PETERSHAM TOWN HALL

SPECIAL PERMIT APPLICATION PRESENTATION

FEBRUARY 12, 2015

PROJECT: THE RETREAT AT PETERSHAM
BEHAVIORAL HEALTH
ADDICTION RECOVERY CENTER
211 NORTH MAIN STREET
PETERSHAM, MASSACHUSETTS

BEFORE:

MARYANNE REYNOLDS, CHAIR
BRIAN MacEWEN
DONALD EATON

DENISE M. O'LEARY
Registered Professional Reporter

P R O C E E D I N G S

THE CHAIR: I'd like to call the meeting to order. Good evening everyone. This is a meeting of the Petersham Zoning Board of Appeals on February 12, 2015. We're here tonight on the Public Hearing of Heywood Healthcare, Inc. Let's pick it right up with our consultant, Kevin Flynn, who is here this evening. Kevin, I believe you have a report to present?

MR. FLYNN: I do. I think some of this we saw from the last meeting of the Board, there was some preliminary work done. I finalized that since then. There are a couple of spare copies here. I think a couple of copies have already been handed out, there are a couple of black and white ones that have been handed out, too. I believe the folks from Heywood have copies.

I added some tables since the last meeting. Sometimes it's easier to represent some of the data that way. I put those into the report. I tried to clarify a couple of points since the last time. I think we all want to go

to the question that's been on everybody's mind and that is, what's the economic impact and what's the impact on services. There is a pullout page in the report.

THE CHAIR: Do you have an extra one, mine doesn't have a pullout page.

MR. FLYNN: Page 8. Before that is information that Heywood Healthcare provided as part of its application. They indicated that there would be so many positions on various shifts and gave us total numbers. This is at full build-out so three years or so hence. If everything goes according to plan, they are predicting 148 positions.

I asked for some information at the last meeting and Rebecca provided that to me, how many of these were new jobs, typical work weeks and those sorts of things. I plugged that into some logarithms that planners and economic analysts use to determine the impact of jobs. New jobs created in an area that people have those jobs are bringing in extra money to bear on the economy and that's good for them and it's good for the local economy. It will also

generate additional jobs.

There are formulas, logarithms, ways to project out what the impact will be depending on the type of job and the number of positions and the wage rates and so on. It's based on numbers that are generated or a statistical analysis was done by two federal agencies, the Bureau of Economic Analysis at the Department of Commerce provides some of the numbers and the Bureau of Labor Statistics of the Department of Labor provides some of the numbers. That's where these multiplier numbers come from.

In the chart it's in the seventh column over -- excuse me, the eighth column over and the tenth column over. Right here, a number that's four decimal places. Those are numbers that are calculated for different geographic areas of the United States. Within Massachusetts there are several ranges of them. These are the numbers that are attached to a particular type of position in a particular location and these are updated frequently.

It will tell us, for example, the person who is a dietician that the employment

multiplier for dieticians is point 6045. That means for every dietician that's a new position, the effect of their new hire and the money that they spend in the economy will generate 6/10 of another job somewhere. It doesn't have to be one job, it could be a total of 6/10, it could be multiple jobs.

Applying these multipliers to the number of jobs gives us the next column which tells us about the indirect positions. The direct positions are what Heywood is projecting to hire, the indirect positions are what that multiplier effect is going to create somewhere in the economy. Not necessarily just in Petersham, it could be somewhere regionally. You can see a variety of figures here for how many potential jobs are created by the numbers of jobs that Heywood is talking about.

There's also a multiplier that's used for wages and how much will be transferred onto those new jobs. That's the next column with the wages multiplier again, the statistical analysis that they do, and they generate these numbers periodically and make them available at a price.

You apply that to the wages that were generated originally by the jobs that were created and that tells you what the indirect wages will be. You total those up to get what the total job impact is and the total wage impact.

That's what you see in the last columns. So many jobs created by Heywood's projections and so many new jobs created by spin-off effects gives us the total number of jobs. So much wages being paid at the rates that Heywood is telling us creates so much indirect wages and it gives us so much total wages overall.

When you look at the overall result you can see that the total wages for Heywood's project is somewhere around almost $6.5 million in wages annually based on those 143 people. 90 percent is supposed to be new jobs so there's an adjustment in there. Not all of those will be new. There's about 129 new jobs. Some people will be transferred from other facilities. The increase will be around $6.5 million in direct new wages, direct new wages. The potential for indirect wages for the spin-off jobs that will

occur somewhere else in the regional economy is about $4.5 million. So it's a significant amount of money.

It's a surprising amount when you first look at it because we're all sitting around saying, wow, that's a lot of money, but medical positions tend to generate higher wage rates so there's a higher number of spin-off jobs than some other kinds of jobs. If you're hiring people who work at a convenience store, the spin-off rate, the multipliers will be lower on different multipliers. Medical facilities tend to generate high rates of direct wages for their employees and high rates of spin-off wages and high rates of spin-off employment opportunities because of those wages.

So based on the information that Heywood had provided, this is the projection as to the potential regional economic impact in wages.

If you go to the next page, Page 10, the chart in the middle. There are two parts to the economic impacts of this. One is the long-term ongoing jobs and the multiplier

effects that that creates, but there's also the economic impact of the construction project itself.

In the center of the page there, Table 5 uses those numbers to analyze what the impact would be from the construction project to renovate the building and make it ready. This is at full build-out again. The construction budget is based on numbers that were provided by Heywood. Construction wages are a takeoff from that number. Not everything in a construction budget is wages. There's permitting, design, engineering and then there's labor involved. So there's a multiplier that we can apply to that using typical annual wages in the area. There would be somewhere around the potential for 54 construction jobs. Not necessarily full time, but 54 jobs. Construction jobs have time limits, they're not permanent jobs.

Applying a wage multiplier to that or an employment multiplier, we find that those will create additional spin-off effects. Those will be short term, those won't be permanent in the economy, so indirect wages. There's a total

number there of about $5.8 million potential economic impact from the construction project in terms of jobs and wages locally. When I say locally, I'm talking regionally not just Petersham.

On the last page, I'm going to skip ahead a little bit, I think we talked about some of these things the last time, but I'm trying to highlight the things that everybody is interested in.

The last page was the question of the impact. The earlier pages talked about potential impact on local services. One of the questions that we talked about several times and has been in some of the presentation materials is what is the potential impact on municipal services, particularly public safety services, from the addition of an 86-bed or 88-bed facility here in town.

What we did, Rebecca did some of this and I did some of this, we both contacted some other facilities that are similar in nature to the proposed facility here and we asked them to look at their call reports for the last year or

so, calendar year, and tell us how many calls they had and the types of calls. We wanted to know how many times were people calling from the facility for assistance. The chart represents the results of those, of the data that was gathered.

What we see on here is that the majority of calls, the vast majority of calls, are related to fire and EMT services. Of those the vast majority, sometimes all of them, are calls for transport. So they're calls to the local ambulance unit for transport to a hospital for some other medical purpose. There are very few to no fire calls otherwise. Usually fire and EMT, a lot of times they're in the same department and that's why they're clustered together.

Police calls, again, very little police calls. Occasional police calls are calls for assistance from the hospital, from the facility. Some of these are warrant services or other non emergency calls. They were there to serve a warrant or in one case we had a missing person and a couple of other similar calls.

Actually, very few calls.

The outlier there was the Brattleboro Retreat, they had the most calls overall for the time period. We talked about that the last time and there's some discussion in the text as well. Since 2006 the Brattleboro Retreat has more than doubled its size. It's gone from 50 beds to over 120 beds. When you have that kind of growth it doesn't always go smoothly.

It has not been smooth for the Brattleboro Retreat. They have had many problems trying to manage that expansion. That's reflected in these numbers as well as in the fact that they've been on probation for a while, they've had a number of consent decrees and a number of internal problems with the regulatory authorities, both State and Federal authorities. It just reflects the fact that they grew very quickly and they weren't prepared for what that was going to require. Even with that said, it's not a hundred calls. They had 11 calls for assistance. We know last year when this came up it was a particularly difficult year for them. There were at lease three

violent incidents on site and they were self inflicted incidents.

I have some other statistics here for you that show so many calls per bed because that was a discussion we had. I'm not sure if that's particularly helpful, but it came up so I included that just so people could see what the numbers were.

At this point I think I'm going to stop. What we're seeing is a limited impact on police services and fire services. Most of it's on ambulance transport, but that's not something that Petersham provides. That's private. With that I'll just stop.

THE CHAIR: I have a couple of questions. In terms of Tables 4 and 5 which were related to employment dollars and construction wages, how would you describe the relationship of those numbers to the impact on the town.

MR. FLYNN: Well, the impact here is going to be a regional impact. In terms of medical staff, there may be some people who are new employees who might decide to move into

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town. Petersham has a very small amount of vacant properties. I think the permits in the last few years have averaged one or two a year for new building, new construction. There's a very limited supply of available housing. So even if people were employed and wanted to live here, it would be difficult for them to find someplace. A lot of this is not going to stay locally in the direct wages, the folks who are hired new and move into town.

I think the indirect impact, there could be some indirect benefits to local businesses. Heywood has talked about reaching out to local venders, trying to hire local where they can, but reaching out particularly to local venders. There's an opportunity there for people, it could be landscaping services, plowing or maintenance work, whatever it is. I think you have your own internal maintenance staff, but some of it gets contracted out. So there's an opportunity there for people. What you see here is what's going to happen regionally. It's not just related to the Town of Petersham.

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THE CHAIR: Okay. To the extent that there is an impact from wages on the town or a city, and I understand that the whole impact wouldn't just be Petersham, but how would you describe what the impact actually is. The availability of jobs draws people to buy homes in the community? I'm just looking for that kind of connection.

MR. FLYNN: I think that if there's available housing or new construction it will draw people to buy homes, people who are employed in the facility. Medical people, as a rule, generally live close to their work. They generally participate in the community, they become active in the community. Not always living in the town where their facility is, but even close by. Frequently in the town where the facility is. They make good citizens, they're active in the community, they participate, they take part in public events. Some of those people may, in fact, locate here. I think the problem is that you just don't have enough -- there's not an opportunity for people to locate here because there's no place for them to live.

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You have very limited housing here. Where would they live?

THE CHAIR: Okay.

MR. FLYNN: Now, that may make pressure for some more housing, but I don't think you're going to end up with a hundred new houses or anything like that.

THE CHAIR: Okay. Another question I had was about the public safety calls associated with the psychiatric hospitals, that's Table 6. I was recalling your prior presentation where you discussed that every call associated with a particular address doesn't necessarily mean that that is a one to one relationship. So there may have been a call that was recorded as to your address at home, but it had to do with an accident in front of your house and it had nothing to do with you.

My question is related, but just a little bit different. Does this data show us whether there were calls to the police or fire department or any public safety officials related to the hospital, but not going to the hospital address. In other words, in the

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neighborhood of the hospital.

MR. FLYNN: These are calls from the facility versus at the facility. These are not calls from the neighbor who said he has a barking dog here or something else going on, or whatever. These were calls -- what they were requested to provide us was how many times were you called to go to this facility. That's what my understanding was of what you were looking for.

THE CHAIR: Okay. Does it give us a sense of the impact on the community outside of the facility boundaries itself. Do you have any sense of that? If not even from this particular table of information, but just from your conversations with officials in those towns, did you get any sense of --

MR. FLYNN: Yeah. Again, other than Brattleboro where I heard differently, I would say that this is a pretty fair representation of the level of calls that you would see at a facility like this. In the community as well, not just the facility. It's a limited amount of impact on services and mainly on emergency

transport services.
THE CHAIR: Okay. So I should understand that -- I guess I'm just kind of trying to understand the weight of it because we weren't clear about asking the police department, for example, are you chasing after runaways and somebody a mile down the road is saying there's somebody in my back yard and they don't belong there, can you come and investigate. They go and investigate and they determine that that person was a client of the facility. Is that type of event occurring and if it is occurring is it reflected in the numbers?
MR. FLYNN: I think it is. I think it's reflected in the numbers. The request was that we're trying to understand the impact of this facility on local public safety services, police, fire, rescue. Can you look at your records and identify how many times you had to respond to an incident that was caused by the fact of that facility being there, something that was going on there. Then they went through their records and came back and said, "This is

what we've seen. We do get calls, but they're this type of call. Other than that we essentially get no calls."
A couple of them were very positive about the facilities without my prompting. In the course of conversation and discussions I said, "This is what we're looking at, impacts on the community, impacts on the neighborhood, impacts on the property values." They would volunteer that they made very good neighbors. Again, Brattleboro is the exception. They made very good neighbors, they took very good care of their property, they had no problems with them, that they were good people and good citizens in the community. That's without my even putting that out there.
You know, sometimes when you do a survey you say, Are they good citizens? I've already prompted you with the answer. So when we do surveys you don't say, Are they good citizens. How would you characterize them? What's it like having them there? People were volunteering the answers. We weren't saying, Are they good citizens or bad citizens, yes or

no.
THE CHAIR: Thanks. Any other questions?
MR. EATON: No.
THE CHAIR: Paul.
MR. YOUD: Paul Youd, 16 Hardwick Road. Just to follow-up with that, Maryanne. I imagine that it would be Heywood's policy that if somebody was missing at the facility they would notify the local police.
MR. GRIMMER: Correct.
MR. FLICK: I would also add that those issues are reflected because if you look at Westwood Lodge, the only calls they had there were for missing persons.
DR. BIALECKI: They were all found on site.
MR. FLICK: Right.
DR. BIALECKI: But it is their standard practice that the moment a staff notifies administration that someone is missing it automatically goes to the police.
THE CHAIR: Yes, we talked about that at the prior meeting.

MR. YOUD: That doesn't mean that the police have to go out and look. You're doing that to notify the community of that. You wouldn't be asking the Petersham Police then to go out and look for that person.
DR. BIALECKI: Right.
MR. FLICK: That person would be looked for on site by clinical staff, support staff and security. If that person was not found on site, the police would absolutely be alerted.
MR. YOUD: Right, but not to scour the neighborhood.
MR. FLICK: No.
THE CHAIR: Any other questions? Okay.
MR. MacEWEN: Actually, the medical transport issue being the higher number of calls generated by the inquiry here, can you just refresh my memory on how all that is going to be handled by Heywood within the facility.
MR. FLICK: Private contracts. Heywood has contracts with ambulance providers to do transports to tertiary care centers like

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UMass. It's all done through those private contracts.

MR. MacEWEN: Kevin, in your review of this, these calls for medical transport, they were providing medical transport or -- I guess I don't quite understand the situation.

MR. FLYNN: These are instances where they were requesting medical transport of the community services.

MR. MacEWEN: Okay.

MR. FLYNN: But in this case you don't provide that. It's basically a non issue, but it was a question that people were curious about so we solicited the information while we were getting other information as well. It was interesting in the end because it showed us that that's the nature of the calls.

MR. MacEWEN: Most of them are going to be that.

MR. FLYNN: Right, but that's done privately.

MR. GRIMMER: Mike Grimmer from Heywood Healthcare. Just to clarify, if we were located in Athol, the Athol Fire Department has

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their own transport. If we were in Orange, the Orange Fire Department has their own ambulance service. If you're in that area code there is a -- that's actually a revenue generator for the town. We have an agreement with the ambulance services in the town so if that patient comes from that town we try to make sure they get the business because it generates revenue for the town. If the patient is from Athol, we'll typically call the Athol Fire Department for them to come and do the transport. Other than that we have either Woods Ambulance or MedStar ambulance, two private companies.

MR. MacEWEN: Right, I'm seeing that here.

MR. FLICK: It's also statutory. Is the Police Chief here? Does Petersham have a service zone plan?

POLICE CHIEF COOLEY: We have Athol Fire. It's up to them. If they can't provide the service they have to call another ambulance for us.

THE CHAIR: I'm sorry. For the benefit of the record, Chief, can you identify

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yourself?

POLICE CHIEF COOLEY: Dana Cooley, 146 South Street.

THE CHAIR: Thank you.

MR. FLICK: Under Mass. General Laws Chapter 111-C which governs what's called the service zone, when a service zone plan is in place and if there is a medical emergency and a private ambulance service is called, if that private ambulance service is not the primary service zone provider for EMS, they're required by law to transfer the call to the 911 system. Heywood would become part of that service zone plan because all medical facilities have to be part of that service zone plan and it would allow Heywood then to have contracts with private transportation for its patients. They're to be tied into that service zone plan and 911 process. That's statutory, you can't get away from that when it's in the service zone plan. There's other regulatory authorities at play.

THE CHAIR: Ross.

MR. FRANCE: Ross France, 190

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Hardwick Road. When it comes to ambulance calls, I'd like to know what the applicant's expectations are of the town today, the fire department or the police department's role when an ambulance is called to a destination. Is it the expectation of the applicant that we discriminate and not send the fire and police with an ambulance call?

MR. FLICK: That would actually be governed by your service zone plan. If your service zone plan dictates that police and fire are called on a 911 emergency medical call then they have to go under 111-C. Again, that's something that's not within the applicant's control.

MR. FRANCE: So if we're under that plan then there would be an impact on the town.

MR. FLICK: Possibly. If there was to be an amendment to that plan to alter that it would have to go up through the State regulatory authorities for approval. So we start with Central Mass EMS and then up to the EPA for final approval. Again, it's only if it's a 911 call.

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MR. FRANCE: Okay.
MR. FLICK: If the medical professionals at Heywood at that facility determined that we need to transport this patient for more acute medical care like they do everyday at Heywood Hospital, that is not a 911 call. That is a private medical transport call. A 911 call would be if we had an employee fall down the stairs and they're unconscious at the bottom of the stairwell, that's a 911 call. It's different when it's 911 versus a medically determined transport.
MR. FRANCE: So I would ask our consultant whether there's any differentiation between the calls that are logged, are these 911 calls?
MR. FLYNN: These are medical transport calls, routine medical transport calls.
MR. FRANCE: So they're not 911?
MR. FLYNN: No.
MR. FRANCE: Thank you.
THE CHAIR: Ross, let me ask you this. Can you explain what the Town's current

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policy is? You seem to have an understanding that when there's a 911 call that we assign a police officer, too.
POLICE CHIEF COOLEY: Dana Cooley, 146 South Street. Yes, if there's a 911 call and the ambulance is going, our automatic response is that we go. We go to all ambulance calls because they're usually so far out and we can be there quicker than the ambulance. We can provide first responder service to that resident or facility, wherever we go, until the ambulance gets there and takes over the extended care.
THE CHAIR: By we, do you mean the police department, the fire department?
POLICE CHIEF COOLEY: We both go. Usually the police go out first and then the fire right behind us.
THE CHAIR: So both.
POLICE CHIEF COOLEY: Right. Sometimes you might only get one officer. If you get something like a cardiac arrest, something serious, you want personnel going out there. Unfortunately, if you call the fire department you're going to get everybody because

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it's one telephone for everybody. You could get anywhere from one to 15 fire fighters.
THE CHAIR: Thank you. Paul.
MR. YOUD: Paul Youd, 16 Hardwick Road. Just to follow-up on that. I don't know whether it's the -- does Heywood know, from their mental health unit in Gardner right now, approximately how many 911 calls are made during the year?
DR. BIALECKI: There were two calls for assistance, but they weren't 911 calls.
MR. YOUD: So there weren't any. There were zero 911 calls.
DR. BIALECKI: Right.
MR. YOUD: So the two for assistance at that unit, was that for transport or what was that?
DR. BIALECKI: No, those were a specific request for police assistance with clients who were barely assaulted. That's my best description of the characterization of that. Those were both day shifts. Those are the ones that Win had referred to previously.
THE CHAIR: Mark.

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MR. BISHOP: Mark Bishop, 20 south Main Street. Just a couple of quick questions. I don't have the tables in front of me, but how many jobs do you understand are being created at this facility?
MR. FLYNN: Heywood has said about 143 jobs, which about 90 percent are new jobs.
MR. BISHOP: And there are 88 beds?
MR. FLYNN: 86.
MR. BISHOP: Okay. So somewhere around order of 1.7 employees per patient. How many millions of dollars was that going to create?
MR. FLYNN: About $6.4, about $6.5 million net payroll.
MR. BISHOP: What is the total number of million dollars for the spin-off jobs coming from that?
MR. FLYNN: About $4.6 million.
MR. BISHOP: Do you think one of those would be a police officer, an extra one for the community.
MR. FLYNN: That's up to the community to decide.

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THE CHAIR: The table itself doesn't refer to any police officers. Okay. Let me ask you another question, I did have one more on the property value section of the report. We earlier received from the applicant an Exhibit 14 which had to do with real estate valuations. It had to do with a study that was done in the City of Philadelphia several decades ago. In your report you mentioned that there are studies on property values. I was wondering about -- but we don't have the citations to those.

MR. FLYNN: I can give you a list. There are literally dozens of studies.

THE CHAIR: Could you just give us a couple as to what you think are the most representative of the conclusion that you draw in the report.

MR. FLYNN: Sure. I don't have that information with me tonight, but I can add that. I can't site a study this evening, but I can tell you that there are dozens of studies about the impact of treatment facilities and other similar kinds of projects. The result is pretty

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much the same across the board, that the studies show that it doesn't affect values up or down, it doesn't cause properties to stay on the market longer because they're nearby than if they would if they were further away. You don't see a difference across towns. The property next to the facility doesn't sell as quickly as the property farther away. All the things that we think might possibly happen have been tested and they don't come out that way.

Interestingly, when I mentioned earlier about officials volunteering things, I talked to assessors and they volunteered very enthusiastically before I could even finish a question. People are concerned that there might be an impact on their property. No impact, it had no impact at all. Everybody always thinks that's going to happen. No, it doesn't make a difference. They cut me off before I could even finish the question because they knew where I was going. It didn't happen once, it happened several times.

The folks who evaluate property for us, municipal employees who are setting the tax,

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calculating it, are telling us that there's no impact on property values from having the facility there. What makes a difference is whether or not the person takes good care of their property. It doesn't matter whether it's a hospital, a treatment center, a gas station or a convenient store, it only matters how well people manage their property. Again, a couple of them commented that hospital facilities and treatment facilities generally take very good care of their property.

THE COURT: So when the study shows that there's no impact, that's no impact in a positive or negative way.

MR. FLYNN: Right. It really makes no difference.

THE CHAIR: Okay. Thank you. Any other questions. Paul.

MR. YOUD: Paul Youd. Just for a point of clarification. In Kevin's report when he was talking about the licensing he said that Heywood was also seeking a Class 7 license and they subsequently withdrew that.

MR. FLYNN: That was in an earlier

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slide presentation. That is not a license that this facility will be seeking.

THE CHAIR: That's Page 4 of the report.

MR. FLYNN: Right.

THE CHAIR: Wait a minute, Page 4 lists the type of licenses. I don't know that that necessarily says those are the ones that the applicant said they were going to apply for.

MR. FLYNN: No, that's just a listing of licenses.

THE CHAIR: Right.

MR. FLICK: There was at one point that that license was a possibility, but that license will not be part of the application process.

THE CHAIR: It's actually Page 5, the third paragraph. It says, "Heywood will offer both inpatient, outpatient and residential treatmenrt..." and it continues. Its listing Class 7. We should cross that out, right?

MR. FLICK: It will be reflected in the record that the applicant has stated that it will not be seeking a Class 7 license.

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THE CHAIR: Thank you, Paul, for picking that up. Eagle eye.

Kevin has another meeting tonight so I wanted to call him first and let him go. Thank you, Kevin, for coming in.

MR. FLYNN: Thank you. Will you want me to attend your next meeting if there is a next meeting?

THE CHAIR: I guess that's a little hard to say at this stage. Possibly is the best I can do at the moment.

MR. FLYNN: Okay, just let me know.

THE CHAIR: I will definitely let you know. You're willing to come?

MR. FLYNN: One more time.

THE CHAIR: Okay, good to know. Thank you.

MR. FLYNN: Thank you.

THE CHAIR: I'd like to move the report we've just been discussing, the final report, into the record as Hearing Exhibit 26, unless there's any objection. Hearing no objection, it will be Number 26.

(Document Marked.)

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THE CHAIR: The Board received a written comment today from a resident of town, Ellen Anderson of 20 Dana Road. The Board members have received copies. I gave a copy to the applicant. Basically, it's a letter that is expressing -- I would say it fairly characterizes her opposition to the project for the reasons stated in the letter. It's too long for me to read here, but it's available for anybody to read it. I'd like to move that in as Hearing Exhibit 27, unless there's any objection to that.

MR. FLICK: Other than some objections to the facts stated in the letter itself, no objections to it.

THE CHAIR: So noted.

(Document Marked.)

THE CHAIR: I have some extra copies of the letter here if anybody wants one.

John, I had a couple of questions. I don't know if you had anything else you wanted to present?

MR. FLICK: We just have a very brief presentation, it's more of just a summary and

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statements heading into what we hope will be the decision phase after tonight. We can save that till the end if you want to ask some other questions. That's perfectly fine.

THE CHAIR: Okay. One question I had was about medical marijuana. Do you anticipate the use of medical marijuana at this site?

DR. BIALECKI: No, we do not.

THE CHAIR: Why wouldn't you?

DR. BIALECKI: Because it's not part of our treatment options available currently. We don't know what that's going to look like when it is finally regulated and available. We have no idea at this point. So right now at this moment in time, no.

THE CHAIR: I guess the current status of that is that it's approved. There was some level of referendum by citizens on an initiative petition that was voted on and approved, but there's regulations to implement and those regulations are in some form, but apparently they are not yet in a final form; is that correct?

DR. BIALECKI: Right. DPH has not

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completed their work and the regulations about how that is going to come to market and what the final specifications are for distribution by way of physician.

THE CHAIR: Is medical marijuana a substance that is used to help the type of clientele that you would be servicing?

DR. BIALECKI: Not currently. It's extremely contraindicated for substance abuse treatment, as would several other prescription drug treatments. For the chronically mentally ill, or mental illness as a whole, it's not generally one of the recommended best practices for treatment. There are, I understand, some kinds of other long-term illnesses that would not be patients at our site in Petersham that that treatment might help, glaucoma, cancer patients, chronic pain management. The patient population that we perceive having at this facility will not be well served by that treatment.

THE CHAIR: Another question I had is relative to who is in charge of the facility when it's up and running at full capacity. Not

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a specific individual, but what is the position that a person would hold that would be in charge there.

DR. BIALECKI: Right now there is a plan to hire a medical director who would oversee that facility from a clinical standpoint overall. Right now the plan is for myself to be the administrator who would probably be on site.

THE CHAIR: Would the medical director be on site?

DR. BIALECKI: Yes.

THE CHAIR: And the administrator would be on site.

DR. BIALECKI: Yes.

THE CHAIR: In the report that we just received from Kevin, your employment numbers, that's Table 4, where are those positions captured?

DR. BIALECKI: My position is not included in there. The e-mail that I sent with those figures that I submitted to Kevin also included the piece at the bottom which included the psychiatry and the medical staff who are not necessarily employees of only that site, but

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those figures were on there. They are not in his chart. They would be in addition to that.

THE CHAIR: So the medical director and the administrator will be on site, but they are not reflected in Table 4?

DR. BIALECKI: Right.

THE CHAIR: Are they on site for the balance if their regular workday or are they like on site occasionally as they tour other sites?

DR. BIALECKI: That would be their primary work site.

THE CHAIR: How come they were not provided to Kevin for this.

DR. BIALECKI: Because those kinds of positions are charged off across the whole healthcare system. They are not charged to the individual facility. Right now I'm cited at Athol, but my salary is actually charged to administration which actually sits in Gardner. Michael's salary works the same way. That's the only reason they weren't included in that table.

MR. FLICK: I guess another way to put it is, at least from an accounting

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standpoint, these are employment positions that would be specifically on the books for this facility versus on the books for an administrative position that arches over the whole system. Heywood Healthcare is a system that consists of Heywood Hospital and Athol Hospital and the Petersham Quabbin Retreat would be part of the system. So you have administrative which is an umbrella over the system that's chargeable to the system itself and then you have positions that are chargeable to that specific facility.

THE CHAIR: Off the top of my head I'm not remembering what the slide was or what the exhibit was relative to traffic counts. When you provided the traffic counts, did you provide traffic counts relative to --

DR. BIALECKI: We did include administration.

THE CHAIR: You did include administration. So you concluded that --

DR. BIALECKI: I think the number for the traffic count total was 165 as opposed to the 133.

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THE CHAIR: That would explain what the difference would be as you were just describing about the accounting and where the job is relative to the accounting?

DR. BIALECKI: Correct.

THE CHAIR: Would the facility have a telephone, like a coin or a card telephone?

DR. BIALECKI: I don't know if those exist at this point in time.

MR. GRIMMER: We don't have one in Athol, we don't have one in Heywood.

MR. FLICK: I don't even know if you can get those through the phone company.

MR. GRIMMER: They're not putting them out any more.

DR. BIALECKI: We have the ability to provide patient access to telephones, but not a public pay phone, I guess.

THE CHAIR: Okay. Can you explain the difference for me. Like what do you have to provide patients with access to a telephone. It's not a public telephone so it's not for visitors or others.

DR. BIALECKI: Currently on site at

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Athol and Heywood there are phones in all of the offices, there are phones in the lobbies so that if someone needed to call for a ride back from an appointment they have access to a phone there, a local phone call. The patients in a unit may or may not have access to a telephone, depending on what their individual needs are and what their restrictions and limitations are. A locked inpatient unit probably would not include telephones in each room, but there would be the ability for a weekly phone call to their family in a supervised setting with their case manager or therapist.

THE CHAIR: Any other questions? Okay. Any other questions from anyone? Okay. Why don't you make your presentation.

MR. FLICK: Before I get into that, do you want any response from the applicant to the letter that was submitted, Exhibit 27.

MR. MacEWEN: I'd like to hear what you have to say.

MR. FLICK: Okay. A couple of comments on this. I'll try to go down and categorize it. In Paragraph 2 where the

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individual comments about, "In my experience, hospital-like institutions are generally located in an institutional setting with supportive services such as 1) public water 2) public sewer 3) public transportation 4) shops, restaurants and such amenities." In the next paragraph down it states that these do not exist here.

One, those types of urban amenities are not necessary. There is no public transportation that's necessary. We have transportation through a public transportation provider, but for all intents and purposes we can call it private transportation dedicated to this site. That's already in the works.

The water, the septic, the site has been determined to be adequate and those designs and those plans are being worked out with D.E.P. So those really are non issues.

I want to correct some factual statements in here. It says, "The Heywood Hospital has chosen this site primarily because they have been offered $1 million to do so." That is not true. This site was chosen prior to that appropriation being made. This site was

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deemed to be an appropriate site regardless of that $1 million being put in the state budget. That $1 million is a help, but it is not going to necessarily mean if that money gets cut from the budget, which it just might, we're still here. We're still moving forward. It's not dependent on the $1 million.

As far as the public support and public dollars in comparison to the state hospitals that have been shut down over the years, this is not a state-run facility. This is not like the Worcester Recovery Center. This is a privately operated, privately funded through insurance dollars facility that will not be subject to the whims of the state budgetary process. There may be grants applied for in the future that will be state grants, absolutely, but the funding is not dependent, the operation is not going to be dependent on the state budget and the comings and goings of political dollars.

There's a lot of misunderstanding within this letter. Recognizing the concerns, but it is a misunderstanding.

As far as any future issues that may

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come within the world of healthcare, behavioral health will always be there. It always has been there. What we are reaping right now is the benefit of a failed system that the state tried to operate decades ago. Now we're sitting here reaping the benefits of it with a lot of people who have nowhere to go. I've seen it very recently where people are left in limbo. They literally have no place to go and who are in dire need of treatment. The state is basically throwing up their hands saying it's not our problem.

This facility is not going to be a fly by night. It's not going to be here today and gone 10 years, 20 years, 30 years from now. Our hope is that this is going to be a long term institution that will benefit people who are really in need of help.

Yes, things may change. It would be wonderful to have a day and age where opiate recovery is no longer necessary, but behavioral health will still be there. There will still be people who need behavioral health. The fear and the concern that one day this will be an empty

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institution that will just be sitting there rotting, I don't necessarily see that.

Furthermore, and I actually put this in the summary slide, Heywood is putting in close to $11 million in construction investment into modernizing this facility and bringing it up to code both from a structural standpoint and a technological standpoint. This facility will be set to serve multiple purposes for many, many years going forward.

Even if they were to decide to sell it, it's an institution, it would be a facility that could easily be transformed into something else because of the work that's going to be done. I don't see that being an issue because of the acute need and long-term need for behavioral health. That's more or less my response. I don't know if Mike has anything to add.

MR. GRIMMER: Just one comment. The fact that we're here today is reflective of the organization's commitment to addressing community needs. We said this in conversation the other day, this is not a money making

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proposition. Heywood Healthcare has been committed to behavioral health for many, many years. Many other institutions in the state, most frankly, walked away from it because it was not a money making institution. Behavioral health is a need. We are a community healthcare organization that's committed to addressing that need. It's not about making phone. It's about addressing the needs in the community and in the region. That is what we're doing here.

We understand that the political climate is coming around a little bit to taking behavioral health needs and to bring it a little more front and center. Because we remained committed to that need for the last fifty plus years, we happen to be in a position to be ahead of that curve and in a place to take advantage of whatever resources can help us. This is about addressing a community need. It's not about making money. We dropped one of our -- we call it our traditional care center, our Board agreed to do that because we need to take those dollars and put it into behavioral health. It's a lost leader for us, but it's a need in the

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community that needs to be addressed and we're committed to doing.

THE CHAIR: Let me get a point of clarification. John, you're a member of the Board of Directors, right, for Heywood?

MR. FLICK: Yes.

THE CHAIR: So when you're here speaking, are you speaking in the capacity as a member of the Board or as counsel?

MR. FLICK: I'm speaking as legal counsel. The Board is well aware of their votes, there's been approval to allow me to represent Heywood so we've already addressed all of that. I'm functioning not as a member of the Board, but as their legal counsel.

THE CHAIR: Okay. In your remarks a moment ago you mentioned that it's been determined that the water is adequate, the D.E.P. --

MR. FLICK: Well, it's the DEP that does --

THE CHAIR: Have there been any new developments since the meeting by the engineers?

MR. FLICK: No, because the same

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issue stands. They won't let us go on and do more definitive testing until we have site control. Basically, we need to have ownership.

THE CHAIR: Relative to the letter, Hearing Exhibit 27, one of the suggestions in it was that if the Board were to grant a special permit application that it consider basically like a demolition bond. I know that's something that we've done where other structures are involved, like the cell tower that got approved, there was a bond that would allow for it's removal in the event it became abandoned. You may have actually responded to that indirectly by saying that you don't think it's necessary. Let me not be left wondering. What do you think of the idea of a potential condition being a provision for demolition in the event that that was abandoned.

MR. FLICK: One, a demolition bond, typically you would put a demolition bond on a facility that had a specific definitive lifespan. A solar farm where the lifespan is typically only 20 to 25 years and that's being placed on municipal property through a lease

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agreement. You would have a de-installation or a bond for demolition to be installed, a decommission of the facility in the event that the property owner didn't do that.

I have never heard of a demolition bond on a construction project where you are building -- basically, in this case there's not a building of a facility, there's a rehabilitation of an existing lighted facility that has no defined life limit. It's not like in ten years it's going to use up its purpose or in 15 years it's going to use up its purpose. For a property that may be around for hundreds of years, a demolition performance bond, I don't even know that you can buy one in the market.

THE CHAIR: I think where this is coming from is something very specific to Petersham which is the Nichewaug Inn situation that we have.

MR. FLYNN: And every community has them. I can name you tons of those in the City of Gardner that we have. You're never going to get an insurance company or a bonding company to write a bond on something like that. When are

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you going to have to demolish it? Whenever it stops being used. When is that gong to happen? We don't know, 100, 200 years from now. You're never going to be able to get a bond on that. Quite frankly, it's an impossibility.

THE CHAIR: Okay. Why don't you continue. I do have one more question on another topic which has to do with the pilot.

MR. FLICK: Ask away.

THE CHAIR: Just the status of the pilot meeting.

MR. FLICK: There was a very good meeting on the 5th of February. We have another meeting scheduled for Thursday the 26th. It's our expectation and the discussion at the last meeting was that at that meeting we'll be able to put a final document together for recommendation for the Board of Selectmen meeting which is the following Monday. The recommendation, and one of the Board of Selectmen was there, was that they put a review of the pilot on their agenda for the first meeting in March. We anticipate that those pilots will be done for that meeting.

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THE CHAIR: So the Tax Exempt Committee hasn't formed a recommendation yet; is that right?

MR. FLICK: The hope is that that recommendation will be done at the next meeting. There are a few terms that we came to some agreement on, some revised language and there are a few other terms that we'll be discussing at the next meeting, but we're very close to having that.

THE CHAIR: That would be the February 26th meeting with the Tax Exempt Committee for it deliberating and making its recommendation to the Board of Selectmen and any decision of the Board of Selectmen would then take up the matter at a meeting in March, it's first meeting?

MR. FLICK: The first meeting in March.

MR. NILSON: Weather permitting.

THE CHAIR: And who made that comment for the record? That's Roy Nilson. Okay.

MR. FLICK: Just very briefly. As a recap, Heywood Healthcare, through its affiliate

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Heywood Realty Corporation, is under contract to acquire a large 21-acre parcel of land known as the Sisters of the Assumption property.

We are going to reestablish the property as an 86-bed behavioral health and addiction recovery center to provide mental health diagnosis and treatment on an inpatient, partial inpatient and outpatient basis.

The primary use is as a sanitorium or hospital. The secondary use, offices of a doctor. Multiple uses under Section 5.C of the Zoning Board of Appeals or the Zoning Bylaws of the Town of Petersham.

Whether or not the Dover amendment limitations apply to this, it's our position that they do. Rehabilitation surely falls under the meaning of education. As an educational facility the facility will prepare its residents to live by themselves outside the institutional setting. The facility's residents will receive instruction in the activities of daily living. They will develop an understanding of how to cope with everyday problems and to maintain oneself in society.

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88 percent of this facility will be dedicated to rehabilitating persons with behavioral disorders. The dominant purpose of the Quabbin retreat can reasonably be described as educationally significant.

Therefore, it is our position under the Dover amendment the Town's regulatory authority under the zoning bylaws is to institute reasonable regulations concerning the bulk and height of structures, which there will be no change to any of that. Determining yard sizes, lot area, setbacks, open space, parking and building coverage requirements.

What are the benefits to the Community of the facility? It will meet a significant need for behavioral health and addiction recovery in the North Worcester County and North Quabbin areas.

The presence of a long-standing, well respected institution as a source of employment and healthcare in the Town of Petersham.

More than $6 million in annual employment investment once the facility is 100 percent operational.

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Approximately $11 million in construction investment. Renovation of ageing, blighted facility to modern construction and technical standards. The installation of a fire suppression system in the building which currently contain none. Modernized electrical and plumbing systems within the building.

Other community investment will be through education, local programing and health services, basically through community investment dollars that Heywood is required to spend on an annual basis. Increased foot traffic and use of local businesses including The Petersham Country Store and local inns.

Other community impact. As we heard tonight there will be little or no impact on public safety. There will be no use of other municipal services such as DPW, water, sewer, schools, etc. The negative impacts are negligible versus the positive impacts which are significant.

With that we end our presentation and respectfully request that the Zoning Board of Appeals, unless there are any substantive issues

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for discussion, seek to close the hearing process and move into the decision phase.

THE CHAIR: Do you have a copy of that?

MR. FLICK: Yes. One other piece that I would also offer is that if the Board were to vote to approve a special permit subject to any special conditions, that in the discussion of those special conditions that Heywood be invited to participate in the discussion of those special conditions, particularly because this is a very heavily regulated entity.

To the extent that any proposed special conditions would conflict with any of the other regulatory authorities that Heywood has to report to, it would be much easier to deal with those issues in a dialog setting as opposed to passing a special permit, putting those conditions on and then forcing us to have to appeal to the court system in order to facilitate discussions.

I've had that happen too many times on the municipal side when I get a call from an

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applicant saying your Zoning Board of Appeals just put a whole bunch of conditions that conflict with our regulatory authorities. Now we have to appeal to the Board. Can we discuss a settlement. It's oftentimes more fruitful for both the municipality and for the applicant to discuss those special conditions and come to terms on special conditions that work for the benefit of both the town and the applicant.

With that said, we would respectfully request that if there were discussions on special conditions that we would be invited to those discussions, to participate in those discussions as the Zoning Board saw fit and move forward.

THE CHAIR: Procedurally, how would you see that happening?

MR. FLICK: Once you move out of the public hearing phase and into the decision phase, it's still done in open meeting. The Board, when it's in open meeting outside of the public hearing phase, the Board can invite the applicant to present or to discuss. As long as it's done in open meeting there's no issue. It

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wouldn't be behind the scenes, e-mailing back and forth. It would be done in open meeting.

THE CHAIR: Okay, so during the deliberation.

MR. FLICK: Correct.

THE CHAIR: I'd like to move this presentation into the record as hearing Exhibit 28, unless there's any objection. Okay.

(Document Marked.)

THE CHAIR: I had a question on one of the pages. The page where it talks about benefits to the community. It's the second to the last bullet, "Other community investment through education, local programming, provision of health services, etc." Could you clarify what you mean by that.

MR. FLICK: Heywood Hospital, Athol Hospital, they're required to use what are called community investment dollars back into the community. Heywood right now has programs with Gardner Public Schools, Athol Public Schools, all through the community investment dollars. These are monies that Heywood owns

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that we're required to spend back into the community. Because we would have the facility here in Petersham that would necessarily put Petersham within that target of investment dollars to be spent. As well as being a facility in this town for people who lived here and who needed those services, that facility is here. That's why we say the provision of health services is local.

DR. BIALECKI: Rebecca Bialecki from Heywood. We've also had conversations with the Chief of Police about going into the schools and doing some parent education and some prevention work in partnership with the police department as well.

THE CHAIR: Prevention work?

DR. BIALECKI: With young people and their parents.

THE CHAIR: Prevention of?

DR. BIALECKI: Substance abuse.

THE CHAIR: Chief, I see you nodding your head.

POLICE CHIEF COOLEY: Yes, we have had conversations.

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MR. GRIMMER: Mike Grimmer, Heywood Hospital. Again, getting back, we identify needs in the community. As a Community Healthcare partner we will help communities address those needs whether it be obesity, diabetes, cardiac issues. We have food programs for children, we have activities that we sponsor for children in schools, so we have behavioral programs. With our needs in the community related to health we become a partner in health.

THE CHAIR: Relative to the need within the Town of Petersham as opposed to the larger region, in the earlier presentation there were no Petersham numbers showing a need. I think there was some suggestion that that's because Petersham was too small. I think Wendell was listed among that group and Wendell is just as small if not even smaller.

DR. BIALECKI: It depends on the number of patients who have been identified for treatment. The Department of Public Health counts all the admissions to treatment centers for substance abuse, for example, or for mental health separately. If the number in Petersham

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was one they wouldn't tell you it was one because that would be in itself self identifying. If a town the size of Wendell had three or four it would be a little tougher to figure out from that town's population who those might be.

THE CHAIR: On the same page relative to the information that's come into the Board through the exhibits or through the testimony, on the second bullet you say, "The presence of a long-standing, well respected institution as a source of employment and healthcare in the Town of Petersham." What would you say is the evidence that we have that the applicant is a long-standing, well-respected institution?

MR. FLICK: Well --

THE CHAIR: And please don't take offense at that. Consider it from the point of view of when the Board writes its opinion it cites to the evidence that it has before it and not our personal opinion. If you just think it's generally known, that's fine if that's your answer.

I know that between the last meeting

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and this meeting I asked you to bring in evidence that Heywood Healthcare is in good standing on all of its licenses relative to the type of treatment. You opted not to do that. We heard from Kevin that management is a critical issue in terms of how well these things actually operate in a town. I think it's a fair question. Obviously you feel quite confident and I'm glad that you feel quite confident. It's also consistent with things that I've heard outside of the meeting that you're very well respected. I just feel that it's a fair question for me to ask at this point since we do know that quality of the management seems to be a key indicator of how these types of facilities impact towns.

DR. BIALECKI: In three meetings prior to this, the presentation that I did that was specific to the treatment methodology that was going to be used, there was an entire slide dedicated to the State's recognition of Heywood Hospital's behavioral health treatment that they do currently, a long history of successes, of very low recidivism rates, of State recognition

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in being recognized as a center of excellence. There was a whole page full of those documented places where Heywood has been recognized by State regulatory agencies as being well qualified and of good quality in managing that kind of work.

THE CHAIR: Just refresh my memory.

DR. BIALECKI: That was the one in the December meeting, the earlier December meeting.

MR. FLICK: The first December meeting.

THE CHAIR: Power point of the December meeting.

DR. BIALECKI: Yes.

MR. FLICK: I would also add to that. Heywood Hospital as the central institution has been in existence for over a hundred years, 1906. It has seen a significant amount of growth and development, recently putting on a very sizable emergency room as well as two new wards just completed. The construction of a brand new cardiac and vascular center within Heywood Hospital itself is building a gym

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facility for its employees in the hospital. There are plans in the works for Athol Hospital right now for a new ER, new professional office building, new oncology suite.

This is a well-respected, well-managed institution that financially, as a community hospital in a country right now where community hospitals are falling by the wayside because under federal regulations it's harder and harder for them to exist financially, Heywood Hospital has demonstrated a resilience to that, a significance amount of resilience, and is financially in a very good position compared to other community hospitals across the country. It has been an innovator in managing its contracts and managing other aspects of the healthcare in partnership with other institutions. It is quickly becoming seen as a leader in the community hospital environment, especially within New England.

I don't think that's really anything that we really have to provide. You can go on line and look at the Joint Commission data. We invite you to look at the Heywood Healthcare

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website, Heywood Hospital and Athol Hospital, look at the information that is there.

I think the facts -- I'll provide this as well for your consideration, the fact that Heywood has put so much effort into community education in the Town of Petersham on this project apart from just the ZBA process, the Town Meetings that it has held, the people that it has reached out to in the community to talk to them, to share with them, to educate them on what it is that Heywood is looking to do demonstrates clearly their commitment to the community as well as the ability to reach out and to care about who they are and wanting to be a good neighbor. I think a lot of that speaks for itself. Also, we are local. There is that aspect of general knowledge, that it is a quality institution.

MR. GRIMMER: Speaking just a little more quantitatively, in a parallel track we became partnered with Athol a little over two years ago now. The two years prior to us partnering with them they lost over $7.5 million. In our first eight months of

partnership we turned their organization around and made it profitable. Not by a lot, but it was profitable. Last year again we had a very good year. We have a track record of coming in and doing the right things.

As a community hospital in Athol, these programs that we're talking about where the hospital was a bit of a drain on the community, they were always asking the community to support the hospital to keep it open. We've turned that around and we're providing behavorial health and nutrition and diabetes education to the schools. Now we are becoming what we should be, what a community hospital should be, a resource for the community instead of being a drain on the community. We expect very similar things here in Petersham.

Just to note, we met with Roy. Roy, you can correct me on this or not. The Tax Exempt Committee, we met with them last week. Based on our willingness to work with the Town on the pilot program, Roy and the other folks on the Tax Exempt Committee are now using us as an example to say, Okay other non profits in the

Town of Petersham, I think it's time that you guys came to the table as well. I'm not sure that would be happening if Heywood had not said, Listen, we think a pilot is a good idea for the Town as a non-profit and being a good community member. Roy, you can comment on that if you want, right or wrong.

MR. NILSON: Roy Nilson, Chairman of the Tax Exempt Committee. Your statement is essentially correct, except that we anticipate waiting until we've actually got a pilot in hand.

MR. GRIMMER: We look forward to putting it in your hands.

MR. NILSON: Before we use you as an example to others in the community who might contribute.

MR. GRIMMER: Just one example of being a going neighbor.

MR. NILSON: Understood. We clearly, as a community, agree with Heywood's representation that they have behaved as a good citizen throughout this entire process. We expect that they will continue to do that.

THE CHAIR: Thank you. I want to just note that the exhibit that Rebecca mentioned was Exhibit 21, I have it marked as 21. I was going through -- well, when we get all the transcripts we'll take another look at all the numbers and make sure we have them all. I'm not quite sure what Exhibit 22 was, but we can figure that out. If anybody knows off hand? Exhibit 23 was Kevin's preliminary report. Not to worry. I know there was one night I came without my folder and my numbers and we may have picked up on the wrong number. That's one great thing about the transcript.

Okay. I have no further questions at this time. Brian or Don, do you have any question?

MR. EATON: No.

MR. MacEWEN: No.

THE CHAIR: Okay. Does anybody here have any further questions? Paul.

MR. YOUD: Paul Youd, 16 Hardwick Road. On the presentation that John just did, has Heywood considered the builder amendment applicable to their operational facility in

Gardner?

MR. FLICK: Well, that facility pre-dates Dover and zoning so it would be grandfathered in. There's no special permit in place. It's actually zoned as a permitted use as a hospital. As a hospital where the primary purpose is medical provision, surgeries, it's a different facility.

MR. YOUD: You have mental health and substance abuse.

MR. FLICK: Mental health is what percentage of the beds?

MR. GRIMMER: It's about 15 percent.

MR. FLICK: About 15 percent of the beds. So that's not a primary use. Here 88 percent of the beds is recovery which has been determined by the courts to be an educational use. So it's a flipped model.

MR. YOUD: So you don't consider Dover.

MR. FLICK: No. If Heywood were looking to site this type of facility in the City of Gardner, then the determination -- well, even as a City Solicitor for the City of Gardner

I would say, yes, it falls into Dover. In fact, we have had similar recovery centers on a smaller scale which have recently gone into the City and there have been no argument covers on Dover. South Middlesex Opportunity Council, for example, where they put in an alcohol rehabilitation center is covered by Dover. We had no say. None. If it was an apples to apples facility, yes, absolutely it was covered by Dover.

THE CHAIR: Any questions, any comments? Okay. Before Kevin left he mentioned that he could supplement the information he gave us with some studies. I'm not inclined to necessarily feel that they are necessary. Let me open it to you.

MR. FLICK: I would feel that they are not necessary. When I did the research there were a lot of studies out there. They all come back with the same conclusion. The reason we presented the Philadelphia study is because it had the most analysis. Really, there was not a whole lot available through the Internet without spending oodles of money to get to some

of the more sophisticated databases like LexisNexis, etc. They all come out saying the same thing. These facilities on property values are neutral. I don't think you're going to get any value out of waiting on any further studies on the impact on real estate.

THE CHAIR: Okay. Does the Board want to close? As the applicant you're asking us to close the record now?

MR. FLICK: We have nothing substantive to submit.

THE CHAIR: Obviously that means you're not asking us to keep it open so we can hear the pilot or whatever happens with that, correct?

MR. FLICK: Correct.

THE CHAIR: Does the Board want to keep it open? I really think the only kind of thing might be is after tonight if you started looking at the materials, if you had further questions and wanted to follow-up on anything, that may be a reason to keep it open. Basically, the applicant is saying they want us to make a decision based on what they have given

us. We have had a lot of meetings. Rebecca is holding up her hands indicating 10, somebody else told us it was 11. We're definitely in double digits. Do I have a motion?

MR. MacEWEN: I make a motion to close the public hearing.

MR. EATON: Second.

THE CHAIR: All in favor?

MR. MacEWEN: Aye.

MR. EATON: Aye.

THE CHAIR: Aye. So now we will move into the deliberation phase. We're not going to be deliberating tonight.

MR. EATON: I have a procedural question. Can we vote and then do conditions or does that come after deliberations?

THE CHAIR: Do you want to make a motion? I mean, you're free to make a motion.

MR. EATON: No, I'm asking how it works.

THE CHAIR: Okay. It would be that we would set another open meeting for purposes of deliberating at which point the three of us would be talking over the pros and cons. When

we reach the point where we feel like we've exhausted the benefit of the discussion somebody would make a motion and we would see if the motion is seconded and then take a vote.

MR. EATON: Personally, I have no problem with Heywood interacting with the conditions. It makes sense.

THE CHAIR: Okay.

MR. EATON: If they're against regulations we need to know that. It would probably streamline the process.

THE CHAIR: I imagine, John, that you plan on attending the deliberations?

MR. FLICK: Yes.

THE CHAIR: So they're going to attend. If during the deliberations we'd like to invite them to comment and discuss conditions with us they'll be there to do that. Brian is nodding his head.

MR. MacEWEN: I'm in favor of that.

THE CHAIR: I think it's a good idea and Brian thinks it's a great idea so we'll plan on that. Okay. We need to do some other business. We need to set the next date when

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we'll meet. That basically concludes the Heywood matter for tonight other than setting the next meeting which we might as well do while we're all here so we'll all know it.

We have an FY 2014 annual report that the Town has asked us to submit. I submitted a draft to you. Did you get a chance to read it?

MR. EATON: Yes.

MR. MacEWEN: No.

THE CHAIR: You didn't?

MR. MacEWEN: Do you want to take care of this or do you want to take care of setting up a time?

MR. EATON: We can set the time.

THE CHAIR: We'll set the time, yeah. We need to do this as part of our meeting.

MR. MacEWEN: We can close the meeting and they can be on their way.

THE CHAIR: Sure.

MR. MacEWEN: My question is do we want to get the applicant's input relative to the availability. It sounds like everything is going to come together within the next couple of weeks relative to the pilot agreement. Are we

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at odds if we wait until that's -- it sounds like that's going to be nailed down or have some real definitive answer from the Select Board.

MR. FLICK: I don't see that it would be prejudicial if you wanted to hold the meeting after.

MR. MacEWEN: After that first Select Board meeting?

MR. FLICK: Correct. The Select Board may want to ask questions. The Select Board has final say. They could even come back and say we want to see this term changed or that term changed. That's their prerogative as the Executive Branch of the Town. Hopefully, a recommended final document will be presented to the Board of Selectmen. If you want to schedule that after that meeting it would be appropriate.

MR. MacEWEN: Okay.

MR. FLICK: You have 90 days from today.

THE CHAIR: 90 days from today to do what?

MR. FLICK: To issue a decision.

THE CHAIR: Issue a decision.

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There's a different between making a decision and issuing a decision.

MR. FLICK: Correct.

THE CHAIR: You're saying 90 days to issue a decision. We should meet. Let's see, our regular meeting is the third Tuesday of the month.

MR. MacEWEN: The 19th. It sounds like the first week in March is what they're kind of shooting for, the March 3rd Select Board meeting maybe. I think that's what you mentioned.

MR. FLICK: Is that Monday night?

MR. MacEWEN: March 2nd is Monday night. We can either go to the second week in March sooner rather than later. That would probably be beneficial for everyone involved. Just in case the decision process drags out.

THE CHAIR: Do you want to say March 10th?

MR. MacEWEN: Do you want to get back on a Tuesday schedule. March 10th, Tuesday. See if everybody is available

THE CHAIR: Yes.

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MR. FLICK: I don't see that as a problem.

THE CHAIR: Actually, when will we get the transcripts?

MR. FLICK: I'll put those in the mail to you, the hard copies. The electronic I'll do tomorrow. Typically I get them in a week.

THE COURT REPORTER: Two weeks for this.

THE CHAIR: Okay, two weeks. Why don't we make it our regular -- Oh, that's St. Patrick's Day in March. When will we have the transcript from tonight?

MR. FLICK: The hard copies I'll have two weeks from tomorrow, that's the 26th. If I get them electronically before that I can have those to you very quickly.

THE CHAIR: So we would have two weekends to look at them. I think that's enough time.

MR. MacEWEN: That's reasonable. These transcripts will be pretty light.

THE CHAIR: Okay. So the 10th at

7:30. Are you going to be bringing a transcriptionist for that or not?

MR. FLICK: I think at that point it's up to the applicant whether they want a transcriptionist here. It's really not a submission of evidence.

THE CHAIR: Right. Do you think you're going to want one.

MR. FLICK: I don't think so, but I'll discuss it with them.

THE CHAIR: Because we might want to meet across the way. Do you people think we should meet here again? I mean, do people plan on coming? We'll plan on doing it here rather than across the way. Okay, we'll plan on doing it here. Do I have a motion for setting the next meeting? We're not adjourning because we have a little business to do.

MR. EATON: I propose that our next meeting be March 10th at 7:30.

MR. MacEWEN: Second.

THE CHAIR: All in favor?

MR. MacEWEN: Aye.

MR. EATON: Aye.

THE CHAIR: Aye. Great. Thanks everyone for coming tonight.

(Whereupon the public hearing then ended.)

CERTIFICATION

I, DENISE O'LEARY, hereby certify the foregoing to be a true and complete transcript of the oral evidence presented at the subject hearing.

_____

REGISTERED PROFESSIONAL REPORTER

DATED: _____

THE FOREGOING CERTIFICATION OF THIS TRANSCRIPT DOES NOT APPLY TO ANY REPRODUCTION OF THE SAME IN ANY RESPECT UNLESS UNDER THE DIRECT CONTROL AND/OR SUPERVISION OF THE CERTIFYING REPORTER.

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