## **EXHIBIT 9D**

LRC - Email

## Fwd: Minton house questions answered

1 message

Amy Johnson <amyjohnsonrdh@gmail.com>

Fri, Mar 21, 2025 at 5:49 PM

Begin forwarded message:

From: Richard Miller < richard@legacyrecoverycenter.com>

Date: March 21, 2025 at 5:43:50 PM MST

To: Amy Johnson <amyjohnsonrdh@gmail.com>, Heather Dukes <hdukesesg@gmail.com>

Subject: Re: Minton house questions answered

Hello Amy,

Thank you for taking time to come by today and share your concerns. I also appreciate that we were able to have a civil dialogue, and I appreciate your willingness to hear us out on these tough subjects. I am CC'ing one of our attorneys who specializes in matters such as these. I know there were some questions surrounding the Federal Fair Housing Laws and Americans with disabilities Act as well. Heather can answer those questions should they arise. Also, before I answer your questions, I wanted to let you know we will be holding a community meeting Friday the 28th. I am still finalizing the time, but I will keep you updated, and I am also working with Heather to make a flyer I hope to distribute amongst the community. This meeting is for concerned individuals to come, share their concerns, and also learn more about what we do, and don't do.

To your questions: I will be elaborate with these as I want to make sure you have all the information.

1. residents will be on "lock-down" meaning they have to stay in the facility or backyard at all times, not walking around the neighborhood and busy with treatments during most daytime hours.

Yes. However let me explain a bit further- we are a voluntary facility. Meaning we cannot and do not hold patients against their will. If they wish to leave the program they may do so at anytime. In that sense we are not a "lock down" program. If a patient is with us, they will remain on site at all times (with the exception of weekend outings, or if they need an outside medical appointment etc). Residents will not be allowed in the front yard, and will be allowed access to the back yard. All treatment is rendered on site. So no, you will not have to worry about our residents coming and going, or wandering about the neighborhood etc.

2. typical stay is 6-8 weeks but could be anywhere from 4 months to 6 months for residents with a very rigorous screening process

I wouldn't say any stay is typical. Every resident is different. Some residents stay for up to a year, some 6 months, some 8 months, some 2 months etc. It is all based upon the resident's clinical and medical needs, as well as their ability to finance the treatment. The key thing is we do not have a limit on how long someone can stay. I wish I could be more concrete with you here, but it truly is dependent on what the resident is seeking treatment for, their progression, etc.

Screening: All residents are screened prior to admitting to the facility. This screening is in depth, and it is reviewed by clinical, medical, and psychiatric professionals prior to admitting. If clinical, medical, and psychiatric both approve the patient, then they are cleared for admission. Upon admissions all residents receive a full psychiatric evaluation, as well as what's known as a Bio Psycho Social assessment. Our assessments are designed to do multiple things: one is to determine what the resident is struggling with specifically (think diagnosis here), we have additional assessments we conduct that determine: suicide risk, self-harm risk, harm to others risk(this is

where we screen out residents with a history of violence), mental state (determines if resident is psychotic/delusional), and other various assessments for things such as PTSD, sexual risk, etc. So yes, the entire first day of a residents stay with us is assessments, so all in all a patient is assessed for 6-8 hours by multiple different professionals. Additionally we re-assess all of our patients weekly.

3. residents are post-detox and have to be med-compliant and are mostly there by choice, and not under court order.

Yes, all residents have completed detox prior to admitting to our program. We are not licensed for detox, and we are not staffed or equipped to detox patients safely. No detox occurs at Legacy Recovery Center.

Med compliance: Yes for certain disorders (specifically psychotic disorders where a patient will become unstable if they do not take their medications) patients are required to take their medication as prescribed if they wish to remain in the program. A patient has a right to refuse medication. However if it will cause the patient to become unstable and a danger to themself or others, the patient will be discharged and referred to the appropriate facility as they would no longer be appropriate for our level of care.

Patients here by choice: All patients are here by choice. We cannot legally admit a patient against their will.

Court Order: We do not treat these patients.

4. nearly all medication dispensed to patients is only over the counter. All prescribed medications are controlled by staff.

This is entirely dependent on the patient and their psychiatric needs. Many of our patients are on prescription medication. Such as anti-depressants, mood stabilizers, sleep aids, anxiety medications etc. So it is not accurate for me to say nearly all medication is over the counter. However, very very few of our patients are on narcotics (think Benzodiazepines such as Ativan, or Valium). The only time these medications are prescribed is if the patient has a legitimate anxiety disorder that is not manageable with non-narcotic options. This decision is entirely between the psychiatrist and the patient. But I can tell you it is not common.

Staff and Medications: Every medication whether prescribed or over the counter is kept locked in our nursing office. Patients do not have access to their medications without staff present, and all medication is dispensed by trained staff.

5. you are not licensed to give methadone

This is correct. We do not, and cannot dispense methadone. We never will. Methadone is a very poor treatment for opiate dependence, and creates a "replacement addiction". It also does not align with our values or approach when it comes to providing treatment for opiate addiction. We can and do prescribe suboxone. This is for medication assisted treatment, and is a much safer and more successful medication to helping treat opiate addiction.

I hope I have provided enough information in response to your questions. Please do not hesitate to reach out should you have more.

On Fri, Mar 21, 2025 at 4:07 PM Amy Johnson <amyjohnsonrdh@gmail.com> wrote: Hello.

Just want to make sure I remember everything correctly that you told us: please confirm each of these and feel free to correct if I have it wrong

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