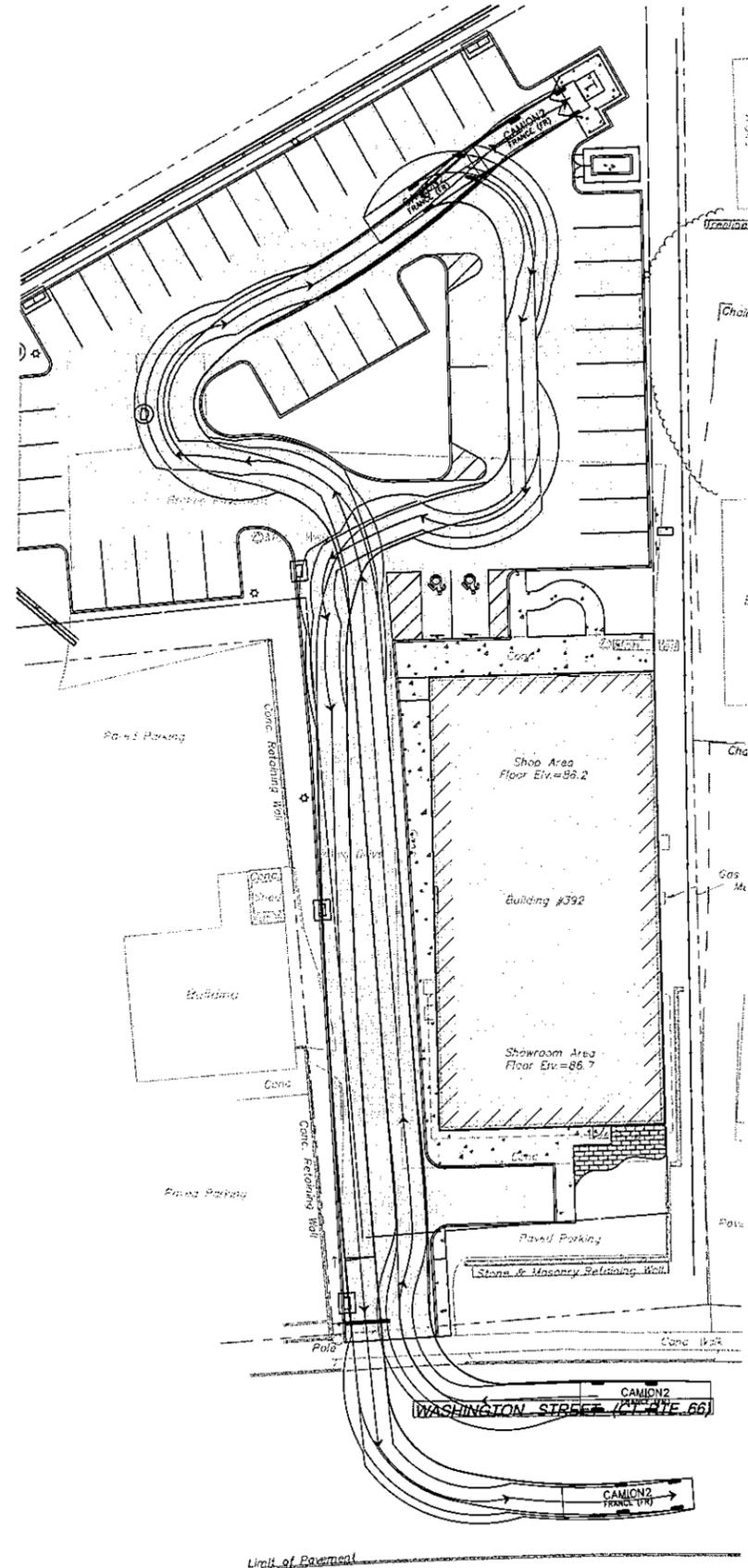
Have you considered hiring a land use attorney to represent you through this process?

Marek

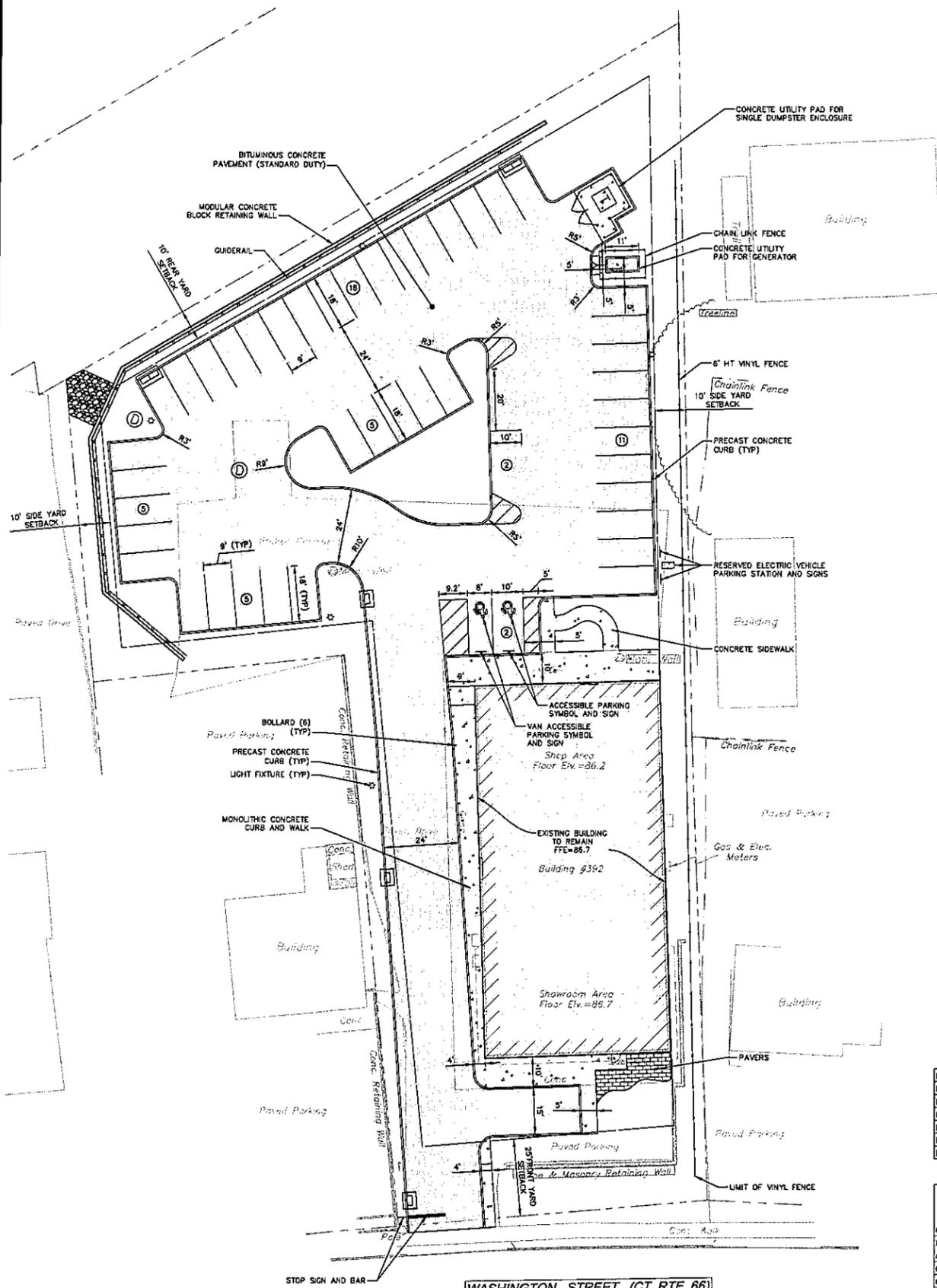
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File Path: J:\DWG\2020\0586A\10\CivilPlan\20200586A10\_SITP01.dwg Layout CS-101 Plotted: Tue, October 06, 2020 - 5:24 AM User: jbeninger  
 PLOTTER: DWG TO PDF.PC3 CTB File: FO.STB  
 LAYER STATE



REFUSE TRUCK TURNING MOVEMENT



WASHINGTON STREET (CT RTE 66)

**Zoning Table of Standards**  
 392 Washington Street, Middletown, Connecticut  
 Zone: Substance Abuse/Mental Health Floating Zone (SMH)  
 Underlying Zone: Mixed Use Zone (MX)

	Required	Proposed
Minimum Lot Frontage	75'	100'
Minimum Lot Area	10,000 SF	48,600 SF
Minimum Yard, Front	25'	45'
Minimum Yard, Side	10'	10'
Minimum Yard, Rear	10'	152'
Maximum Structure Height	35' (3 stories)	Existing Building
Maximum Lot Coverage	30%	14.8%

**Parking Requirements**

	Floor Area (SF) / Doctor & Employees (EA)	Parking Required (Spaces)
<b>Clinics, Medical, or Dental</b>		
One (1) for each two hundred (200) sq. ft. of floor area	7,200 SF	36
One (1) space for each doctor	1 EA	1
One space for each three (3) employees	24 EA	8
<b>Total Parking Required=</b>		<b>45</b>
<b>Total Parking Provided=</b>		<b>46</b>

FOR LAND USE PERMITS ONLY

SCALE: HORIZ: 1"=20'  
 VERT: 1"=20'  
 DATUM: NAD 83  
 HORIZ: 1"=20'  
 VERT: 1"=20'  
 GRAPHIC SCALE  
 20 10 0 10 20

**FUSS & O'NEILL**  
 145 HARTFORD ROAD  
 MANCHESTER, CONNECTICUT 06040  
 860.416.2409  
 www.fuss.com

ROOT CENTER FOR ADVANCED RECOVERY  
 SITE LAYOUT PLAN  
 392 WASHINGTON STREET  
 MIDDLETOWN CONNECTICUT

NO.	DATE	DESCRIPTION	DESIGNER/REVIEWER
3.	10/7/2020	RESPONSE TO CITY STAFF COMMENTS	JHD
2.	9/16/2020	RESPONSE TO CITY STAFF COMMENTS	JHD
1.	9/27/2020	RESPONSE TO DESIGN REVIEW BOARD	JHD

PROJ. No.: 20200586.A10  
 DATE: 07/24/2020

**CS-101**

# PLANT LIST

KEY	BOTANICAL NAME	COMMON NAME	QTY.	SIZE
<b>TREES</b>				
CF	CORNUS FLORIDA	FLOWERING DOGWOOD	4	2" CAL.
GT	GLEDITSIA TRIACANTHOS VAR. INERMIS 'SKYCOLE'	SKYCOLE THORNLESS HONEYLOCUST	1	3" CAL.
PA	PLATANUS X ACERIFOLIA 'BLOODGOOD'	BLOODGOOD LONDON PLANETREE	1	3" CAL.
QR	QUERCUS RUBRA	RED OAK	4	3" CAL.
<b>SHRUBS</b>				
*AB	AZALEA BIXBY	AZALEA BIXBY	5	3 GAL.
AC	AMELANCHER CANADENSIS	SERVICEBERRY	1	5 GAL.
AM	ARONIA MELANOCARPA	BLACK CHOKEBERRY	6	3 GAL.
CA	CLETHRA ALNIFOLIA 'RUBY SPICE'	RUBY SPICE SUMMERSWEET	9	3 GAL.
CS	CORNUS SERICEA	RED TWIG DOGWOOD	6	3 GAL.
*JC	JUNIPERUS CHINENSIS 'BLUE POINT'	BLUE POINT UPRIGHT JUNIPER	3	4-5' HT.
KL	KALMIA LATIFOLIA 'SARAH'	SARAH MOUNTAIN LAUREL	2	5 GAL.
MP	MYRICA PENNSYLVANICA	BAYBERRY	10	5 GAL.
VD	VIBURNUM DENTATUM 'BLUE MUFFIN'	BLUE MUFFIN ARROWWOOD VIBURNUM	3	3 GAL.
VT	VIBURNUM TRILOBUM 'WENTWORTH'	AMERICAN CRANBERRY BUSH	9	5 GAL.
<b>PERENNIALS/GRASSES/GROUNDCOVERS</b>				
*HV	HEMEROCALLIS SP.	DAYLILY	6	1 GAL.
*JH	JUNIPERUS HORIZONTALIS 'BAR HARBOR'	BAR HARBOR JUNIPER	6	3 GAL.

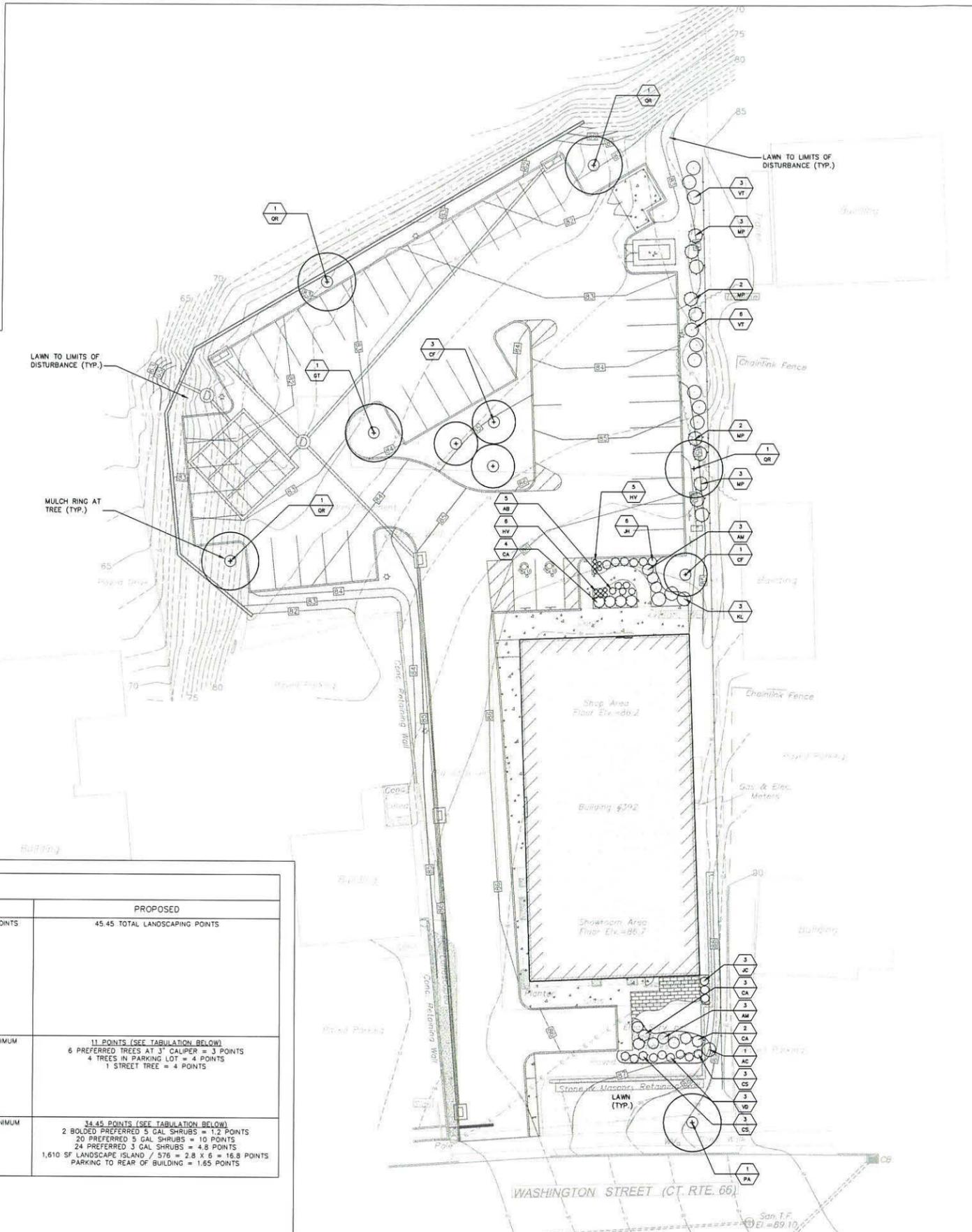
\*INDICATES PLANT IS NOT ON PREFERRED SHRUB LIST AND HAS NOT BEEN INCLUDED IN CALCULATION FOR LANDSCAPING POINTS

## PLANTING NOTES:

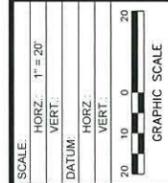
- ALL PLANTING MATERIAL TO BE NURSERY GROWN STOCK SUBJECT TO A.A.N. STANDARD.
- THE CONTRACTOR SHALL SUPPLY ALL PLANTS IN QUANTITIES SUFFICIENT TO COMPLETE THE WORK SHOWN ON THE DRAWINGS AND LISTED IN THE PLANT LIST. IN THE EVENT OF A DISCREPANCY BETWEEN QUANTITIES SHOWN IN THE PLANT LIST AND THOSE REQUIRED BY THE DRAWINGS, THE LARGER NUMBER SHALL APPLY.
- ALL PLANTS SHALL BE APPROVED PRIOR TO INSTALLATION AND SHALL BE LOCATED ON SITE BY THE CONTRACTOR FOR THE APPROVAL OF THE LANDSCAPE ARCHITECT. ANY INSTALLATIONS WHICH WERE NOT APPROVED BY THE LANDSCAPE ARCHITECT AND WHICH ARE SUBSEQUENTLY REQUESTED TO BE MOVED WILL BE DONE AT THE CONTRACTORS EXPENSE.
- PREPOSE LOCATION OF ITEMS NOT DIMENSIONED ON THE PLAN ARE TO BE FIELD STAKED BY THE CONTRACTOR AND SHALL BE SUBJECT TO THE REQUIREMENTS SPECIFIED IN THE PREVIOUS NOTE.
- ALL SHRUB MASSINGS AND TREE PITS SHALL BE MULCHED TO A DEPTH OF 3" WITH SHREDDED PINE BARK MULCH.
- TREES SHALL NOT BE STAKED UNLESS OTHERWISE NOTED.
- THE CONTRACTOR IS RESPONSIBLE FOR ANY DAMAGED VEGETATION AND SHALL REPLACE OR REPAIR ANY DAMAGED MATERIAL, AT HIS OWN EXPENSE. THE CONTRACTOR SHALL CONTACT "CALL BEFORE YOU DIG" AT 1-800-922-4455 PRIOR TO CONSTRUCTION.
- ALL SHRUB AND GROUNDCOVER PLANTING AREAS SHALL HAVE CONTINUOUS BEDS OF TOPSOIL 12" DEEP. ALL SOD AND HYDROSEED AREAS SHALL HAVE A MINIMUM TOPSOIL BED OF 6".
- THE CONTRACTOR IS RESPONSIBLE FOR LOCATING ALL UTILITIES IN THE FIELD. WHERE PLANT MATERIAL MAY INTERFERE WITH UTILITIES, THE CONTRACTOR SHALL NOTIFY THE LANDSCAPE ARCHITECT TO COORDINATE THEIR INSTALLATION.
- FOR PLANTING SOIL MIX, SEE SPECIFICATIONS.
- ALL EXISTING RILL, GULLY OR CHANNEL EROSION SHALL BE FILLED WITH APPROPRIATE BACKFILL MATERIAL, FINE RAKED, SCARIFIED AND STABILIZED WITH APPROPRIATE VEGETATIVE MATERIAL AND / OR APPROPRIATE SEDIMENTATION AND EROSION CONTROL MEASURES.
- ADJUSTMENTS IN THE LOCATION OF THE PROPOSED PLANT MATERIAL AS A RESULT OF EXISTING VEGETATION TO REMAIN SHALL BE APPROVED BY THE LANDSCAPE ARCHITECT PRIOR TO INSTALLATION.
- THE CONTRACTOR IS RESPONSIBLE FOR ALL MAINTENANCE REPAIR AND REPLACEMENT OF PLANT MATERIAL, AS REQUIRED, FOR THE DURATION OF THE PROJECT AND SUBSEQUENT WARRANTY PERIOD.
- PLANTINGS INSTALLED IN THE DRY SUMMER MONTHS AND / OR LAWN SEEDING OUT OF SPRING OR FALL PERIODS, IF ALLOWED BY OWNER, WILL REQUIRE AGGRESSIVE IRRIGATION PROGRAMS AT THE CONTRACTOR'S EXPENSE, UNLESS OTHERWISE DIRECTED BY THE OWNER.
- UPON COMPLETION OF PLANTING, REMOVE FROM SITE ALL EXCESS SOIL, MULCH, AND MATERIALS AND DEBRIS RESULTING FROM WORK OPERATIONS. CLEAN UP SHOULD BE COMPLETED AT THE END OF EACH WORKING DAY. RESTORE TO ORIGINAL CONDITIONS ALL DAMAGED PAVEMENTS, PLANTING AREAS, STRUCTURES AND LAWN AREAS RESULTING FROM LANDSCAPE OPERATIONS.
- CONTRACTOR TO RESEED ALL DISTURBED AREAS.

## ZONING COMPLIANCE TABLE

SECTION	DESCRIPTION	REQUIRED	PROPOSED
3 - CALCULATING MINIMUM LANDSCAPING POINTS THRESHOLD	NUMBER OF PARKING SPACES 44 X 500 = 22,000 PARKING ADJUSTMENT = 25,592 X 0.0005 = 13.3 AREA POINTS MIN. NUMBER OF PARKING SPACES 44 X 0.075 = 3.3 PARKING MINIMUM POINTS 0 PARKING SPACES OVER MINIMUM REQUIRED 13.3 AREA POINTS + 3.3 PARKING MINIMUM POINTS + 0 EXCESS POINTS = 16.6 TOTAL MINIMUM THRESHOLD	16.6 TOTAL MINIMUM LANDSCAPING POINTS	45.45 TOTAL LANDSCAPING POINTS
3 - CALCULATING MINIMUM LANDSCAPING POINTS THRESHOLD	PERCENTAGE OF POINTS ACCUMULATED FROM TREES SHOULD BE AT LEAST 50% OF THE MINIMUM THRESHOLD TOTAL POINTS REQUIRED	TREES: 8.3 LANDSCAPING POINTS MINIMUM	11 POINTS (SEE TABULATION BELOW) 6 PREFERRED TREES AT 3" CALIPER = 3 POINTS 4 TREES IN PARKING LOT = 4 POINTS 1 STREET TREE = 4 POINTS
4 - POINTS TREES	BOLDED PREFERRED TREES AT 3" CALIPER = 0.5 POINTS EACH BONUS POINTS, TREE IN PARKING LOT: 1 POINT EACH BONUS POINTS, STREET TREE: 3 POINTS EACH		
4 - POINTS SHRUBS	BOLDED PREFERRED 5 GALLON = 0.6 POINTS EACH PREFERRED 5 GALLON = 0.5 POINTS EACH PREFERRED 3 GALLON = 0.2 POINTS EACH BONUS POINTS, EVERY 576 SF LANDSCAPED ISLAND = 6 POINTS BONUS POINTS, 75% OF PARKING TO REAR OF BUILDING = 3.3/2 = 1.65 POINTS	SHRUBS: 8.3 LANDSCAPING POINTS MINIMUM	34.45 POINTS (SEE TABULATION BELOW) 2 BOLDED PREFERRED 5 GAL SHRUBS = 1.2 POINTS 20 PREFERRED 5 GAL SHRUBS = 10 POINTS 24 PREFERRED 3 GAL SHRUBS = 4.8 POINTS 1,610 SF LANDSCAPE ISLAND / 576 = 2.8 X 6 = 16.8 POINTS PARKING TO REAR OF BUILDING = 1.65 POINTS



NO.	DATE	DESCRIPTION	DESIGNER	REVIEWER
3.	10/7/2020	RESPONSE TO CITY STAFF COMMENTS	JHD	REB
2.	9/16/2020	RESPONSE TO CITY STAFF COMMENTS	GW	REB
1.	9/22/2020	RESPONSE TO DESIGN REVIEW BOARD	GW	REB



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ROOT CENTER FOR ADVANCED RECOVERY  
 LANDSCAPE PLAN  
 392 WASHINGTON STREET  
 MIDDLETOWN, CONNECTICUT

PROJ No. 20200586A10  
 DATE: 07/24/2020

LP-101

FOR LAND USE PERMITS ONLY





**Tecton Architects**

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Project  
**MIDDLETOWN CLINIC**  
392 WASHINGTON STREET  
MIDDLETOWN, CT 06457

Seals  
**PRELIMINARY ZONING  
SUBMISSION**

Issues	Date	Description

Revisions	No.	Date	Description
A	08/07/20	CANOPY CHANGE	
B	08/18/20	SCREEN WALL CHANGE	
C	09/01/20	SCREENWALL/TRELLIS CHG.	
D	09/18/20	NORTH ELEV MOD.	
E	10/09/20	SIGNAGE DIMENSIONS	

Drawing Title  
**EXTERIOR ELEVATIONS**

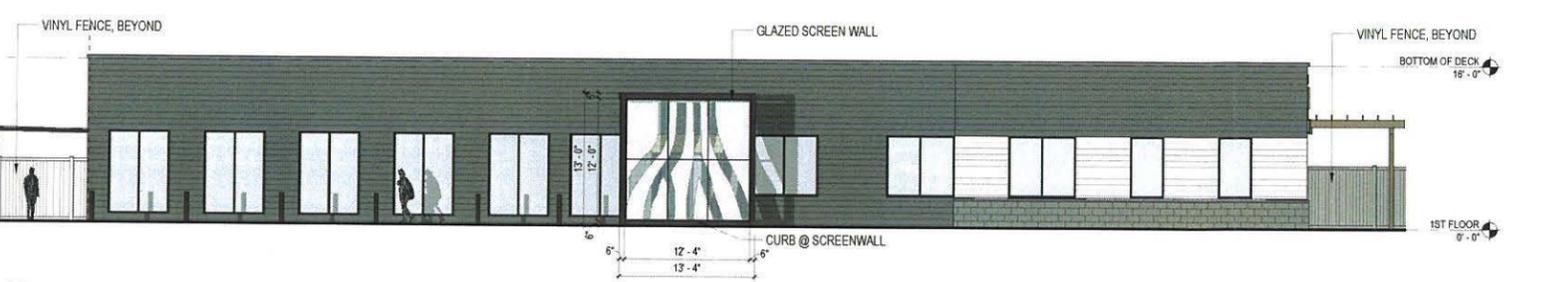
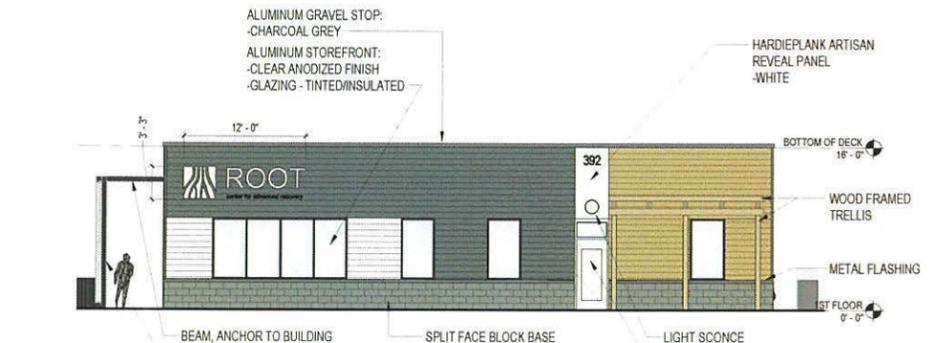
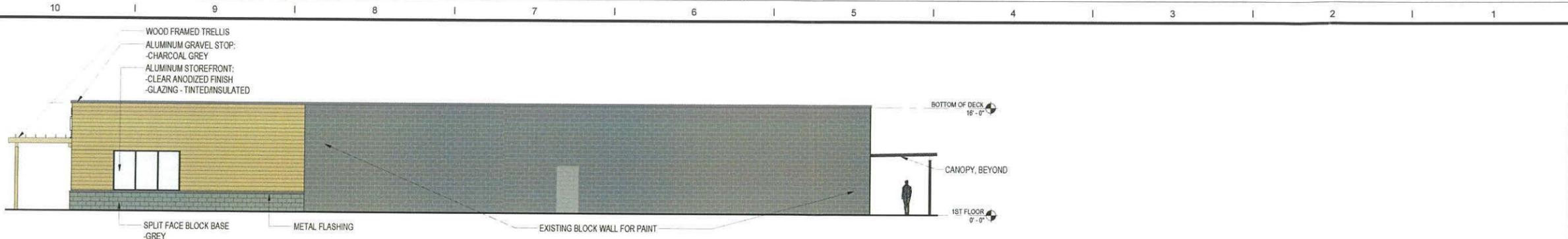
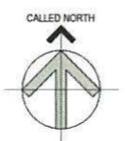
Issue Date: **7/31/2020**

Project No: **RCADZAR** Scale: **1/8" = 1'-0"**

Project Manager: **Peer Reviewer:**

Project Architect: **Peer Reviewer:**

Drawing Number  
**A-300**

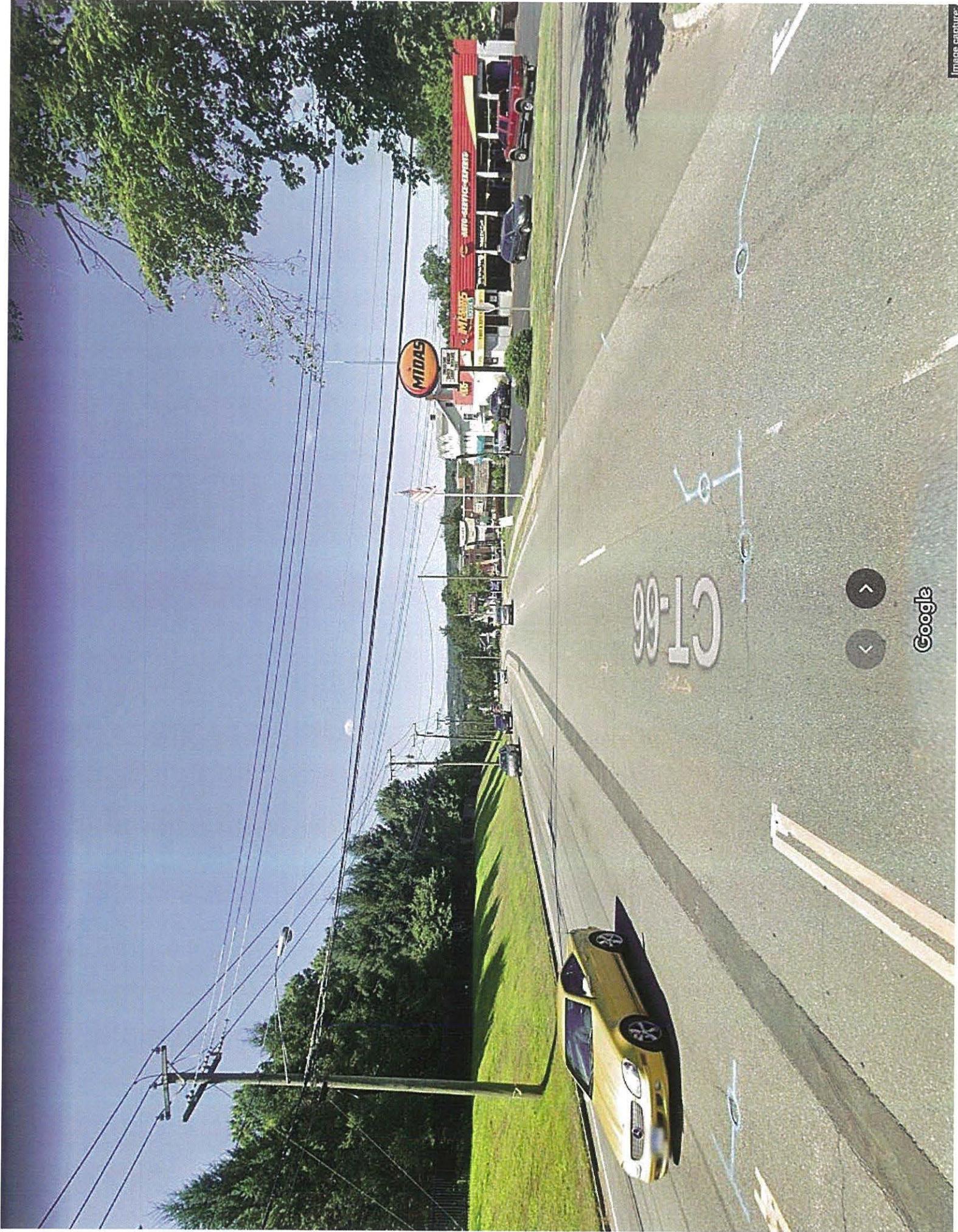


**LEGEND - EXTERIOR ELEVATIONS**

	WOOD LOOK METAL PANEL QUALITY EDGE - VESTA STEEL PLANK R22 GILDED GRAY
	METAL PANEL QUALITY EDGE - VESTA STEEL PLANK 414 IRONSTONE
	METAL PANEL QUALITY EDGE - VESTA STEEL PLANK 503 EGGSHELL
	GLASS
	CONCRETE FOUNDATION

10/7/2020 10:27:01 AM C:\Users\ChrisB\Documents\CENTRAL\_cad\2020\F20\_ChiefB.rvt





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