

<p>1 PETERSHAM TOWN HALL</p> <p>2</p> <p>3 SPECIAL PERMIT APPLICATION PRESENTATION</p> <p>4</p> <p>5</p> <p>6 DECEMBER 9, 2014</p> <p>7</p> <p>8</p> <p>9 PROJECT: THE RETREAT AT PETERSHAM</p> <p>10 BEHAVIORAL HEALTH</p> <p>11 ADDICTION RECOVERY CENTER</p> <p>12 211 NORTH MAIN STREET</p> <p>13 PETERSHAM, MASSACHUSETTS</p> <p>14</p> <p>15</p> <p>16 <u>BEFORE:</u></p> <p>17</p> <p>18 MARYANNE REYNOLDS, Chair</p> <p>19 BRIAN MacEWEN</p> <p>20 DONALD EATON</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p> <p>26</p> <p>27</p> <p>28</p> <p>29</p> <p>30</p> <p>31</p> <p>32</p> <p>33</p> <p>34</p> <p>35</p> <p>36</p> <p>37</p> <p>38</p> <p>39</p> <p>40</p> <p>41</p> <p>42</p> <p>43</p> <p>44</p> <p>45</p> <p>46</p> <p>47</p> <p>48</p> <p>49</p> <p>50</p> <p>51</p> <p>52</p> <p>53</p> <p>54</p> <p>55</p> <p>56</p> <p>57</p> <p>58</p> <p>59</p> <p>60</p> <p>61</p> <p>62</p> <p>63</p> <p>64</p> <p>65</p> <p>66</p> <p>67</p> <p>68</p> <p>69</p> <p>70</p> <p>71</p> <p>72</p> <p>73</p> 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<p style="text-align: right;">347</p> <p>1 So in Phase I, which would be the</p> <p>2 beginning and probably about a year of</p> <p>3 construction and development to establish a</p> <p>4 residential adult substance abuse unit. It would</p> <p>5 be up to 35 beds, although 35 beds -- we have</p> <p>6 space for 24 beds is really the realistic number</p> <p>7 that we're targeting per unit in response to the</p> <p>8 needs of the community.</p> <p>9 It would also include expanding</p> <p>10 Heywood's existing partial hospitalization</p> <p>11 program and intensive outpatient programs to meet</p> <p>12 the growing demand for these services, provide</p> <p>13 routine outpatient services, which may include</p> <p>14 psychiatry and related clinical services for</p> <p>15 mental health and substance abuse. So that would</p> <p>16 be Phase I.</p> <p>17 Phase II, the options include a</p> <p>18 residential adolescent substance abuse program,</p> <p>19 which would be approximately 20 beds, because</p> <p>20 it's that single building that's out on the side.</p> <p>21 As you face the property, it's to the right.</p> <p>22 Phase III is then the more intensive</p> <p>23 renovations that would be required to build the</p> <p>24 inpatient detox unit of ten beds, to provide for</p>	<p style="text-align: right;">349</p> <p>1 health really is part of overall health.</p> <p>2 Each personalized treatment plan,</p> <p>3 specific to each individual's physical,</p> <p>4 psychological and spiritual needs, also includes</p> <p>5 clinical care for co-occurring mental health</p> <p>6 conditions such as depression or anxiety</p> <p>7 disorders, which is what one of the unique pieces</p> <p>8 of this continuum of care model brings is really</p> <p>9 looking at co-occurring disorders. So people who</p> <p>10 are using substances to perhaps self-medicate for</p> <p>11 other mental illness, it's all in one place, so</p> <p>12 it can be addressed seamlessly.</p> <p>13 Supportive and complementary</p> <p>14 rehabilitation programs will be included,</p> <p>15 including we just had a conversation the other</p> <p>16 day confirming some plans with Seeds of</p> <p>17 Solidarity to build a wellness garden at the site</p> <p>18 and offer related nutrition and health</p> <p>19 programming, as they do at the other campuses</p> <p>20 currently part of Heywood.</p> <p>21 Intake and referral will be handled at</p> <p>22 the sending site. Most patients will be arriving</p> <p>23 from a hospital setting or other detox unit and</p> <p>24 will need to be referred to the program by</p>
<p style="text-align: right;">348</p> <p>1 medical support for patients prior to</p> <p>2 transitioning to residential programs, so this</p> <p>3 would be the adult detox unit, as well as an</p> <p>4 inpatient mental health unit, again up to 20</p> <p>5 beds, expanding the existing unit at Heywood to</p> <p>6 address the current shortage of inpatient</p> <p>7 capacity.</p> <p>8 To really look at the whole project as</p> <p>9 a whole, an overview, mental health and addiction</p> <p>10 treatment are rooted in rehabilitative education.</p> <p>11 It really is about changing skills and changing</p> <p>12 how people think about the choices they make and</p> <p>13 better educating them to take a different path</p> <p>14 going forward.</p> <p>15 All the behavioral health treatment</p> <p>16 models are based in evidence-based proven</p> <p>17 treatment approaches that are cited as "best</p> <p>18 practices" within the field.</p> <p>19 Behavioral health treatment is an</p> <p>20 integral part of overall health and wellness and</p> <p>21 must be coordinated with primary care. That's</p> <p>22 part of what Heywood has been very committed to,</p> <p>23 and certainly the Board of Trustees has made an</p> <p>24 ongoing commitment to make sure that behavioral</p>	<p style="text-align: right;">350</p> <p>1 clinical teams.</p> <p>2 There might occasionally be a referral</p> <p>3 that comes in from an outpatient provider.</p> <p>4 Currently our system allows for CSO to do mobile</p> <p>5 crisis intervention. For example, if they met</p> <p>6 with a patient of theirs who felt that they were</p> <p>7 escalating to the point where they needed a more</p> <p>8 intensive treatment, they could refer in there.</p> <p>9 But it will not be a walk-in center where people</p> <p>10 will arrive to have the intake done on site.</p> <p>11 All treatment will be a team model</p> <p>12 with each care team developing a treatment plan</p> <p>13 unique to that individual's diagnosis.</p> <p>14 Care teams will be responsible for</p> <p>15 preparing discharge plans for all patients.</p> <p>16 Transportation assistance to the pre-determined</p> <p>17 next step of placement would be offered. So,</p> <p>18 again, no one is discharged to the street,</p> <p>19 because that's not the way this model works.</p> <p>20 As part of a comprehensive treatment</p> <p>21 approach, a wide array of services at the retreat</p> <p>22 to augment treatment and to support recovery</p> <p>23 include psychiatric, psychopharmacological</p> <p>24 assessment, medication management, case</p>

<p style="text-align: right;">351</p> <p>1 management services, including ongoing 2 consultation with the referring physician, and 3 aftercare planning. Again, that's really a 4 strong part of that discharge plan.</p> <p>5 Group-based supportive therapies, 6 psycho-education, and life skills training are 7 certainly key. Family education and support for 8 the support network that each patient will have 9 as they transition back to their home community, 10 vocational assistance or training as needed.</p> <p>11 Nutritional assessment, education, 12 toxicology, testing when indicated, and patients 13 will be supervised by staff at all levels and 14 will remain on site for the duration of their 15 treatment of rehabilitation. Outdoor and indoor 16 recreational opportunities need to be provided 17 for patients at every level of care.</p> <p>18 In Phase I, when we develop 19 residential services, they are intended to offer 20 supportive and therapeutic setting for adults, 21 typically 18 and over, who would benefit from 22 additional support while transitioning to 23 independent living. Treatment options focus on 24 improving the skills to make better life choices.</p>	<p style="text-align: right;">353</p> <p>1 meetings.</p> <p>2 So when these people are living at the 3 site 24-7 for the period of their treatment, you 4 know, 10 to 14 days, they have a really intensive 5 regimen that they're involved with all day.</p> <p>6 Intensive outpatient services is the 7 other part of Phase I, and they're intended to 8 include a partial hospitalization and intensive 9 outpatient addiction programs.</p> <p>10 Typically folks arrive around 9:00 11 o'clock in the morning, leave the property around 12 3:00 o'clock in the afternoon, and during that 13 time, they have intensive therapy, both group and 14 individual, while they're there throughout the 15 day. But they have progressed to a point where 16 they're capable of being at home in the evening 17 and being out in the community unsupervised after 18 that. But this is really sort of that next step 19 from residential treatment offered.</p> <p>20 There are things like the START 21 intensive outpatient program which aids in the 22 early phases of sobriety and recovery from 23 substance abuse. It's a three-week program 24 designed to educate individuals in an effort to</p>
<p style="text-align: right;">352</p> <p>1 Residential program in Phase I would 2 provide treatment for adults struggling with 3 substance abuse disorders and addiction who have 4 completed a detox program for a period -- the 5 detox program is typically up to 72 hours. The 6 residential piece would be from up to 21 days, 7 although the typical length of stay that I'm 8 hearing right now is more like ten days. And 9 that has a lot to do with insurance-funded 10 treatment and what they'll pay for for someone to 11 stay.</p> <p>12 Development of an individualized 13 treatment plan, it will provide educational 14 support as the patient gains independence from 15 addictive substances, learns to manage the stress 16 of an active life without returning to the drug 17 or alcohol dependence, attain personal, career 18 and recovery goals.</p> <p>19 The program features are in-depth 20 individual assessment, group therapy, medication 21 stabilization, education, illness management, 22 psychopharmacology services, abstinence 23 education, life skills education, after-care 24 assistance, relapse prevention, and self-help</p>	<p style="text-align: right;">354</p> <p>1 develop insight and skills necessary to remain 2 abstinent from drugs and alcohol. Early recovery 3 groups for substance abuse treatment focused on 4 relapse prevention and harm reduction.</p> <p>5 The START intensive outpatient 6 treatment program again is strong on developing 7 the skills necessary -- and I think I didn't 8 switch that one.</p> <p>9 The partial hospitalization program 10 provides daily assessments by a clinical staff, 11 psychotherapy, life coaching in a therapeutic 12 milieu. The program acts as a step-down for any 13 individuals leaving an inpatient setting or as an 14 early intervention to avoid potential 15 hospitalization.</p> <p>16 When we get to Phase II, Phase II 17 would really include the development of an 18 adolescent substance abuse service. And 19 residential treatment would be appropriate for 20 youth experiencing health, emotional, behavioral, 21 family, developmental or social problems as a 22 result of alcohol or other drug in use and whose 23 issues have not been able to be addressed in a 24 less intensive community-based level of care.</p>

<p style="text-align: right;">355</p> <p>1 They're short-term substance abuse 2 treatment services for medically stable youth, so 3 these are not kids who would need some other 4 medical interventions for their health and 5 safety. And a youth's typical length of stay is 6 about 30 days in the program based on the 7 treatment needs.</p> <p>8 Qualified staff create an 9 individualized treatment plan for each 10 adolescent. Every youth participates in highly 11 structured, developmentally appropriate 12 individual, group, and family clinical services.</p> <p>13 An in-house educational coordinator is 14 responsible for developing educational objectives 15 with the adolescent's school from his or her home 16 community. Continuing care services are provided 17 to help the youth in recovery upon completion. 18 Again, the same kind of team planning around 19 discharge and next steps are a critical part of 20 the team and treatment.</p> <p>21 Services include relapse prevention 22 education, follow-up planning, integration to 23 community resources and/or outpatient programs, 24 and certainly the families in this case are even</p>	<p style="text-align: right;">357</p> <p>1 being offered.</p> <p>2 Inpatient units will be locked 3 facilities. An inpatient detox unit provides 4 safe, medically supervised detoxification as well 5 as treatment of patients with dual diagnosis. 6 Typical length of stay is three to five days.</p> <p>7 Clinical evidence supports the fact 8 that smoking cessation during detox from alcohol 9 or drugs can reduce the relapse potential from 10 both chemicals. Smoking is not permitted on or 11 off the unit during patient's hospitalization. 12 And nicotine replacement therapy is available to 13 all patients upon admission. And that's 14 currently the way the inpatient unit works at 15 Heywood as well.</p> <p>16 Physician-directed treatment team with 17 24-hour nursing care, licensed counselors, and 18 case managers. Treatment includes individual and 19 group counseling, family support and education 20 and aftercare planning. And they may also attend 21 daily in-house NA and AA meetings.</p> <p>22 To expand the current inpatient 23 setting at Heywood, this gives a little bit of an 24 overview about some of the patients that are</p>
<p style="text-align: right;">356</p> <p>1 more critical in the educational process of this 2 kind of rehabilitation.</p> <p>3 Continuing care services are provided 4 to help the youth in recovery on completion. 5 Again, the kinds of things that they include, 6 follow-up planning, integration to other 7 community resources or perhaps outpatient 8 services, family support, referrals to those 9 community-based programs, following transition to 10 the home are part of the comprehensive model.</p> <p>11 Special emphasis is placed on creating 12 healthy lifestyles and positive decision-making. 13 In support of this, an assortment of groups and 14 activities are offered during the week that draw 15 on a variety of evidence-based interventions and 16 rehabilitative education models that have proven 17 effective in controlling symptoms and increasing 18 levels of health. And these are all nationally 19 recognized science-based curriculum.</p> <p>20 When we get to Phase III, this is the 21 part of the structure that would take the most 22 intensive sort of construction on the site. It 23 would be development of the steel-frame building, 24 and would be for the inpatient programs that are</p>	<p style="text-align: right;">358</p> <p>1 currently on the site there. This would just be 2 an extension or expansion of that model.</p> <p>3 The adult inpatient unit at Heywood 4 services patients 16 and older for acute 5 short-term treatment. The Heywood Mental Health 6 Unit prides itself on providing professional 7 understanding of the emotional aspects of 8 psychiatric illness with the most current and 9 clinical standards of care, provided in a warm 10 and inviting environment.</p> <p>11 Heywood's Mental Health Unit has been 12 designated as a Best Practice site by the Mass. 13 Department of Mental Health, the Mass. 14 Association of Behavioral Health Services, Mass. 15 Behavioral Health Partnership, and currently has 16 a contract with MBHP to provide care for all 17 Mass. Health patients, with many other insurers 18 as well.</p> <p>19 Heywood's Mental Health Unit has been 20 recognized for achieving excellent outcomes for 21 patients as evidenced by measures such as the 22 length of stay of 6.45 days versus a predicted 23 rate of 7.3 days, and a seven-day recidivism rate 24 of 5.91 versus a predicted rate of 7.31. Low</p>

<p style="text-align: right;">359</p> <p>1 recidivism means that fewer patients leave the 2 facility and then have to be readmitted within 3 seven days for further treatment.</p> <p>4 When we look at the types of licenses 5 that we had presented previously, we looked at 6 all of the licenses again and decided to remove 7 the Class VII because it just isn't feasible for 8 this site. All the other licenses are things 9 that have been presented in the past, and include 10 various voluntary and involuntary treatment 11 models.</p> <p>12 Some additional regulatory oversight 13 is provided by the Mass. Department of Public 14 Health, and their Bureau of Substance Abuse 15 Services, which is one of the departments within 16 the Department of Public Health.</p> <p>17 And I'm going to turn it over to 18 Attorney Flick, as soon as we figure out if there 19 are questions perhaps for me.</p> <p>20 THE CHAIR: I think there will be, but 21 do you want to just finish the presentation?</p> <p>22 MR. FLICK: Okay. What I want to talk 23 about is basically some of the legal framework 24 that is involved in this project, in particular</p>	<p style="text-align: right;">361</p> <p>1 for the educational purposes must be owned or 2 leased by a nonprofit educational corporation. 3 And this is one court case that discusses this. 4 It's a relatively recent case from 2009.</p> <p>5 We're going to talk about the second 6 qualification first. And all of this is done to 7 gain an understanding as to whether or not the 8 use that was just described by Dr. Bialecki falls 9 under The Dover Amendment, and, therefore, cannot 10 be regulated by the DBA.</p> <p>11 Under the second qualification, the 12 land and/or structure used for the educational 13 purposes must be owned or leased by a nonprofit 14 educational corporation. This is satisfied if 15 the nonprofit corporation's articles of 16 organization permit it to engage in educational 17 activities.</p> <p>18 This is probably one of the most 19 well-cited cases in Dover Amendment litigation, 20 Gardner Athol Area Mental Health Association 21 versus The Zoning Board of Appeals, 1987. No, I 22 was not involved in that case.</p> <p>23 This is an excerpt, and I have copies 24 to present to the ZBA. This is an excerpt from</p>
<p style="text-align: right;">360</p> <p>1 with the ZBA's purview over the use of the 2 property. And I'm going to turn to statutory 3 provision that's called The Dover Amendment.</p> <p>4 The Dover Amendment is enumerated in 5 Mass. General Laws Chapter 48, Section 3. It 6 states that, "No zoning ordinance or by-laws 7 shall regulate or restrict the...use of land or 8 structures for...for educational purposes on land 9 owned or leased by...a nonprofit educational 10 corporation; provided, however, that such land or 11 structures may be subject to reasonable 12 regulations concerning the bulk and height of 13 structures and determining yard sizes, lot area, 14 setbacks, open space, parking, and building 15 coverage requirements."</p> <p>16 The key in The Dover Amendment is that 17 no zoning ordinance or by-law can regulate an 18 educational use. That is essentially what The 19 Dover Amendment says. The question becomes what 20 is an educational use.</p> <p>21 There are two requirements that have 22 to be met in order for the Dover Amendment to 23 apply. First, the use must be for educational 24 purposes. Second, the land and/or structure used</p>	<p style="text-align: right;">362</p> <p>1 Heywood Healthcare, Incorporated, Amended 2 Articles of Organization, which I believe were 3 amended in 2012.</p> <p>4 "The corporation is formed and shall 5 be operated exclusively for charitable and 6 educational purposes as defined under Internal 7 Revenue Code Section 501(c)(3) to support and 8 further the purposes of The Henry Heywood 9 Memorial Hospital, Athol Memorial Hospital and 10 other corporations of which the corporation is 11 the sole corporate member, provided, in each 12 case, that such organization is qualified under 13 Code Section 501(c)(3)."</p> <p>14 So essentially this is a nonprofit 15 organization that is an umbrella over other 16 nonprofit organizations that are involved in 17 charitable and educational purposes.</p> <p>18 Second qualification, and this is 19 perhaps the most robustly discussed qualification 20 when it comes to Dover Amendment matters. Is the 21 land or structure used for the educational 22 purposes -- well, we'll just talk about -- I'm 23 sorry, we're going to talk about the first 24 qualification. Let me just wrap this one up.</p>

<p style="text-align: right;">363</p> <p>1 So Heywood Healthcare is a 2 not-for-profit educational organization. Heywood 3 Healthcare, Inc., is the operating entity of 4 Quabbin Retreat, so it satisfies the second 5 qualification of The Dover Amendment. The 6 question is does it satisfy the first 7 qualification of The Dover Amendment, which is is 8 the use for educational purposes.</p> <p>9 In order to satisfy the first 10 qualification, The Dover Amendment requires the 11 educational purposes protect only those uses 12 serving primarily educational purposes, i.e., 13 does the proposed use have as its dominant 14 purpose a goal that reasonably could be described 15 as educationally significant.</p> <p>16 This is a very recent case, 2012, that 17 involves the Regis College was developing 18 essentially an assisted living facility on its 19 campus or on land owned by contiguous to campus. 20 Only the residents of that were allowed to enroll 21 in the college, as well as the center was going 22 to be used for education of students in elder 23 care services.</p> <p>24 The relevant question: Does the</p>	<p style="text-align: right;">365</p> <p>1 nontraditional communities of learners in a 2 manner tailored to their individual needs and 3 capabilities.</p> <p>4 Also citing the Regis case, The Dover 5 Amendment has been applied to certain facilities 6 for the disabled and the infirmed, 7 notwithstanding that the education afforded by 8 such institutions differed markedly from that 9 offered by traditional academic institutions.</p> <p>10 What constitutes educational purposes. 11 Again going back to the Gardner Athol Area Mental 12 Health, rehabilitation surely falls within the 13 meaning of education. And that is quoted 14 directly out of the Gardner Athol Area Mental 15 Health case, citing the Harbor Schools case which 16 goes back to 1977. So as you can see, this 17 perspective of the Massachusetts courts that 18 rehabilitation is educational dates back to 1977. 19 So it's been a long-standing holding of 20 Massachusetts courts.</p> <p>21 A more recent case, actually not that 22 much more recent from 1980, this case was 23 developed shortly after the prior case Harbor 24 Schools that stated rehabilitation surely falls</p>
<p style="text-align: right;">364</p> <p>1 proposed use have as its dominant purpose a goal 2 that reasonably could be described as 3 educationally significant. Well, let's look at 4 the purpose.</p> <p>5 A summary of the purpose of the 6 Quabbin Retreat, based upon Dr. Bialecki's 7 presentation, rehabilitation of persons suffering 8 from behavioral health disorders, including 9 substance abuse and addiction. The goal of 10 rehabilitation is to build skills to improve 11 self-sufficiency, build coping mechanisms, and 12 develop healthy stress response in a safe, 13 stable, and healing environment, with the end 14 result being a person who is able to face their 15 individual behavioral issues with the tools 16 necessary to cope in healthy ways. So that is in 17 a nutshell the purpose of the Quabbin Retreat.</p> <p>18 So what constitutes an educational 19 purpose. Massachusetts courts have consistently 20 refused to limit Dover Amendment protection to 21 traditional or conventional educational regimes, 22 citing again the Regis College case. A proposed 23 use of land or structures may have an educational 24 purpose notwithstanding that it serves</p>	<p style="text-align: right;">366</p> <p>1 within the meaning of education, this case 2 involved the Fitchburg Housing Authority versus 3 the Zoning Board of Appeals in Fitchburg, it 4 considered whether or not the operation of a 5 residential facility in which formerly 6 institutionalized but educable adults with 7 histories of mental difficulty will live while 8 being trained in skills for independent living, 9 such as self-care, cooking, job seeking, 10 budgeting, and making use of community resources. 11 This again is a well-cited case to address that 12 addresses issues regarding The Dover Amendment.</p> <p>13 In the Fitchburg Housing Authority 14 case, the court stated that the fact that many of 15 the residents of the facility will have been 16 residents of mental institutions and will be 17 taking prescription drugs does not negate its 18 educational purpose or make its dominant purpose 19 medical.</p> <p>20 The court also stated that the fact 21 that the facility will provide residential 22 accommodations does not interfere with its 23 educational use. In his conclusion on the case, 24 Judge Wilkins said, "The proposed facility would</p>

<p style="text-align: right;">367</p> <p>1 fulfill a significant educational goal in 2 preparing its residents to live by themselves 3 outside the institutional setting. Instruction 4 in the activities of daily living is neither 5 trivial nor unnecessary to these persons. On the 6 contrary, for the prospective residents of the 7 proposed facility to learn or relearn such skills 8 is an important step toward developing their 9 powers and capabilities as human beings. 10 Inculcating a basic understanding of how to cope 11 with everyday problems and to maintain oneself in 12 society is incontestably an educational process." 13 I wish would have been the one to say that, but I 14 give Judge Wilkins the credit. 15 So we ask the question again: Does 16 the proposed use have as a dominant purpose a 17 goal that reasonably could be described as 18 educationally significant? And the sub-questions 19 help us answer that. Will the facility, meaning 20 the Quabbin Retreat, prepare its residents to 21 live by themselves outside the institutional 22 setting? Yes. Will the facility's residents 23 receive instruction in the activities of daily 24 living? Yes. Will the facility's residents</p>	<p style="text-align: right;">369</p> <p>1 Quabbin Retreat can reasonably be described as 2 educationally significant. The Dover 3 Amendment -- so, therefore, The Dover Amendment 4 applies. The use of the facility that is being 5 proposed cannot be regulated by the Petersham 6 Zoning Board of Appeals, but what the ZBA can do 7 is issue reasonable regulations concerning the 8 bulk and height of structures. We're not 9 changing any of that. Determining yard sizes, 10 lot area, setbacks, open space, parking, and 11 building coverage requirements. That is pursuant 12 to Mass. General Laws, Chapter 40A, Section 3. 13 Moving on to just a few questions that 14 were raised at the last ZBA hearing, and that was 15 the one just before Thanksgiving, question was 16 raised about the issue regarding removal of 17 trees. When this project initially began, the 18 hope was and the expectation was that the septic 19 system would be able to be located where the 20 existing septic system is currently located, 21 which is right here where you see these two red 22 outlined squares. 23 The problem is now that the DEP has 24 become involved with the water source and</p>
<p style="text-align: right;">368</p> <p>1 develop an understanding how to cope with 2 everyday problems and to maintain oneself in 3 society? Yes. 4 So of the 86 proposed beds, and I know 5 the number's a little bit different in 6 Dr. Bialecki's presentation, 86 is the maximum 7 beds that are currently in the facility. That 8 does not mean that we will be utilizing all 86 9 beds. I think the number was about 66, 67 beds. 10 That may be a more realistic number. But of that 11 number, only ten beds will be available for 12 inpatient detoxification. 13 That is a significant -- that is less 14 than even 25 percent of the proposed beds that 15 are being presented tonight. Of the remaining 16 beds will be dedicated to behavioral health 17 treatment or rehabilitation. So 88 percent of 18 the 86 beds will be dedicated to treating and 19 rehabilitating -- treating or rehabilitation, I 20 believe those are synonymous terms in mental 21 health, treating and rehabilitating, because 22 treatment is rehabilitation, rehabilitation is 23 treatment, of persons with behavioral disorders. 24 Therefore, the dominant purpose of the</p>	<p style="text-align: right;">370</p> <p>1 regulating that, you go back to these two 2 circles: One being area one in which no activity 3 can occur; and the second being this larger area 4 here, this protected area, where we can't do any 5 significant construction or anything that would 6 impact the water supply. 7 So, therefore, from a regulatory 8 standpoint, the septic system cannot be put 9 anywhere within this outside circle. So, 10 therefore, based on the DEP's rulings, it has to 11 be located outside that circle and will then 12 necessitate the removal of trees that were not 13 intended to be removed when we initially started 14 this project. 15 There was also a question raised as to 16 the fees. The fees that are involved in this 17 project, one time occupancy permit for the Town 18 of Petersham is a \$25 fee. The building permit 19 is a one-time fee of approximately \$30,000. That 20 is a fee that will be paid in phases as each 21 phase is completed. It's based upon the square 22 footage of construction. 23 The food service inspection is an 24 annual fee to the Board of Health, and that's</p>

<p style="text-align: right;">371</p> <p>1 \$150. Fire inspection, really not sure what's 2 going to be involved with that. I haven't had a 3 chance to talk to the chief to see if there is a 4 fee for any types of inspections. There 5 typically aren't inspections from local fire. 6 But that's something that we're still looking at. 7 There will be a one-time sign permit 8 fee of \$25. Driveway permit fee of \$50. Fire 9 compliance one-time fee of \$75. Electrical 10 inspections, \$450. Gas inspections, \$150. 11 Plumbing permit, \$300. 12 These are all based upon the current 13 table of fees from the Town of Petersham. Water 14 and septic permits is to the DEP. There's no 15 local involvement in these, because it's all DEP 16 inspection and DEP permitting. It's up to 17 \$18,000, depending on some of the things that 18 we're still waiting on DEP to make a 19 determination of, but that's about the maximum, 20 \$18,000 and some change. So the total initial 21 fees that would be paid prior to construction 22 would be \$49,225. 23 And as far as the annual monitoring of 24 the water and septic permits, that will be</p>	<p style="text-align: right;">373</p> <p>1 the units would be co-ed units, but there would 2 be separation for shower, bathing facilities, and 3 bedrooms would be separated a bit, depending on 4 gender. 5 Can Heywood refuse admission? Only in 6 the event that a patient was presenting with 7 issues that would not be appropriately addressed 8 by the treatment services and rehab offered at 9 the unit. 10 So typically when a referral comes in 11 from a crisis provider or from another facility, 12 they have a pretty good understanding of what's 13 there, so generally there's not a need to have to 14 refuse treatment. But on the occasion that there 15 might be someone who has some issue that's beyond 16 the scope of what can be offered at this site, 17 then refusal of admission is certainly an option. 18 The other one was around how does the 19 rural or retreat setting advantage treatment. As 20 mentioned earlier, and certainly in John's 21 presentation, it was noted that these services 22 being built in a healing environment is the best 23 way to help people put their lives back together 24 and get back on track to be able to rejoin their</p>
<p style="text-align: right;">372</p> <p>1 conducted by a third-party engineering company 2 that's contracted by Heywood that would provide 3 reports on a quarterly basis to DEP and/or remote 4 monitoring process with DEP. It would not 5 involve any local inspectors. 6 So the next steps, the DEP permit 7 process, water source or septic treatment, 8 parking lot and external renovations for safety, 9 dealing with ground water runoff and lighting, 10 complete and internal renovations for safety, 11 sprinkler system, and fire safety systems. 12 Step four, complete internal 13 renovations for Phase I services, administrative 14 offices, outpatient treatment areas, recreation 15 areas, food service, and the residential unit. 16 And step five, hiring process, and then on and on 17 with Phase II and Phase III. And that is the 18 conclusion. 19 DR. BIALECKI: I had a couple of 20 additional questions that I just wanted to make 21 sure I included as part of the presentation. 22 These were some of the questions that were sent 23 in advance. 24 As far as gender, it is intended that</p>	<p style="text-align: right;">374</p> <p>1 home, community and family. And being in a rural 2 setting certainly is conducive to that. Along 3 with a lot of the other treatment modalities that 4 are really rooted in holistic health providing 5 real benefit to all of the residents of the site. 6 So I'm hoping that that really -- and 7 I think the other questions were really addressed 8 within the presentation of each phase. 9 THE CHAIR: Thank you. 10 MR. MacEWEN: Thank you. 11 THE CHAIR: Are there any questions 12 from anyone here in the public? 13 Roy? Please state your name and your 14 address for the record. 15 MR. NILSON: I was planning to do 16 that. Roy Nilson, N-i-l-s-o-n, 21 Common Street. 17 A question for Rebecca, and then a question for 18 John. 19 The way I counted them up, you said 64 20 beds or maybe 75 beds, but not 86 beds. And I'm 21 wondering how many beds are we talking about? 22 DR. BIALECKI: 86 beds was the total 23 capacity of the facility. 24 MR. NILSON: Understood.</p>

<p style="text-align: right;">375</p> <p>1 DR. BIALECKI: And when we looked at 2 breaking it down phase by phase, it was closer to 3 66. 4 MR. NILSON: So 20, 20 and 35. 5 DR. BIALECKI: Yes. 6 MR. NILSON: Or 24. John, are you 7 asserting that the zoning board has no authority 8 over this project at all or more narrowly that 9 they have no, under Dover, no authority to 10 regulate operations beyond the size and scope of 11 the building? 12 MR. FLICK: Correct. It's they cannot 13 -- the Zoning Board of Appeals under The Dover 14 Amendment cannot regulate the use of the facility 15 as far as the programs that are going to be 16 provided within the facility itself, and the 17 treatment methodologies, et cetera. 18 MR. NILSON: Thanks. 19 THE CHAIR: Any other? Paul? 20 MR. YOUD: Yeah, I had a number of 21 questions. 22 THE CHAIR: Just please identify 23 yourself. 24 MR. YOUD: Paul Youd, 16 Hardwick</p>	<p style="text-align: right;">377</p> <p>1 DR. BIALECKI: Could be crisis 2 services, it could also be places like Adcare or 3 other like facilities. It could also come in 4 from an individual -- 5 MR. YOUD: Section 12 or something 6 like that? 7 DR. BIALECKI: Yes. Yes. 8 MR. YOUD: And then you still had -- I 9 heard you say you were going to eliminate the DMH 10 License VII. But do you still intend by the end 11 of the third phase then to also build a locked 12 unit for minors? 13 DR. BIALECKI: No. 14 MR. YOUD: So you don't need the 15 license? 16 DR. BIALECKI: That's why we dropped 17 the VII. 18 MR. YOUD: How about the VI, there's a 19 DMR License VI which is for minors. 20 DR. BIALECKI: In the event that there 21 are -- some of the treatments depend on older 22 adolescents being included in the adult 23 population -- 24 MR. YOUD: Yeah, but that's the --</p>
<p style="text-align: right;">376</p> <p>1 Road, Petersham. And that I guess was just the 2 particulars for Rebecca. So there is going to be 3 an adult locked unit, mental health, and the 4 capacity there is 20 people, and that's for all 5 three phases. So at the end of the third phase, 6 that capacity would be 20? 7 MR. FLICK: Let me go back. 8 DR. BIALECKI: Phase III. 9 MR. FLICK: I think that was -- 10 MR. BROWN: Further. 11 DR. BIALECKI: So the inpatient, the 12 locked inpatient unit is ten beds. 13 MR. FLICK: Ten beds. 14 DR. BIALECKI: That's the steel 15 structured building. 16 MR. YOUD: Yes. And that's for the 17 adults, which the mix is of 17, 18 year olds. 18 DR. BIALECKI: Yes. 19 MR. YOUD: Okay, that's what I was 20 looking for. And the referrals there are from 21 community support options, is that what you said? 22 DR. BIALECKI: Not just them. 23 MR. YOUD: But emergency service 24 units.</p>	<p style="text-align: right;">378</p> <p>1 DR. BIALECKI: -- when it's 2 appropriate, that's the limit. 3 THE CHAIR: I'm sorry, just for 4 purposes of the reporter, only one person can 5 speak at a time. It's difficult, I appreciate 6 the dialogue, but we do need to not have people 7 talking over one another. Sorry. 8 MR. YOUD: I apologize. 9 THE CHAIR: Paul, why don't you 10 restate your question. 11 MR. YOUD: Okay. So I understand that 12 -- I understand that there will be older 13 adolescents on the adult unit. But in the 14 original PowerPoint presentation like at the last 15 meeting and probably the one before that, there 16 was also listed a DMH License VI, which is for 17 minors age, you know, like three up to like 16. 18 And my question is is it your intention still to 19 go forward and do that? 20 DR. BIALECKI: No. 21 MR. YOUD: So you're withdrawing, 22 you're going to take that one -- 23 DR. BIALECKI: The request initially 24 from the ZBA was to provide an exhaustive list of</p>

<p style="text-align: right;">379</p> <p>1 every license we may apply for. That's what we 2 did. At this point, I'm trying to narrow the 3 scope so that people really understand what the 4 intent is. It's never been our intent to treat 5 pediatric population in a locked mental health 6 facility.</p> <p>7 MR. YOUD: Okay.</p> <p>8 THE CHAIR: So I actually had a list 9 of questions that I provided you ahead of time. 10 I think you've referenced them. I'm going to ask 11 them. I understand that you answered a lot of 12 it, but for my own purposes, I need it organized 13 in a certain way, so hopefully we can kind of zip 14 through it.</p> <p>15 I think, Paul, some of what you're 16 driving at is related to that. So why don't I 17 just start there, okay.</p> <p>18 I apologize, by the way. I tried to 19 print this up before I came, like my computer 20 died and I couldn't get it started, so I have it 21 on my phone. So, Rebecca, thank you, for --</p> <p>22 DR. BIALECKI: I do have the hard 23 copy.</p> <p>24 MR. YOUD: Maryanne, you want this?</p>	<p style="text-align: right;">381</p> <p>1 there's a variance or a special permit granted, 2 you're working on it. But why do we care about 3 phases?</p> <p>4 MR. FLICK: It's simply a way to 5 describe the project in a way that categorizes it 6 in the way that Heywood is categorizing it in its 7 collective mind as far as this project going into 8 place in phases. It really has no bearing on the 9 ZBA's decision-making process whatsoever in large 10 part because other -- well, as far as the use of 11 each of the phases.</p> <p>12 To the extent that each of the phases 13 dealt with any dimensional changes or anything 14 like that, then, yes, it would have some bearing 15 as far as just an overall understanding of the 16 project.</p> <p>17 But as far as it simply provides an 18 easier framework in which to communicate the use 19 of the premises, understanding that it's our 20 position that the use is outside of the 21 regulatory purview of the ZBA, but nevertheless, 22 in order to be a transparent and good member of 23 the community hopefully, we're wanting to be open 24 and provide this information.</p>
<p style="text-align: right;">380</p> <p>1 THE CHAIR: No, thanks, I'm good.</p> <p>2 MR. BROWN: She has a hard copy.</p> <p>3 THE CHAIR: Do you? You don't need 4 it? No, no, I'm good on my phone. You all know 5 I'm actually working on this, I'm not looking at 6 something else.</p> <p>7 Okay, so for your locked unit, which 8 was --</p> <p>9 DR. BIALECKI: Here's my issue with 10 the way these were organized and why I think it's 11 going to be impossible to answer them in that 12 way. It's because there is no locked unit one, 13 locked unit two. There's only one locked unit on 14 the entire project, and that's not until Phase 15 III.</p> <p>16 THE CHAIR: Okay. Let's ask what is 17 the relevance to us of the phases? Because 18 isn't -- there must be something, because you 19 emphasize that quite a bit.</p> <p>20 So what do you think the relevance is? 21 Why aren't we just -- we understand that you're 22 going to do this over time perhaps, you know, 23 you're making clear that it's not all going to 24 happen at one point, so that to the extent that</p>	<p style="text-align: right;">382</p> <p>1 So, really, that is the overall 2 purpose of it is to serve more as a mechanism to 3 more easily and efficiently describe the way that 4 the facility will operate.</p> <p>5 THE CHAIR: Okay. Well, for purposes 6 of our discussion, could we just assume that 7 you've completed the three phases and so we're 8 looking at it as you're fully under steam.</p> <p>9 DR. BIALECKI: Right.</p> <p>10 THE CHAIR: And I think also for 11 purposes of discussion, we need to sort of agree 12 that we may disagree on the application of The 13 Dover Amendment. You made it very clear what 14 your position is.</p> <p>15 I'm not going to debate you on that 16 right now, or ever maybe, I don't know. But I 17 think that to the extent that some of these 18 questions seem misdirected because they're not 19 adequately taking into effect The Dover 20 Amendment, I'd appreciate if you'd just let me 21 ask them and get an answer.</p> <p>22 MR. FLICK: Understood. Yeah.</p> <p>23 THE CHAIR: Thanks. All right. So 24 would it be helpful if we just identified it</p>

<p style="text-align: right;">383</p> <p>1 instead of by locked unit one and so forth, if we</p> <p>2 said license -- DMH License II and follow through</p> <p>3 the different licenses that you've identified,</p> <p>4 could you then speak to age range and capacity</p> <p>5 and gender and so forth?</p> <p>6 DR. BIALECKI: Yes, which I believe</p> <p>7 was covered, but I'm happy to do that.</p> <p>8 THE CHAIR: Good, because --</p> <p>9 DR. BIALECKI: I mean, I --</p> <p>10 MR. BROWN: Can I just ask what is the</p> <p>11 relevance of the question? So why is that</p> <p>12 important to the discussion, like that granular</p> <p>13 level? I'm just curious.</p> <p>14 THE CHAIR: Because that you're asking</p> <p>15 us to grant a special permit for usage you're</p> <p>16 describing, although it sounds like you're maybe</p> <p>17 not asking for your use to actually be permitted,</p> <p>18 you're just asking for particular -- whether</p> <p>19 there's any conditions on setback and so forth.</p> <p>20 But I think we're going forward with</p> <p>21 the understanding that you're asking for special</p> <p>22 permit on your use, proposed use, so these</p> <p>23 questions are designed to clarify what your use</p> <p>24 actually is.</p>	<p style="text-align: right;">385</p> <p>1 it that way.</p> <p>2 DR. BIALECKI: It is.</p> <p>3 THE CHAIR: So we can group them in</p> <p>4 the way they were grouped or we can go license by</p> <p>5 license.</p> <p>6 DR. BIALECKI: The issue is that more</p> <p>7 than one license might apply to one unit.</p> <p>8 MR. FLICK: Can we just recess for a</p> <p>9 minute? I'd like to talk to my clients for just</p> <p>10 a second.</p> <p>11 THE CHAIR: Absolutely, sure. So</p> <p>12 we're going to go off the record just</p> <p>13 momentarily, and we'll continue -- what do you</p> <p>14 want, five minutes, ten minutes?</p> <p>15 MR. FLICK: Give me ten.</p> <p>16 THE CHAIR: Ten minutes.</p> <p>17 (Recess taken.)</p> <p>18 THE CHAIR: We're back from our break.</p> <p>19 Should I reask my question?</p> <p>20 DR. BIALECKI: So the difficulty for</p> <p>21 me in answering it in the way that is categorized</p> <p>22 by licensure type is difficult because there are</p> <p>23 several overlapping licenses. Even in your</p> <p>24 documentation, you've clustered several licenses</p>
<p style="text-align: right;">384</p> <p>1 And Brian is pointing out to me that</p> <p>2 in the by-laws, under Special Permit, at</p> <p>3 sub-paragraph D as in David, limitation of size,</p> <p>4 number of occupants, methods of operation, hours</p> <p>5 or days of operation, lighting, signs, or extent</p> <p>6 of facilities are conditions or safeguards that</p> <p>7 may be included in a special permit.</p> <p>8 Okay, so for -- and I apologize to</p> <p>9 everyone that to the extent that you find this</p> <p>10 tedious, it just has to be, because when we get</p> <p>11 around to actually writing this up, whatever the</p> <p>12 decision is, it's going to be extremely helpful</p> <p>13 that it's kind of organized in a way that we</p> <p>14 actually make sure that we understand what you're</p> <p>15 saying and what we're deciding. Basically</p> <p>16 informed decision-making, okay.</p> <p>17 All right, so on a DMH License II,</p> <p>18 what would be your proposed license capacity?</p> <p>19 DR. BIALECKI: Are you looking at this</p> <p>20 first section? Because it's described Licensure</p> <p>21 II, III, IV and limited VI.</p> <p>22 THE CHAIR: Do you want me to group</p> <p>23 them together for the question? We did that, and</p> <p>24 I thought you said it was hard for you to address</p>	<p style="text-align: right;">386</p> <p>1 together, which is factual, that's how it works.</p> <p>2 So some of the capacity would not be</p> <p>3 organized in this way for a unit specifically,</p> <p>4 because the licensing overlaps. So the numbers</p> <p>5 that I gave in the presentation as far as the</p> <p>6 number of beds per each unit is accurate. I</p> <p>7 think to try to break them out in a different way</p> <p>8 here would be almost impossible to do, because</p> <p>9 you might have a different number of people who</p> <p>10 fall under a classification and at any given day,</p> <p>11 so the units and the numbers and the breakdown</p> <p>12 that I did in the presentation was exactly what</p> <p>13 our intent is.</p> <p>14 It would be the same thing as if you</p> <p>15 tried to pre-define at Heywood Hospital the</p> <p>16 number of hip replacements you're going to do and</p> <p>17 procedures in any given period of time. We don't</p> <p>18 know because we don't know what patients are</p> <p>19 going to present with that need.</p> <p>20 You do have a maximum capacity or a</p> <p>21 caseload that you could take for the physician</p> <p>22 who does that procedure, and if it was too high,</p> <p>23 you would have to refer to other facilities that</p> <p>24 do that work. The same thing would apply here.</p>

<p style="text-align: right;">387</p> <p>1 But I can go through and certainly</p> <p>2 answer -- you know, these are --</p> <p>3 THE CHAIR: I'll try to modify.</p> <p>4 DR. BIALECKI: -- fairly repetitive</p> <p>5 questions, so I can certainly answer those.</p> <p>6 THE CHAIR: And I'll try to work with</p> <p>7 the way that you're framing it.</p> <p>8 DR. BIALECKI: Okay.</p> <p>9 THE CHAIR: So let's say we've grouped</p> <p>10 them -- all right, we've grouped DMH Licensures</p> <p>11 II, III, IV and limited VI together. Do you</p> <p>12 agree that that's sort of a sensible way to group</p> <p>13 licenses?</p> <p>14 DR. BIALECKI: Those certainly are all</p> <p>15 those that could overlap clearly. Those would</p> <p>16 all fall within a residential treatment realm.</p> <p>17 THE CHAIR: Okay. So for voluntary</p> <p>18 and involuntary adults. And how does that match</p> <p>19 to your phases? Because when you've mentioned</p> <p>20 Phase I, II and III, and no need to limit it to</p> <p>21 one, but is it Phase I?</p> <p>22 DR. BIALECKI: It does start in Phase</p> <p>23 I. Phase I and II actually.</p> <p>24 THE CHAIR: And II. But not III?</p>	<p style="text-align: right;">389</p> <p>1 addictions would be the presenting problem, not</p> <p>2 detox, but someone who has need for that next</p> <p>3 step after detox would be in need of a</p> <p>4 residential program.</p> <p>5 THE CHAIR: All right. In terms of</p> <p>6 presenting probable admission criteria, the</p> <p>7 admission criteria, is that where you're saying</p> <p>8 you're going to get the referrals, and is there a</p> <p>9 difference to you in terms of -- well, what are</p> <p>10 the admission criteria for that group?</p> <p>11 DR. BIALECKI: They would need to be</p> <p>12 medically stable, they would have to have had a</p> <p>13 detox stay, because you couldn't bring someone in</p> <p>14 who needed to still detox from a drug and have</p> <p>15 them be medically stable to enter into a</p> <p>16 residential phase of treatment.</p> <p>17 THE CHAIR: May I pause you there for</p> <p>18 a moment?</p> <p>19 DR. BIALECKI: Yeah.</p> <p>20 THE CHAIR: Is everybody able to hear</p> <p>21 her or would you like her to --</p> <p>22 DR. BIALECKI: I can stand again if</p> <p>23 that's -- I don't know how to face the audience</p> <p>24 and you at the same time.</p>
<p style="text-align: right;">388</p> <p>1 DR. BIALECKI: Right, because by Phase</p> <p>2 III, it's that locked unit.</p> <p>3 THE CHAIR: Which would be something</p> <p>4 else.</p> <p>5 DR. BIALECKI: Mm-hmm.</p> <p>6 THE CHAIR: And so in terms of age</p> <p>7 range --</p> <p>8 DR. BIALECKI: Older adolescents</p> <p>9 through adults.</p> <p>10 THE CHAIR: And what actually is that</p> <p>11 in terms of years?</p> <p>12 DR. BIALECKI: 16 and older typically.</p> <p>13 THE CHAIR: 16 and older, okay. And</p> <p>14 you mentioned that there would be all genders?</p> <p>15 DR. BIALECKI: Yes.</p> <p>16 THE CHAIR: Okay. And in terms of the</p> <p>17 presenting problems with this group, how would</p> <p>18 you describe that?</p> <p>19 DR. BIALECKI: The initial residential</p> <p>20 program that's being developed is targeted to be</p> <p>21 the substance abuse treatment specifically.</p> <p>22 THE CHAIR: So what does that mean in</p> <p>23 terms of presentation.</p> <p>24 DR. BIALECKI: That means that</p>	<p style="text-align: right;">390</p> <p>1 THE CHAIR: I know, it's difficult.</p> <p>2 MR. MacEWEN: They're all set.</p> <p>3 THE CHAIR: They're all set? You guys</p> <p>4 are all set? Okay, thank you.</p> <p>5 Go ahead. So we were talking about</p> <p>6 admission criteria.</p> <p>7 DR. BIALECKI: Mm-hmm. So since the</p> <p>8 target of the very first residential unit</p> <p>9 developed for adults will be residential</p> <p>10 treatment of substance abuse and addiction, that</p> <p>11 would be the criteria for them being admitted.</p> <p>12 There would need to be, you know,</p> <p>13 looking at any other medical complications they</p> <p>14 might have to make sure they're ready and capable</p> <p>15 of being in a residential program.</p> <p>16 MR. MacEWEN: So in Phase I and Phase</p> <p>17 II, at that point, it's all going to be</p> <p>18 individuals, like you said, the primary thing is</p> <p>19 substance and addiction. Those are all going to</p> <p>20 be individuals that are coming out of a -- most</p> <p>21 likely out of another detox program because you</p> <p>22 haven't --</p> <p>23 DR. BIALECKI: We won't have one,</p> <p>24 right. Right. Adcare, BHN, there's other</p>

<p style="text-align: right;">391</p> <p>1 programs that are a little distance away from 2 here.</p> <p>3 MR. MacEWEN: Right. They would be 4 referring in.</p> <p>5 THE CHAIR: You said Adcare and what 6 was the --</p> <p>7 DR. BIALECKI: BHN is the one in 8 Franklin County that's now building detox beds.</p> <p>9 THE CHAIR: Paul, I see you had your 10 hand raised.</p> <p>11 MR. YOUD: Yes, because I was just a 12 little confused as to the way those licenses are 13 grouped, it's more mental health. But I think 14 what I hear Rebecca saying is that the initial 15 unit would be more like substance abuse. So is 16 that like the Section 35?</p> <p>17 DR. BIALECKI: It could be a Section 18 35. It would also most likely be people who had 19 gone through a short-term detox stay --</p> <p>20 MR. YOUD: Right.</p> <p>21 DR. BIALECKI: -- at an Adcare 22 possibly, who maybe are not ready to --</p> <p>23 MR. YOUD: Right. So why are you 24 saying that -- see, when I look at those</p>	<p style="text-align: right;">393</p> <p>1 DR. BIALECKI: Residential treatment, 2 right. Not a locked unit, residential treatment 3 is a different level of care.</p> <p>4 MR. YOUD: So you're talking now 5 about --</p> <p>6 DR. BIALECKI: Residential is what 7 I've been asked about first.</p> <p>8 MR. YOUD: Okay, I'm sorry.</p> <p>9 THE CHAIR: Let's -- okay. Ann? 10 Stand up and please identify yourself.</p> <p>11 MS. LEWIS: Ann Lewis, 19 North 12 Street. This is the first meeting I've been to, 13 so I don't understand all of your language yet, 14 and let me just ask a simple clarification.</p> <p>15 I'm looking at your life safety plans, 16 and essentially it's describing the different 17 uses in what I see is four buildings. And so the 18 question I have is what's the -- I understand 19 your detox unit, which is a locked unit, but in 20 the first phase and the second phase as I 21 understand it, you list building two as being 22 inpatient behavioral health, and building three 23 as being residential care.</p> <p>24 Could you just tell me what the</p>
<p style="text-align: right;">392</p> <p>1 licenses, I think of mental health, I think of 2 someone who may be severely depressed or may be a 3 danger to others or may be suicidal or something, 4 that's the grouping that I would see there.</p> <p>5 But I guess you're seeing that as 6 substance abuse and not those other issues. And 7 I guess I would then wonder why you would be 8 going after those licenses, the II, III, IV and 9 limited VI.</p> <p>10 DR. BIALECKI: Again, I think we're 11 talking about two different pieces of what we're 12 trying to design.</p> <p>13 MR. YOUD: Okay. So you're not going 14 to have an adult mental health locked unit there, 15 you are going to have --</p> <p>16 DR. BIALECKI: Yes, we are.</p> <p>17 MR. YOUD: Oh, you are. Okay.</p> <p>18 DR. BIALECKI: Ten beds in the final 19 phase.</p> <p>20 MR. YOUD: In the final phase.</p> <p>21 DR. BIALECKI: Right.</p> <p>22 MR. YOUD: Okay. So now what you're 23 talking about is an additional unit for substance 24 abuse.</p>	<p style="text-align: right;">394</p> <p>1 difference is between inpatient and residential 2 care briefly?</p> <p>3 THE CHAIR: Well, I'm wondering if 4 we're going to get to an answer if we just go 5 through these questions that I have, which is 6 sort of -- it's organized around the licenses 7 that they have mentioned. If it's a quick 8 answer, go ahead.</p> <p>9 MR. FLICK: The slide -- there you go.</p> <p>10 DR. BIALECKI: I think the one that 11 you're looking at is from a previous 12 presentation.</p> <p>13 MS. LEWIS: Yeah.</p> <p>14 DR. BIALECKI: So that's why some of 15 this is not lining up.</p> <p>16 MS. LEWIS: But I'm looking at what 17 your -- the difference between purple and red or 18 fuchsia or whatever.</p> <p>19 DR. BIALECKI: In the purple includes 20 the residential substance abuse unit for adults 21 or older adolescents is included in that, as well 22 as intensive outpatient treatment, so day 23 treatment.</p> <p>24 MS. LEWIS: Okay.</p>

<p style="text-align: right;">395</p> <p>1 DR. BIALECKI: Over in the light blue</p> <p>2 is where the adolescent residential unit is</p> <p>3 intended to be located. See the light blue over</p> <p>4 on the far right?</p> <p>5 MS. LEWIS: Okay, yeah.</p> <p>6 DR. BIALECKI: And then the inpatient</p> <p>7 locked unit would be the piece that's in red.</p> <p>8 MS. LEWIS: Okay. So what you're</p> <p>9 doing is separating adolescents into --</p> <p>10 DR. BIALECKI: They're actually in the</p> <p>11 freestanding building. These other buildings are</p> <p>12 all connected really.</p> <p>13 MS. LEWIS: Okay. And so everything</p> <p>14 in purple, not fuchsia, is residential substance</p> <p>15 abuse for adults, which means 16-year-olds --</p> <p>16 DR. BIALECKI: If I changed the color</p> <p>17 from previous presentations, I apologize for</p> <p>18 that.</p> <p>19 THE CHAIR: One person at a time.</p> <p>20 MS. LEWIS: All right. I think that</p> <p>21 clarifies what I needed. Thank you.</p> <p>22 THE CHAIR: Okay, good.</p> <p>23 DR. BIALECKI: Length of stay in the</p> <p>24 residential unit is the next piece on here. And</p>	<p style="text-align: right;">397</p> <p>1 we had was DMH licensure VI, which was voluntary</p> <p>2 and involuntary minor mental health unit.</p> <p>3 DR. BIALECKI: And this would be the</p> <p>4 adolescents, which the primary presenting problem</p> <p>5 would be targeted to substance abuse for</p> <p>6 adolescents.</p> <p>7 THE CHAIR: And is this Phase I, Phase</p> <p>8 II, Phase --</p> <p>9 DR. BIALECKI: Phase II.</p> <p>10 THE CHAIR: Phase II. And this is the</p> <p>11 building Ann just discussed with you --</p> <p>12 DR. BIALECKI: Yeah.</p> <p>13 THE CHAIR: -- the one that was for</p> <p>14 the minors. So let's go to age range. What is</p> <p>15 the age range for them? Is it under 16 if the</p> <p>16 other one was 16 and older?</p> <p>17 DR. BIALECKI: Again, it typically</p> <p>18 starts around 14.</p> <p>19 THE CHAIR: Starts.</p> <p>20 DR. BIALECKI: The youngest, right.</p> <p>21 THE CHAIR: The youngest would be 14.</p> <p>22 DR. BIALECKI: Right. And the age</p> <p>23 range can vary some, because it depends on the</p> <p>24 developmental age and needs of each child. There</p>
<p style="text-align: right;">396</p> <p>1 residential, it would typically be a maximum of</p> <p>2 30 days, but substance abuse in particular has</p> <p>3 had a stay of more like 14 days.</p> <p>4 THE CHAIR: Okay. You've discussed</p> <p>5 about referrals and whether Heywood can refuse</p> <p>6 admission, and you've discussed about the type of</p> <p>7 licenses you believe are needed for that.</p> <p>8 Ann, I think you've discussed about</p> <p>9 the setting advantaging treatment. What about</p> <p>10 Heywood's existing MHU, does it treat this type</p> <p>11 of -- provide this type of service?</p> <p>12 DR. BIALECKI: No, right now on</p> <p>13 Heywood's campus, there are only two options.</p> <p>14 One is a locked inpatient unit, and one is an</p> <p>15 intensive outpatient program, so a day program,</p> <p>16 it does not have any residential programs</p> <p>17 available.</p> <p>18 THE CHAIR: And how about Athol or any</p> <p>19 of the others that are --</p> <p>20 DR. BIALECKI: No.</p> <p>21 THE CHAIR: So this would be a</p> <p>22 brand-new offering?</p> <p>23 DR. BIALECKI: Mm-hmm.</p> <p>24 THE CHAIR: So then the next category</p>	<p style="text-align: right;">398</p> <p>1 might be some children at 18 who are functioning</p> <p>2 much younger who have a need for substance abuse</p> <p>3 treatment.</p> <p>4 THE CHAIR: Okay. So let's say when</p> <p>5 you say qualify 14 as typically --</p> <p>6 DR. BIALECKI: So I'm not talking</p> <p>7 about five or six-year-olds being mixed in with</p> <p>8 teenagers, this is going to be adolescents.</p> <p>9 THE CHAIR: So what would be the</p> <p>10 youngest child you would admit, youngest aged</p> <p>11 child?</p> <p>12 DR. BIALECKI: I can't say what the</p> <p>13 youngest age could be, because we've seen these</p> <p>14 ages drop younger and younger all the time as the</p> <p>15 substance abuse problem has grown. The ages have</p> <p>16 dropped to younger. Typically the youngest would</p> <p>17 be about 13. That would be a typical answer, but</p> <p>18 I can't guarantee that 13 would be the youngest.</p> <p>19 THE CHAIR: But for purposes of</p> <p>20 qualifying for the license, the license itself</p> <p>21 doesn't --</p> <p>22 DR. BIALECKI: No.</p> <p>23 THE CHAIR: -- pertain to a particular</p> <p>24 age range --</p>

<p style="text-align: right;">399</p> <p>1 DR. BIALECKI: No.</p> <p>2 THE CHAIR: -- or minimum age? Okay.</p> <p>3 And does -- I think you've answered a number of</p> <p>4 the other questions in between. Do you currently</p> <p>5 at Heywood's existing MHU treat this type of</p> <p>6 patient?</p> <p>7 DR. BIALECKI: No.</p> <p>8 THE CHAIR: So this is also an</p> <p>9 additional service.</p> <p>10 DR. BIALECKI: Mm-hmm.</p> <p>11 THE CHAIR: Okay. The next grouping</p> <p>12 we had was DMH Licensure VII.</p> <p>13 DR. BIALECKI: Right, which we've</p> <p>14 determined is not part of the plan. The I RTP</p> <p>15 license is not necessary for what we're</p> <p>16 proposing.</p> <p>17 THE CHAIR: So you are not planning to</p> <p>18 do that?</p> <p>19 DR. BIALECKI: Right.</p> <p>20 THE CHAIR: The next grouping we had</p> <p>21 was under Mass. General Laws Chapter 123, Section</p> <p>22 35, which was civil court commitments to an</p> <p>23 alcohol and substance abuse program. Is that</p> <p>24 Phase I, Phase II or Phase III?</p>	<p style="text-align: right;">401</p> <p>1 DR. BIALECKI: 16 and over.</p> <p>2 THE CHAIR: And admission criteria?</p> <p>3 DR. BIALECKI: Again would be if it's</p> <p>4 someone who's coming in by way of a civil</p> <p>5 commitment, that's because a court has ordered</p> <p>6 them into this type of treatment, so the criteria</p> <p>7 would basically be bound by what the court felt</p> <p>8 their need was. And, again, it would have to be</p> <p>9 an appropriate setting to accommodate the</p> <p>10 admission.</p> <p>11 So if someone was convicted of an OUI,</p> <p>12 for example, and has not been successful in</p> <p>13 treatment previously or hasn't voluntarily taken</p> <p>14 advantage of these kind of programs, the court</p> <p>15 may commit them to have to complete three weeks</p> <p>16 of intensive outpatient.</p> <p>17 THE CHAIR: Is it only for people who</p> <p>18 are actually convicted? What about people that</p> <p>19 don't get a conviction or are you considering</p> <p>20 CWOs as part of a conviction?</p> <p>21 DR. BIALECKI: Sometimes the courts do</p> <p>22 pretrial recommendations, so they could do that,</p> <p>23 too.</p> <p>24 THE CHAIR: So if there's somebody</p>
<p style="text-align: right;">400</p> <p>1 DR. BIALECKI: Generally a Section 35</p> <p>2 requires someone to go into a detox unit, which</p> <p>3 would be there at Phase III. Won't be there at</p> <p>4 first, but later will be. So someone could be</p> <p>5 remanded to custody of the locked inpatient detox</p> <p>6 unit or they might be remanded to a facility</p> <p>7 other than Heywood where they go in for their</p> <p>8 72-hour detoxification, and then the court</p> <p>9 decides because this is their third detox and it</p> <p>10 hasn't been successful that they want them to</p> <p>11 continue on into a residential program, so they</p> <p>12 land here.</p> <p>13 THE CHAIR: Well, sometimes people are</p> <p>14 stopped for OUI, operating under the influence,</p> <p>15 the court will order them to go into a program.</p> <p>16 DR. BIALECKI: Right.</p> <p>17 THE CHAIR: Is that type of a</p> <p>18 situation covered here?</p> <p>19 DR. BIALECKI: Yeah.</p> <p>20 THE CHAIR: Okay, so the age range --</p> <p>21 the age range is what?</p> <p>22 DR. BIALECKI: Adults.</p> <p>23 THE CHAIR: Which you're defining</p> <p>24 as --</p>	<p style="text-align: right;">402</p> <p>1 that wants to get into a program rather than go</p> <p>2 to jail.</p> <p>3 DR. BIALECKI: Right.</p> <p>4 THE CHAIR: This is the type of --</p> <p>5 now, do you reserve beds, a certain number of</p> <p>6 beds for that type of a situation or is it --</p> <p>7 DR. BIALECKI: No.</p> <p>8 THE CHAIR: It's all first come first</p> <p>9 serve.</p> <p>10 DR. BIALECKI: Right, and what's open</p> <p>11 at the time when someone has the need.</p> <p>12 THE CHAIR: Okay. And the typical</p> <p>13 length of stay for this type of patient?</p> <p>14 DR. BIALECKI: Again, it depends on</p> <p>15 the level of treatment they need. It could be</p> <p>16 three days for detox, it could be two weeks in</p> <p>17 residential, and it could be an additional three</p> <p>18 weeks as an outpatient, depending on what the</p> <p>19 court determined is their need.</p> <p>20 THE CHAIR: I don't know if the court</p> <p>21 would actually determine their need, that's</p> <p>22 probably something that you would.</p> <p>23 DR. BIALECKI: Right.</p> <p>24 THE CHAIR: Okay. And do you --</p>

<p style="text-align: right;">403</p> <p>1 currently does MHU currently treat such patients?</p> <p>2 DR. BIALECKI: Yes. People are</p> <p>3 committed by way of the civil process as well to</p> <p>4 the MHU currently.</p> <p>5 THE CHAIR: And then we have the next</p> <p>6 category -- and, by the way, if anybody has any</p> <p>7 questions, we can go back, but let me just try to</p> <p>8 get -- we're almost at the bottom of the list.</p> <p>9 Substance abuse residential rehab program, is</p> <p>10 that voluntary only?</p> <p>11 DR. BIALECKI: No.</p> <p>12 THE CHAIR: So it's involuntary as</p> <p>13 well, which was covered earlier --</p> <p>14 DR. BIALECKI: Right.</p> <p>15 THE CHAIR: -- on one of your</p> <p>16 licenses. So to the extent that it's voluntary,</p> <p>17 is there a licensing body for that type of a</p> <p>18 program?</p> <p>19 DR. BIALECKI: They still fall within</p> <p>20 the DMH licensure category.</p> <p>21 THE CHAIR: So what is -- didn't you</p> <p>22 -- I think you mentioned this as a category.</p> <p>23 DR. BIALECKI: There's some additional</p> <p>24 support sometimes from Department of Public</p>	<p style="text-align: right;">405</p> <p>1 DR. BIALECKI: No.</p> <p>2 THE CHAIR: So this is also a new</p> <p>3 program?</p> <p>4 DR. BIALECKI: Right. Substance abuse</p> <p>5 is a new program, because we don't have the</p> <p>6 capacity for this currently anywhere in the</p> <p>7 region.</p> <p>8 THE CHAIR: The next category we had</p> <p>9 was substance abuse partial hospitalization or</p> <p>10 day treatment program. Is that voluntary only?</p> <p>11 DR. BIALECKI: No. Those can be court</p> <p>12 mandated as well. And this is where there would</p> <p>13 be the potential for substance abuse as well as</p> <p>14 other mental health treatment and not commingled</p> <p>15 necessarily. You might have one group of</p> <p>16 patients who's there specifically around</p> <p>17 substance abuse treatment, it's an intensive day</p> <p>18 program, which like the START program that I</p> <p>19 referenced earlier, that's a three-week 9:00 to</p> <p>20 3:00 kind of a day, it's really intensive</p> <p>21 programming for all three weeks. They go every</p> <p>22 weekday or four days a week in some cases.</p> <p>23 The mental health patients would be</p> <p>24 there for similar kind of a time, but with a</p>
<p style="text-align: right;">404</p> <p>1 Health or the Bureau of Substance Abuse Services,</p> <p>2 but it's not necessarily licensed by them alone.</p> <p>3 DMH typically overarches DPH licensure for</p> <p>4 facilities.</p> <p>5 THE CHAIR: So you highlighted this as</p> <p>6 a category in your earlier presentation because</p> <p>7 it's DMH plus some other --</p> <p>8 DR. BIALECKI: Mm-hmm.</p> <p>9 THE CHAIR: -- agency that can be</p> <p>10 involved, DMH and --</p> <p>11 DR. BIALECKI: Right. DPH.</p> <p>12 THE CHAIR: DPH.</p> <p>13 DR. BIALECKI: The Bureau of Substance</p> <p>14 Abuse Services is part of the Department of</p> <p>15 Public Health, and they often provide additional</p> <p>16 support to support substance abuse specifically.</p> <p>17 THE CHAIR: Okay. And how long do</p> <p>18 people usually stay that's voluntary?</p> <p>19 DR. BIALECKI: Again, it could range,</p> <p>20 depending on insurance funding, and it would</p> <p>21 depend on the level. It could be from 72 hours</p> <p>22 all the way up to three weeks.</p> <p>23 THE CHAIR: And you currently in your</p> <p>24 MHU unit treat such patients.</p>	<p style="text-align: right;">406</p> <p>1 little different treatment model. Again, it's</p> <p>2 intensive day treatment, but they all leave at</p> <p>3 the end of the day.</p> <p>4 THE CHAIR: And is this Phase I, Phase</p> <p>5 II or Phase III?</p> <p>6 DR. BIALECKI: This would be Phase I.</p> <p>7 THE CHAIR: Phase I. And do currently</p> <p>8 at MHU Unit treat such patients?</p> <p>9 DR. BIALECKI: Yes, but not the</p> <p>10 substance abuse. But the mental health patient,</p> <p>11 there is a 20-bed unit currently on the Heywood</p> <p>12 campus.</p> <p>13 THE CHAIR: That was -- I had a couple</p> <p>14 more questions, but that was the end of sort of</p> <p>15 like the grouping of -- and I think the piece</p> <p>16 that I want to make sure I have the connection on</p> <p>17 is suicide.</p> <p>18 You know, in your opening, that was</p> <p>19 one of the really startling facts was just like</p> <p>20 the high rate of suicide. And I'm having trouble</p> <p>21 understanding how -- where the suicide prevention</p> <p>22 map connects with these different categories. So</p> <p>23 is suicide prevention something that's involved</p> <p>24 at Phase I, II or III?</p>

<p style="text-align: right;">407</p> <p>1 DR. BIALECKI: All three.</p> <p>2 THE CHAIR: All three.</p> <p>3 DR. BIALECKI: Yeah.</p> <p>4 THE CHAIR: And is it -- what would</p> <p>5 you associate it most closely with in terms of</p> <p>6 the groupings that we just went through or is</p> <p>7 that possible to do?</p> <p>8 DR. BIALECKI: It's pretty widespread</p> <p>9 across all the categories that we've talked</p> <p>10 about. Suicide rates are much higher in a</p> <p>11 population that is abusing substances as well as</p> <p>12 a mentally ill population. The rate is</p> <p>13 significantly higher than the general population</p> <p>14 because of the other struggles that people are</p> <p>15 dealing with.</p> <p>16 THE CHAIR: So would it be correct to</p> <p>17 understand that -- actually I don't think I have</p> <p>18 that question right now. Do you have any</p> <p>19 questions?</p> <p>20 MR. MacEWEN: You're on a roll. No, I</p> <p>21 don't have a question.</p> <p>22 THE CHAIR: Does anybody here have any</p> <p>23 further questions? Nancy?</p> <p>24 MS. ALLEN: Nancy Allen, 17 Common</p>	<p style="text-align: right;">409</p> <p>1 campus in that case.</p> <p>2 MS. ALLEN: Right.</p> <p>3 DR. BIALECKI: But what we have found</p> <p>4 is that the co-occurring disorders have risen to</p> <p>5 such levels of need that there isn't capacity to</p> <p>6 provide the treatment services that folks need</p> <p>7 locally professionally.</p> <p>8 MS. ALLEN: So say is it pretty much</p> <p>9 going to be the case that someone who is, and</p> <p>10 we'll just -- to me it's easier to use an</p> <p>11 example, someone who is a schizophrenic who is</p> <p>12 admitted into the center is also an addict, will</p> <p>13 it always be combined?</p> <p>14 DR. BIALECKI: It might not always be</p> <p>15 combined, no. Because there will be that locked</p> <p>16 mental health unit that will help with the</p> <p>17 capacity issue at Heywood's current site where</p> <p>18 they have --</p> <p>19 MS. ALLEN: Go straight up trying to</p> <p>20 take care of the capacity --</p> <p>21 DR. BIALECKI: Right.</p> <p>22 MS. ALLEN: -- for mentally ill.</p> <p>23 DR. BIALECKI: Right. By adding, not</p> <p>24 deleting. We need more. And the other piece</p>
<p style="text-align: right;">408</p> <p>1 Street. Rebecca, I'm going to try and frame this</p> <p>2 question, but I'm a lay person so I probably</p> <p>3 won't do a great job of it, but bear with me. It</p> <p>4 kind of touches on the very last section that you</p> <p>5 guys just talked about.</p> <p>6 And I'm just trying to understand the</p> <p>7 differentiation for when, say, a straight-up</p> <p>8 psychiatric patient, say schizophrenic, gets</p> <p>9 introduced into the center who has no alcohol or</p> <p>10 -- excuse me, any drug addiction or abuse, it's</p> <p>11 just straight-up mental health problems, when</p> <p>12 that patient comes into the equation and -- and I</p> <p>13 guess I also wonder why, I understand that</p> <p>14 someone might be a drug addict and has underlying</p> <p>15 secondary issues that are obvious, but</p> <p>16 schizophrenics can become addicts. But I'm just</p> <p>17 trying to figure out why you're I think purposely</p> <p>18 melding the two. Unless it is a secondary issue,</p> <p>19 and if I'm wrong, that you won't be bringing in</p> <p>20 mental health patients who do not have any kind</p> <p>21 of addiction, just correct me. So hopefully that</p> <p>22 makes some sense to you.</p> <p>23 DR. BIALECKI: I think mental health</p> <p>24 patients might be better suited on the Heywood</p>	<p style="text-align: right;">410</p> <p>1 might be that a patient that you're describing</p> <p>2 might certainly benefit from a partial</p> <p>3 hospitalization, which is a day treatment program</p> <p>4 where they come for three weeks straight, they</p> <p>5 get involved with group activities, they get</p> <p>6 involved with individual counseling, and really</p> <p>7 build coping mechanisms to be able to cope with</p> <p>8 their mental health illness and come up with some</p> <p>9 strategies to get the life skills they need to</p> <p>10 function without perhaps going to land in the</p> <p>11 hospital again.</p> <p>12 MS. ALLEN: Okay.</p> <p>13 THE CHAIR: Paul?</p> <p>14 MR. YOUD: Rebecca, based on</p> <p>15 everything that I'm hearing, would it be fair to</p> <p>16 say that most of what you're proposing is really</p> <p>17 a substance abuse service that would be primarily</p> <p>18 licensed through the Department of Public</p> <p>19 Health's substance abuse, as opposed to -- see,</p> <p>20 and you had all these listings of all these</p> <p>21 mental health licenses, right?</p> <p>22 DR. BIALECKI: They're not necessarily</p> <p>23 mutually exclusive.</p> <p>24 MR. YOUD: Well, from what you were</p>

<p style="text-align: right;">411</p> <p>1 saying is that you don't intend to be running a 2 mental health unit, a minor mental health unit. 3 You are going to have the adult, I understand 4 that, you're going to have the adult mental 5 health unit, that's clear. But then you also had 6 -- and I understand the IRTP, you don't want to 7 do that, but there still is a minor mental health 8 unit which you said you probably wouldn't be 9 doing. So that leaves us with -- with the 10 substance abuse services. 11 DR. BIALECKI: Are the majority of -- 12 are all of the residential services that we're 13 proposing for this plan focused on substance 14 abuse? Yes, they are. But one of the reasons 15 why we don't want to just be a substance abuse 16 only licensed to treat that is because then we 17 become much more silo'd and less able to 18 effectively deal with people with co-occurring 19 disorders. 20 MR. YOUD: I can understand that. 21 DR. BIALECKI: Okay. 22 THE CHAIR: Okay. Ross? 23 MR. FRANCE: I just have a follow-up. 24 THE CHAIR: Ross, just please identify</p>	<p style="text-align: right;">413</p> <p>1 good. 2 THE CHAIR: Explain, Rebecca, would 3 you please explain, just summarize for us what 4 that exchange just meant. 5 DR. BIALECKI: Translation. 6 THE CHAIR: Yes. 7 DR. BIALECKI: I'm trying to remember 8 back to what Paul started, so I can catch the 9 whole thing. The majority of services offered at 10 the Petersham site would be focused on substance 11 abuse treatment, especially the residential 12 components that we're looking at, the people who 13 live there but are not in a locked unit. 14 The reason why we are not looking to 15 respond to a public funding request through DPH 16 or DMH is because we intend to have people funded 17 through insurance. And that's how the current 18 mental health unit at Heywood and the partial 19 hospitalization program is in fact funded. 20 We know that we have much more need 21 that we have to turn away at this point, so 22 that's why we want to increase capacity, and we 23 know that one of the significant needs in this 24 area is the substance abuse treatment, and that's</p>
<p style="text-align: right;">412</p> <p>1 yourself. 2 MR. FRANCE: Ross France, 190 Hardwick 3 Road. My experience is you have a facility, and 4 then you respond to an RFR or either Department 5 of Mental Health or Department of Public Health 6 provides the funding for the service and the 7 license to service. 8 DR. BIALECKI: We are looking at 9 third-party billing rather than public funding 10 for this. 11 MR. FRANCE: Just third-party. 12 DR. BIALECKI: Yes, because you're 13 right, if you were applying for public funding, 14 you would wait for an RFP, apply, and go that 15 route. 16 MR. FRANCE: Now, and you would do 17 that for the detox though, yes? 18 DR. BIALECKI: Not necessarily, no. 19 MR. FRANCE: Okay. 20 DR. BIALECKI: I mean if one came up? 21 Possibly. 22 THE CHAIR: So could you for those of 23 us who don't operate in your world explain -- 24 MR. BROWN: I thought that was pretty</p>	<p style="text-align: right;">414</p> <p>1 really lacking, that even when people are 2 successful in getting through detox through some 3 other facility outside the area, they then do not 4 have a lot of next step places to go, and that's 5 where people are most at risk to overdose and to 6 really get into big trouble, rather than having 7 beds locally so that they could come, spend a few 8 weeks, and really be healthy enough to transition 9 back home. 10 THE CHAIR: Okay, thanks. In terms of 11 relapse time periods, you provided a stat on a 12 seven-day basis. Do you have some more 13 statistics looking further out like say on a year 14 basis or like two years out, are those types of 15 statistics available for -- 16 DR. BIALECKI: For the current MA2 17 stats, does the recidivism rate go up that far or 18 can -- I think it's just what the state tracks is 19 what we presented tonight. 20 MR. BROWN: Right, the state tracks. 21 DR. BIALECKI: There are adults with 22 chronic mental illness that do cycle through 23 medical facilities regularly. Some of what the 24 outpatient intensive model offers is another way</p>

<p style="text-align: right;">415</p> <p>1 so people don't have to spiral to the point where 2 they require being hospitalized sometimes 3 involuntarily that they can go in for these 4 longer term intensive treatment options and not 5 have to go to the more intensive intervention. 6 THE CHAIR: As part of your vision, do 7 you invite your sort of graduates back at all? 8 Like you mentioned that there's AA meetings, 9 there's NA meetings, are those meetings open to 10 anyone who wanted to attend an AA or an NA 11 meeting or are they limited to the residents of 12 the facility? 13 DR. BIALECKI: I think our initial 14 plan is to have them be limited to the in-house 15 folks because there's not public transit 16 available for people to come in to meetings like 17 that here. But if we found out that there was a 18 community need, that Petersham doesn't in fact 19 have an NA meeting, maybe we could open that up. 20 Those are generally very locally 21 attended. I know the surrounding towns 22 throughout the North Quabbin have a number of the 23 meetings at all different times of the day. 24 THE CHAIR: It's my understanding that</p>	<p style="text-align: right;">417</p> <p>1 coming in to be admitted for an inpatient or a 2 residential kind of stay. They could connect 3 back with their outpatient clinic or their 4 primary care physician to get in to one of those 5 less restrictive programs certainly and connect 6 back in that way. 7 THE CHAIR: Okay. Let me, before I 8 forget, I wanted to ask about the one million 9 dollars that was earmarked by the Commonwealth. 10 Can you just explain to us a little bit more 11 about that. Like what was the understanding that 12 the legislature had in earmarking that money for 13 your purchase of the property in terms of the use 14 that you would make? 15 DR. BIALECKI: That funding was really 16 led by Senator Brewer and Senator Flanagan, along 17 with a number of other pieces of the state budget 18 that were targeted towards really building 19 resources rich enough to be able to combat the 20 addiction crisis that has rified our part of the 21 state, certainly state-wide, but here in 22 particular. 23 And I believe that both of them felt 24 very strongly committed that if people can have</p>
<p style="text-align: right;">416</p> <p>1 often people who have gotten these kind of 2 services, substance abuse services, need to touch 3 base again in the future with the place where 4 they got help. And I guess I'm really kind of 5 trying to find out if the facility you would run 6 there is that type of a place or if they go back 7 to the referring party or -- 8 DR. BIALECKI: They might continue on 9 long-term as an outpatient client so that the 10 clinician who helped them get better is the same 11 person still seeing them, but instead of seeing 12 them every day for three weeks, they now see 13 them, you know, once a week and then eventually 14 once every couple of weeks to the point where 15 they're in a better place. 16 THE CHAIR: Okay. So if the person 17 was a year or more out even and just was having 18 some triggering event, they wouldn't necessarily 19 be able to come back to the Quabbin Retreat and 20 like attend one of the meetings perhaps or 21 whatever, that they would need to go through the 22 channels you describe where they have to get 23 referred in. 24 DR. BIALECKI: Only if they were</p>	<p style="text-align: right;">418</p> <p>1 services closer to home, they're going to be 2 better able to transition back to their home and 3 family, and having a site here seemed appropriate 4 given the fact that both of them were familiar 5 with the property that we were purchasing and the 6 purpose of it. 7 So I don't know that there were 8 specific documents supporting that legislation. 9 MR. BROWN: Really just re-acquisition 10 and the development of the property. 11 DR. BIALECKI: There were no 12 restrictions as far as the use of the dollars. 13 THE CHAIR: So it's like a line in the 14 budget that says that and that's all you'd really 15 find? 16 MR. BROWN: It's like a line. I think 17 it's a single sentence actually. 18 DR. BIALECKI: So there aren't 19 conditions for the receipt. 20 THE CHAIR: Let me also ask you, too, 21 about the status of the pilot agreement. Where 22 is that, what's the status of it? 23 MR. FLICK: With the tax exempt 24 committee, we have not received any invitation</p>

<p style="text-align: right;">419</p> <p>1 from them to come and discuss the pilot 2 agreement. 3 I am getting notices now of when their 4 meetings are scheduled. I don't know when the 5 next meeting -- I know it hasn't been scheduled, 6 but regardless of the invitation, we will be at 7 the next meeting, because we want to be 8 discussing that. 9 MR. MacEWEN: No questions. 10 THE CHAIR: Any other questions? Ann? 11 MS. LEWIS: I had a quick one. So if 12 we had a Petersham resident who had substance 13 abuse issues with secondary mental health -- I'm 14 not even sure it would be secondary or primary -- 15 but who did not have health insurance, then they 16 could not avail themselves of your facility; is 17 that right? Because despite OmbmaCare, despite 18 Massachusetts health laws, there are a lot of 19 people who are still uninsured. 20 DR. BIALECKI: In a case like that, I 21 think then it would be appropriate for the staff 22 of the Athol and Heywood system to help them find 23 a place that does take people who are uninsured, 24 because the facilities do exist, but it might not</p>	<p style="text-align: right;">421</p> <p>1 MR. FLICK: Correct, 21.1, if I may 2 make that recommendation, since it's referenced 3 in the PowerPoint presentation. 4 THE CHAIR: That's not a bad one, but 5 we're going to call it 21A just to keep the 6 convention that we've done before. 7 MR. FLICK: Not a problem. 8 (Document marked.) 9 THE CHAIR: So on the consultant, 10 sadly Rob Hubbard, who we had intended to hire, 11 we recently learned has died. And so we are in 12 the position of needing to address that loss, and 13 we had previously voted that we would like to 14 have a consultant. We received funds from the 15 applicant for consultant work. 16 So, Brian, do you have any thoughts on 17 what we might do as the next step? 18 MR. MacEWEN: Thanks to Nancy Allen 19 being diligent today in trying to track down some 20 names, we have some names. Unfortunately I 21 haven't had an opportunity to pursue anything 22 after notification of the death. So I think we 23 need to decide how we want to move forward. 24 You know, contact a few of these</p>
<p style="text-align: right;">420</p> <p>1 be here. 2 MS. LEWIS: Okay. Thank you. 3 THE CHAIR: One of the things we need 4 to cover tonight is the consultant, the status of 5 the consultant. And so it is getting late, I 6 thank you for making the presentation tonight. 7 Should I mark this as an exhibit, hearing 8 exhibit? 9 MR. FLICK: Yes, please. And I would 10 also include one more as a sub-exhibit to that. 11 I don't know what exhibit numbers you've marked. 12 That's the copy of the articles of -- the amended 13 Articles of Organization for Heywood Healthcare. 14 THE CHAIR: This is multiple copies of 15 that? 16 MR. FLICK: Yes. Yes. 17 THE CHAIR: So we're going to mark 18 tonight's PowerPoint presentation as hearing 19 Exhibit No. 21. 20 (Document marked.) 21 THE CHAIR: And the copy of the 22 Articles of Amendment as -- you want that to be 23 referenced to the PowerPoint because it goes to 24 the Dover Amendment presentation that you --</p>	<p style="text-align: right;">422</p> <p>1 individuals, see what type of fees they're 2 looking to get for this type of work. And 3 unfortunately I know we need to move this along 4 fast, but it's not something that's going to 5 happen immediately without getting some answers, 6 getting some contacts and getting some idea of 7 whether an individual that's listed would even 8 fit in a budget that we have for the consultant. 9 Much less availability coming into the holiday 10 season. That's going to be another issue all 11 together. 12 THE CHAIR: In terms of the pool of 13 candidates, you mentioned that Nancy's given you 14 some names. You also should have received two 15 names from me. 16 MR. MacEWEN: Yeah. 17 THE CHAIR: So you have -- 18 MR. MacEWEN: One of the ones that you 19 supplied in your e-mail is coincidental with one 20 of the names supplied by Nancy as well, and 21 that's Glen Eaton, MRPC executive director. 22 THE CHAIR: And then -- 23 MR. MacEWEN: Some of the other names 24 from Nancy's list are out of the area, which I'm</p>

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1 guessing probably might not be as easy to make
2 contact and easy to coordinate with as dealing
3 with someone out of, say, Fitchburg or Worcester
4 so --

5 THE CHAIR: John, you had provided --

6 MR. FLICK: Glen Eaton.

7 THE CHAIR: All right.

8 MR. MacEWEN: Okay.

9 THE CHAIR: And there was another name
10 that I had given you, but I'm not sure at the
11 moment who that was.

12 MR. MacEWEN: Bill Scanlon from
13 Sibley, he did the Sibley Farm project. I don't
14 know what the Sibley Farm project is in Spencer,
15 so I don't know.

16 THE CHAIR: So we have a pool of like
17 five or six, maybe even more.

18 MR. MacEWEN: Some of the names on the
19 list that you have here, Nancy basically noted
20 that she thought that they'd probably be out of
21 the price range for the consultant fee that we
22 have on the table, so I don't know. I mean, try
23 to make contact, Nancy's actually going to talk
24 with the Central Mass. PC individual and find out

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1 what she can find out from her relative to her
2 availability, what she might be willing to do the
3 work for.

4 And I guess that's what we need to do
5 with the other individuals is contact them and
6 then go from there. But obviously it's not
7 something we can have an answer overnight.

8 THE CHAIR: How long do you think
9 you'd need to get back to who you might
10 recommend?

11 MR. MacEWEN: We may find that we get
12 answers from all of the individuals that they're
13 not interested, too. So, I mean, that could
14 happen in a week. But, again, I would say
15 hopefully we'd have some answers over the course
16 of the next week one way or the other, because
17 then we're getting into the holiday weeks, which
18 is going to be tough to pin anyone down on.

19 So I'm hoping for suggestions on how
20 we want to tackle it, short of just getting calls
21 out. Nancy's already called several and left
22 messages, but obviously short notice, no return
23 calls yet.

24 THE CHAIR: I think, you know, since

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1 you were kind enough to volunteer to take the
2 lead on this, we should just do what you think
3 can reasonably be done.

4 MR. MacEWEN: Okay. But the question
5 is if you're looking to pin down a new date for
6 an answer of whether or not we have a consultant,
7 one; and, two, what kind of timeline we'd be
8 talking about to have some type of results or
9 report submitted for our review from the
10 consultant, that's something that obviously can't
11 be done at this point in time.

12 So I know where we're headed is trying
13 to look ahead to where we want to continue to,
14 knowing that we want to get some answers or get a
15 report in front of us before we close the public
16 hearing and then move forward from there.

17 THE CHAIR: So next Tuesday is the
18 16th, December 16th. Do you think you can touch
19 base with them and get an initial level of
20 response as to level of interest and meet again
21 on the 16th to pick one? The Tuesday after
22 that's the 23rd.

23 MR. MacEWEN: Right.

24 THE CHAIR: That I suppose would also

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1 be okay, but maybe better because we're trying to
2 move it along. We don't have to meet on a
3 Tuesday either, I suppose, but do you think we
4 could meet next week?

5 MR. MacEWEN: We could do a follow-up
6 schedule or continue to the 16th, and if in fact
7 we have either negative responses, they'll have
8 an answer, or if we don't have any answers, I
9 don't know if we could postpone it via e-mail
10 contact and posting.

11 I'd just hate to have everyone come in
12 here if we have nothing to report at that time.
13 It's still a very short time, one week away.

14 THE CHAIR: Well, if we were to pick
15 another day next week, I can't do the Wednesday.

16 MR. FLICK: I'm unavailable Wednesday
17 or Thursday next week. I have to be in another
18 town for meetings.

19 MR. MacEWEN: So we schedule for
20 Tuesday and if we have to postpone because we
21 don't have any results from our contacts --

22 THE CHAIR: Well, we'll continue.
23 Yeah, and what I can do is I can use the agenda
24 feature of the posting and actually -- although I

<p style="text-align: right;">427</p> <p>1 got to do that 48 hours in advance.</p> <p>2 MR. MacEWEN: See, that cuts you down</p> <p>3 to --</p> <p>4 THE CHAIR: No, I can update it. I'll</p> <p>5 do the posting and I'll update it, and if people</p> <p>6 want to log on and get the e-mails, you'll see,</p> <p>7 you know, and the updates will be specific people</p> <p>8 that -- we'll give detail to clue everyone in.</p> <p>9 Eric?</p> <p>10 MR. MANDEL: Eric Mandel. I have a</p> <p>11 suggestion about the consultant, another way of</p> <p>12 thinking about it. There was a name that</p> <p>13 everybody seemed to like very much, but that</p> <p>14 person was too expensive it was decided. That</p> <p>15 person has written a report that was of interest,</p> <p>16 and partly of interest because Henry Heywood</p> <p>17 disputed the report.</p> <p>18 And what I was wondering is whether</p> <p>19 you might want to call that person and ask them</p> <p>20 what we could get for our \$3,600. It might not</p> <p>21 be necessary to get a report that's this long,</p> <p>22 but if we got, for example, two things, if we got</p> <p>23 her view of Heywood's evaluation of her report,</p> <p>24 that might be very interesting data for us.</p>	<p style="text-align: right;">429</p> <p>1 THE CHAIR: And then if you could for</p> <p>2 any of the ones that seem positive, be sure that</p> <p>3 we have their resume or their CV, something, so</p> <p>4 we get a sense of what their qualifications are</p> <p>5 as well as their interest, can you do that?</p> <p>6 MR. MacEWEN: Mm-hmm.</p> <p>7 THE CHAIR: Fabulous.</p> <p>8 MR. GRIMMER: Good job, Brian.</p> <p>9 MS. FLYNN: Marcia Flynn, 3 Hardwick</p> <p>10 Road. Out of curiosity, what report are you</p> <p>11 referencing and who wrote it?</p> <p>12 THE CHAIR: Okay. It's in an earlier</p> <p>13 -- it's referenced in an earlier part of the</p> <p>14 meeting.</p> <p>15 MS. FLYNN: Oh, okay.</p> <p>16 THE CHAIR: I'll tell you. Okay.</p> <p>17 MR. EATON: I just got a couple of</p> <p>18 questions here about we seem to be going pretty</p> <p>19 far afield of The Dover Amendment in our</p> <p>20 questioning. I just wondered if these are the</p> <p>21 only factors that we're allowed to determine?</p> <p>22 I'm on the limitations. Could you</p> <p>23 just go over that quickly? And did this come</p> <p>24 about because the cases that you referenced</p>
<p style="text-align: right;">428</p> <p>1 And if she were to quickly triage our</p> <p>2 situation and tell us what it is we should be</p> <p>3 looking for, that might be very interesting for</p> <p>4 us. And the reason I mention it is because she</p> <p>5 seemed to be a recognized expert in this area,</p> <p>6 and therefore already vetted.</p> <p>7 So I think if you were to consider</p> <p>8 asking her what we can get for that amount of</p> <p>9 money, that might be --</p> <p>10 MR. GRIMMER: She's a real estate</p> <p>11 agent.</p> <p>12 THE CHAIR: Thank you. Do you want to</p> <p>13 add her to the list to contact her? I can get you</p> <p>14 her contact information.</p> <p>15 MR. MacEWEN: I remember reading her</p> <p>16 report, but that was the company. I don't know</p> <p>17 if you have her direct contact.</p> <p>18 THE CHAIR: I will give you her</p> <p>19 contact information.</p> <p>20 MR. MacEWEN: Because she's out of New</p> <p>21 Hampshire. Her company is out of New Hampshire.</p> <p>22 MR. FLICK: Arlington.</p> <p>23 MR. MacEWEN: Okay. I thought it was</p> <p>24 New Hampshire.</p>	<p style="text-align: right;">430</p> <p>1 exceeded this authority in their decision?</p> <p>2 MR. FLICK: Yes. In many respects,</p> <p>3 they did. They were denying -- for instance, the</p> <p>4 Fitchburg case, the Zoning Board of Appeals</p> <p>5 denied the special permit to operate the group</p> <p>6 residential facility on the basis that it was a</p> <p>7 group residential facility, and that the court</p> <p>8 came in and said they couldn't do that, because</p> <p>9 they couldn't regulate that use because it was</p> <p>10 subject to The Dover Amendment, but they could</p> <p>11 regulate the other factors within the purview of</p> <p>12 the Dover Amendment, which was reasonable</p> <p>13 regulations concerning the building and the</p> <p>14 structures, yard size, lot areas, setbacks, open</p> <p>15 space, parking and building coverage</p> <p>16 requirements.</p> <p>17 There are essentially two ways that</p> <p>18 entities address Dover with the community. One</p> <p>19 is --</p> <p>20 UNIDENTIFIED SPEAKER: I can't hear.</p> <p>21 MR. FLICK: I'm sorry. There are</p> <p>22 essentially two ways that entities will address</p> <p>23 Dover Amendment when they come into a community.</p> <p>24 One is they come in like a steamroller, basically</p>

<p style="text-align: right;">431</p> <p>1 saying Dover Amendment applies, you've got us, 2 too bad, that's it, and they end there. 3 We've had that happen to us in 4 Gardner. There's famous cases from Framingham 5 that involve that regarding South Middlesex 6 Opportunity Commission -- Council, excuse me. 7 The other way is for organizations to 8 come in in more of a cooperative manner which is 9 the tactic that we've elected to take to say that 10 is who we are, this is what we're going to do, 11 we're going to be open and honest and tell you 12 what we're going to do, however, Dover Amendment 13 applies. 14 That's similar to how the facility in 15 Middleborough proceeded. They also presented 16 letters and presentations to the Zoning Board of 17 Appeals in Middleborough that The Dover Amendment 18 applied to the facility as well, although a 19 formal determination was not made, it was more of 20 a cooperative discussion back and forth. 21 There were -- if you look at the 22 special conditions in their special permit, there 23 were some issues pertaining to use that were 24 addressed within the special permit, such as no</p>	<p style="text-align: right;">433</p> <p>1 stands, has it moved forward, or how is it 2 progressing? 3 MR. GRIMMER: Mike Grimmer, Heywood 4 Healthcare, Chief Operating Officer at Athol 5 Hospital. It's moving forward well. We've done 6 percolation tests on site. However, we're 7 looking at all the things we have to do. 8 You know, we got a determination on 9 the well itself that the -- that was a big piece 10 for us. The original well was going to be 11 suitable based on I think we presented last week 12 Bill Hannigan or last month Bill Hannigan 13 presented that, you know, it was determined to be 14 a use of a nursing home type thing, all of those 15 things. 16 So it's working well, and they're 17 putting their restrictions on and they're going 18 to make sure they test the water quality going 19 forward and all this, but no red flags at this 20 point. 21 THE CHAIR: Do I understand the 22 engineers are available to come back? 23 MR. GRIMMER: Absolutely. 24 THE CHAIR: We're actually thinking of</p>
<p style="text-align: right;">432</p> <p>1 forensic psychiatric treatment, which is 2 essentially the determination that a person's fit 3 to stand trial, mentally fit to stand trial. 4 That's something that if that were a condition 5 that Petersham wanted to put on the special 6 permit, we're perfectly open to it because that's 7 not something we will be equipped to do or want 8 to do. 9 So that's why I make that presentation 10 tonight, simply as an informative piece, but at 11 the same time saying we're willing to have those 12 discussions to some extent over use, but it 13 really cannot come down to a determinative factor 14 in the ZBA's decision. 15 MR. MacEWEN: Okay. Thank you. Since 16 you're being so open, can you give us an update 17 on how things are going with DEP relative to the 18 water source and the septic system issues? 19 MR. FLICK: Well, if I can. I asked 20 if there were going to be questions for the 21 engineers, and I think those would be questions 22 that are more apt to be -- 23 MR. MacEWEN: I'm not looking for a 24 technical, I'm just -- do you know where it</p>	<p style="text-align: right;">434</p> <p>1 having them back once they have more to report. 2 Once they're -- 3 MR. MacEWEN: That was my next 4 question. Obviously the tree clearing when it's 5 for the septic is going to be a key issue with 6 the abutting property. So I was just thinking 7 once they have a better feel for what the 8 footprint might be based on, and they don't have 9 to have a final design, but they'll have a good 10 feel for what their limits of work will be, 11 that's something that would be interesting to see 12 on paper. 13 MR. FLICK: We're hoping that that 14 will be available for January. 15 MR. MacEWEN: And getting back to the 16 Dover law, so relative to special permits to 17 Section 2, our Item D relative to limitation of 18 size, number of occupants, method of operation, 19 are you saying that The Dover Amendment trumps 20 that -- 21 MR. FLICK: Yes. 22 MR. MacEWEN: -- in our by-laws? 23 MR. FLICK: Method of operation, yes, 24 it absolutely trumps that.</p>

<p style="text-align: right;">435</p> <p>1 MR. MacEWEN: Number of size and 2 number of occupants? 3 MR. FLICK: Size, no, under 4 determining -- reasonable regulations concerning 5 bulk and height of structures, and occupants 6 would be governed by the size of the structure, 7 because you're going to have occupancy permit for 8 a specific safe number. 9 MR. MacEWEN: Based on use. 10 MR. FLICK: Correct. So that's part 11 and parcel with bulk of the structure. 12 MR. MacEWEN: Hours of operation? 13 MR. FLICK: Again, that really falls 14 under the use issue and a facility of this nature 15 really has to be 24-7 because it's residential. 16 MR. MacEWEN: No, I'm just trying to 17 get it clarified. Because that's one item in our 18 by-law that kind of contradicts everything you 19 went over. 20 MR. FLICK: But if you look at that 21 within the examples like the Fitchburg case and 22 the Gardner Athol Area Mental Health Case, all of 23 those dealt with residential facilities. 24 MR. MacEWEN: Citings.</p>	<p style="text-align: right;">437</p> <p>1 at the dominant purpose, and if the dominant 2 purpose is education, then the use of the 3 facility is exempt from zoning. 4 MS. LEWIS: Okay. And the other 5 related to DEP. So you're saying that DEP has 6 agreed to grandfather the buildings and the 7 parking lots and all of the structures that are 8 within Zone 1? 9 MR. FLICK: No. 10 THE CHAIR: Can I just take a time out 11 there. Can you please hold that question, 12 because we will have the engineers back, and the 13 engineers are working directly with DEP and will 14 be able to probably best address it, and then 15 also give us the most up-to-date information. We 16 do know from prior meeting that things are under 17 assessment, under review. 18 MR. GRIMMER: That's fair. 19 THE CHAIR: Would that be okay, Ann? 20 MS. LEWIS: Sure. 21 THE CHAIR: Do you want to just state 22 your question so in case you're not here, we'll 23 be sure to ask it, but if you would please not 24 answer it in interest of time.</p>
<p style="text-align: right;">436</p> <p>1 MR. FLICK: Citings. So by nature, 2 they're 24-7. 3 THE CHAIR: But the ones in those 4 cases weren't this type of a facility. 5 MR. FLICK: Similar. There's some 6 very clear similarities. 7 THE CHAIR: And we're actually, 8 everybody, we're going to be rapping this up for 9 tonight really quickly, because we don't go past 10 10:00 O'clock, everybody has things to do, places 11 to be in the morning. But, Ann, you had -- 12 MS. LEWIS: I had two points of 13 clarification. One is with The Dover Amendment. 14 It's my understanding from reading what you 15 presented, and there are a lot of ellipses in 16 there, so I don't know what it really says, but 17 that we could regulate the detox unit because 18 that's not primarily an educational unit; is that 19 true? 20 MR. FLICK: There's really not 21 selective regulation. 22 MS. LEWIS: That's your 23 interpretation. 24 MR. FLICK: Well, yes. But you look</p>	<p style="text-align: right;">438</p> <p>1 MS. LEWIS: Okay. It's a pretty easy 2 question. The impression I got from what you 3 said is that DEP is at least right now planning 4 to grandfather the buildings and the parking lot 5 within Zone 1, but not grandfather the leach 6 field that's within Zone 2. 7 THE CHAIR: So you want some 8 clarification on that. 9 MS. LEWIS: Yes. 10 THE CHAIR: Okay, we got it. 11 MS. LEWIS: Otherwise you'd have to 12 move the well or the buildings. 13 THE CHAIR: Okay. For those of you 14 that -- John has actually mentioned The Dover 15 Amendment in an earlier meeting, this is not the 16 first time we've heard of it, but you went into a 17 lot more detail tonight than you had previously. 18 For those of you who are not familiar, 19 The Dover Amendment is an area of the law that 20 has some controversies associated with it, so if 21 there's been some current cases as John has 22 mentioned, it's been the lead story on the 23 Massachusetts Lawyers Weekly publication that 24 comes out when there's disagreement among lawyers</p>

<p style="text-align: right;">439</p> <p>1 over what it means and how it applies.</p> <p>2 So I think it's entirely appropriate</p> <p>3 that you're making it as part of your</p> <p>4 presentation, but it certainly is something that</p> <p>5 is not necessarily without a different</p> <p>6 interpretation or something that even if the</p> <p>7 interpretation or bottom line ended up being</p> <p>8 consistent, not something that I would think that</p> <p>9 we would want to leave without getting our own</p> <p>10 legal opinion on how it applies in this</p> <p>11 particular situation.</p> <p>12 Okay. Anything else from the board</p> <p>13 for tonight? We need a motion to continue to our</p> <p>14 next meeting. And other than that, I think we --</p> <p>15 MR. MacEWEN: What number is that?</p> <p>16 MR. BROWN: 16.</p> <p>17 THE CHAIR: We talked about the 16th I</p> <p>18 think at our usual time, which is 7:30, and here</p> <p>19 if the room's available. If it's not -- we would</p> <p>20 plan for it to be here, and we would move it.</p> <p>21 MR. MacEWEN: I make a motion to</p> <p>22 continue to December 16th at 7:30 p.m.</p> <p>23 MR. EATON: I second.</p> <p>24 THE CHAIR: All in favor?</p>	<p style="text-align: right;">441</p> <p>1 MR EATON: Aye.</p> <p>2 MR. MacEWEN: Aye.</p> <p>3 (The hearing then recessed.)</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p>
<p style="text-align: right;">440</p> <p>1 MR. MacEWEN: Aye.</p> <p>2 MR. EATON: Aye.</p> <p>3 THE CHAIR: Aye. John?</p> <p>4 MR. FLICK: Quick question on that, do</p> <p>5 we need a court reporter on that or would it be</p> <p>6 similar to the meeting we had Tuesday before</p> <p>7 Thanksgiving?</p> <p>8 THE CHAIR: I don't think that we</p> <p>9 would need a court reporter. Brian or Don, would</p> <p>10 you like --</p> <p>11 MR. MacEWEN: Yeah, because we're not</p> <p>12 asking for you to bring your engineers, I think</p> <p>13 it's going to be a formality just to --</p> <p>14 MR. FLICK: Really the three of you</p> <p>15 discussing.</p> <p>16 MR. MacEWEN: Right.</p> <p>17 THE CHAIR: And then we'll end that</p> <p>18 with continuing it to the next date.</p> <p>19 MR. FLICK: Yes, okay.</p> <p>20 THE CHAIR: Do I have a motion to</p> <p>21 adjourn?</p> <p>22 MR. MacEWEN: Motion to adjourn.</p> <p>23 MR. EATON: Second.</p> <p>24 THE CHAIR: All in favor? Aye.</p>	<p style="text-align: right;">442</p> <p>1 <u>CERTIFICATION</u></p> <p>2</p> <p>3</p> <p>4</p> <p>5 I, CAROL A. JEFFREY, hereby certify the</p> <p>6 foregoing to be a true and complete transcript of</p> <p>7 the oral evidence presented at the subject</p> <p>8 hearing.</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13 _____</p> <p>14 REGISTERED PROFESSIONAL REPORTER</p> <p>15</p> <p>16 DATED: _____</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21 THE FOREGOING CERTIFICATION OF THIS TRANSCRIPT</p> <p>22 DOES NOT APPLY TO ANY REPRODUCTION OF THE SAME IN</p> <p>23 ANY RESPECT UNLESS UNDER THE DIRECT CONTROL</p> <p>24 AND/OR SUPERVISION OF THE CERTIFYING REPORTER.</p>

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