

NEW BUSINESS

3-17-14



Town of Middleborough
20 Centre Street, Second Floor
Middleborough, Massachusetts 02346

Robert J. Whalen
Building Commissioner
Tel. 508-946-2426
Fax 508-946-2305

March 12, 2014

Middleborough Board of Selectmen
Middleborough Town Offices
10 Nickerson Ave.
Middleborough, MA 02346

RE: Surplus Vehicles

Honorable Board,

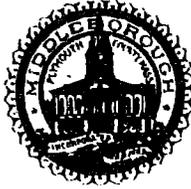
I would like to request that the 1989 Chevy Cavalier, vehicle identification number # 1G1JC5244W7173344 be declared surplus. This vehicle has been inspected and is unsafe to operate.

If you have any questions regarding vehicle this contact me.

Respectfully submitted,

Robert J. Whalen
Building Commissioner

CC: Charlie Cristello, Town Manager



**Town of Middleborough
Massachusetts**

**BOARD OF SELECTMEN
APPLICATION FOR LICENSE (PLEASE TYPE OR PRINT CLEARLY)**

DATE 3/7/2014
NAME OF APPLICANT BILL SECKINGER
ADDRESS OF APPLICANT 13 HAROING ST. LAKBUILLE
ASSESSORS MAP & LOT _____
DAYTIME TELEPHONE 508-923-0505

NAME OF BUSINESS MUCKEY'S LIQUORS
OWNER OF PROPERTY TO BE LICENSED BILL SECKINGER
ADDRESS OF PROPERTY TO BE LICENSED 200 OAK POINT DAM
ASSESSORS MAP & LOT _____

TYPE OF LICENSE REQUESTED (Check One)

2nd Hand _____ WRPD _____
Class I Automobile Dealer License _____ Earth Removal Permit _____
Class II Automobile Dealer License _____ Liquor License X
Class III Automobile Dealer License _____ Junk Dealer _____
Entertainment _____ Other FULL

Anticipated Start Date for Business: MARCH 27, 2014

Days & Hours of Operation: 5 PM TO 10⁰⁰ PM

OAK POINT VETERAN'S FOUNDATION FOR ST. VINCENT DE POOL

Has the applicant previously held a similar license in the Town of Middleborough or elsewhere?

If yes, explain:

YES 200 OAK POINT DAM

Signature Bill Seckinger

DATE OF HEARING: _____

Please bring to the Treasurer/Collector's office @ the Town Hall Annex, 20 Center Street, 3rd floor to obtain confirmation/signature that no outstanding taxes/municipal charges exist.

Dear Treasurer/Collector:

Please inform this department as to whether or not the above listed property owner/applicant/petitioner owes the Town of Middleborough any outstanding taxes and/or municipal charges that remain unpaid for more than one year.

Does Property Owner/Applicant/Petitioner owe Taxes/Municipal Charges? _____



Town of Middleborough

Massachusetts

Board of Selectmen

APPLICATION FOR LICENSE (PLEASE TYPE OR PRINT CLEARLY)

DATE 3-7-2014
NAME OF APPLICANT BILL SECKINGER
ADDRESS OF APPLICANT 13 HARDING CR. LAKEVILLE
ASSESSORS MAP & LOT _____
DAYTIME TELEPHONE 508-923-0505

NAME OF BUSINESS MUCKEY'S LIQUOR
OWNER OF PROPERTY TO BE LICENSED BILL SECKINGER
ADDRESS OF PROPERTY TO BE LICENSED 200 OAK POINT DRIVE
ASSESSORS MAP & LOT _____

TYPE OF LICENSE REQUESTED (Check One)

2nd Hand _____ WRPD _____
Class I Automobile Dealer License _____ Earth Removal Permit _____
Class II Automobile Dealer License _____ Liquor License X
Class III Automobile Dealer License _____ Other FOLL
Entertainment _____

Anticipated Start Date for Business: APRIL 12th 2014
Days & Hours of Operation: 5⁰⁰ PM TO 11⁰⁰ PM
Days/Hours/Description for Entertainment _____

FOOD AREA FOR LYONS CLUB
Has the applicant previously held a similar license in the Town of Middleborough or elsewhere?
If yes, explain: YES 200 OAK POINT DRIVE

Signature BILL SECKINGER

DATE OF HEARING: _____ APPROVED/DENIED _____

Do not write below line: To be Completed by Treasurer/Collector: _____

Please inform this department as to whether or not the above listed property owner/applicant/petitioner owes the Town of Middleborough any outstanding taxes and/or municipal charges that remain unpaid for more than one year.

Does Property Owner/Applicant/Petitioner owe Taxes/Municipal Charges? _____

**WARRANT FOR ANNUAL TOWN ELECTION
APRIL 5, 2014**

To: Allison J. Ferreira, Town Clerk of the Town of Middleborough:

Greetings:

In the name of the Commonwealth of Massachusetts, you are hereby required to notify and warn all the inhabitants of said Town, qualified to vote in Town affairs, the voters of Precinct 1 to meet at the Oak Point Club House, 202 Oak Point Drive; Precincts 2, 4 and 6 at the Middleborough High School Gymnasium, 71 East Grove Street; Precinct 3 at the South Middleborough Fire Station, 566 Wareham Street; Precinct 5 at the Council on Aging, 558 Plymouth Street, of said Town, on Saturday, April 5, 2014, from 8 A.M. to 8 P.M. to choose all necessary Town Officers, the following Officers to be voted on one ballot viz:

**TWO SELECTMEN FOR THREE YEARS
ONE GAS AND ELECTRIC COMMISSIONER FOR THREE YEARS
TWO SCHOOL COMMITTEE MEMBERS FOR THREE YEARS
ONE ASSESSOR FOR THREE YEARS
TWO FINANCE COMMITTEE MEMBERS FOR THREE YEARS
ONE PLANNING BOARD MEMBER FOR FIVE YEARS
TWO PARK COMMISSIONERS FOR THREE YEARS
ONE HOUSING AUTHORITY MEMBER FOR FIVE YEARS**

Given under our hands at Middleborough, this 17th day of March 2014.

Stephen J. McKinnon

Allin Frawley

John M. Knowlton

Leilani Dalpe

Ben Quelle

Board of Selectmen
Town of Middleborough

Pursuant to the instructions contained in the above Warrant, I have notified and warned all inhabitants of said Town of Middleborough, qualified to vote as expressed in said Warrant, to meet at the time and place for the purpose specified by causing an attested copy of the same to be published in the Middleborough Gazette on the 20th day of March 2014, that date being more than seven days before the time specified for said Election.

Bruce Gates, Police Chief



www.town.raynham.ma.us

TOWN OF RAYNHAM
SELECTMEN AND BOARD OF HEALTH
558 SOUTH MAIN STREET
RAYNHAM, MASSACHUSETTS 02767
TEL.#: (508) 824-2707
Board of Health: (508) 824-2766
FAX#: (508) 823-1812

March 13, 2014

The Honorable Deval L. Patrick, Governor
Commonwealth of Massachusetts
State House, Room 360
Boston, MA 02133

Sample

Dear Governor Patrick:

We, the undersigned, are writing to underscore the tremendous positive impact that Taunton State Hospital (TSH) has on Southeastern Massachusetts, the Cape, and the Islands. The recent announcement by the Patrick Administration of its intention to try to close Taunton State Hospital again is disappointing and we oppose this decision. Rather, we ask that adequate funding be ensured to keep the remaining inpatient beds at Taunton State Hospital intact and available.

In order for a comprehensive community-based mental health system to work, the Commonwealth needs to have an appropriate capacity of inpatient beds to meet the critical needs of the community. Continuing to have a shortage of inpatient beds puts people's lives at risk and compromises the effectiveness of the mental health system. It also puts an increased strain on local services as well as hospitals and emergency rooms that are not adequately equipped to treat mental health patients in crisis.

We do not believe it is fair or equitable that Southeastern Massachusetts, the Cape, and the Islands should be forced to bear a disproportionate share of the sacrifice. Transferring the inpatient mental health treatment services to Worcester will burden patients and families in southeastern Massachusetts. The families of loved ones at TSH would be forced to travel to Worcester to visit. Allocations which are distributed evenly and adequately throughout all state mental-health facilities would be a much more just and reasonable plan.

We look forward to working with the Administration to ensure that this facility remains an invaluable asset to the people of Southeastern Massachusetts, the Cape and the Islands. We therefore ask the Patrick Administration to reconsider its plan and insure adequate funding for inpatient treatment at Taunton State Hospital.

Thank you for your attention to this matter.

Sincerely,

Joseph Pacheco, Chairman

Richard Schiavo

Marie A. Smith
Board of Selectmen

TAUNTON CAMPUS RE-VITALIZATION

As part of its commitment to maintaining the current 626 adult inpatient mental health beds, DMH proposes to transition the 45 beds remaining at Taunton State Hospital to the Worcester Recovery Center and Hospital, and redevelop the remaining site.

EXECUTIVE SUMMARY

- State will maintain the status quo and staff 626 adult inpatient mental health beds – however, 45 beds will transition from Taunton to Worcester;
- As it costs \$6M less to operate those beds at Worcester than at Taunton, the Commonwealth is committed to making \$6M available in the mental health system to invest in new or expanded mental health services in Southeastern Massachusetts – while maintaining the same statewide level of service for adults requiring inpatient care;
- These investments will not only allow delivery of mental health services to patients who need them, they will also allow the Commonwealth to reduce patient backlogs at state and acute care facilities and in emergency departments;
- As part of that investment, out of consideration for our staff, the Commonwealth will use the opportunity of the Worcester transition and the \$6M investment to provide the opportunity for state jobs in southeastern Massachusetts for impacted employees;
- Those investments, and those state jobs, will support and work alongside new private jobs as well – with overall total job growth in southeastern Massachusetts;
- Moreover, while families of the small number of residents who require mental health services will inevitably face a transportation burden in traveling to a state hospital outside of the region, that burden will be mitigated by the fact that care in Taunton State Hospital on average is months to years longer than at Worcester – under this plan, families will have their loved ones back home sooner;
- Patrick Administration is committed to a vibrant re-use and re-development of the Taunton campus;
- Further, patients who receive care at Worcester receive the highest standard of care available in the Commonwealth, with access to resources unavailable at our older state institutions;

In sum, the Administration has faced a difficult choice in developing its mental health budget.

The Commonwealth could:

A). Maintain beds at Taunton Hospital and maintain the physical presence of continuing care inpatient mental health services in Southeastern Massachusetts. Any potential advantage to this option is balanced by fiscal limitations and the high cost of maintaining beds at Taunton, which would result in the loss of 40-50 state jobs and an inpatient unit at one of our other mental health hospitals – thereby reducing our statewide bed availability to 600 beds; or

B). The Commonwealth could transition beds from Taunton to Worcester. The loss of the continuing care presence in the Southeastern area would be offset by:

- an investment of \$6M in mental health services in the region – services that can benefit all mental health patients in Southeastern MA, as opposed to the one percent of mental health patients who ultimately require care at a state institution;
- creation in the region of more than 100 new state jobs;
- bring patients home to their families more than a year sooner, on average, and with less likelihood of requiring a return to state care;
- create new opportunities at a revitalized Taunton Hospital campus; and would
- allay the closure of that inpatient unit at one of our other hospitals, and preserve those 40-50 staff jobs at that unit.

The benefits for patients, employees, and the Commonwealth presented by this choice were significant, and in our calculation exceeded the not-insignificant loss of the physical presence of inpatient services in southeastern Massachusetts.

The Taunton Redevelopment Plan

GUIDING PRINCIPLES

- **Patient First.** The \$305M Worcester Recovery Center and Hospital will provide the highest quality of care and patient outcome.
- **Revitalization of the Taunton Campus.** The transition of beds from Taunton to Worcester provides an opportunity for restoring the Taunton campus – including new mental health supports; expansion of other state services; agricultural and recreational opportunities; and the fulfillment of municipal goals.
- **Maintenance of Beds.** Executive Office of Health and Human Services (EOHHS)/Department of Mental Health (DMH) are fully committed to continuing to operate 626 inpatient beds for patients throughout the Commonwealth.
- **Job Growth.** To keep Taunton open, DMH currently spends \$6M more than if the beds were at Worcester. HHS and DMH are committed to investing \$6M in Mental Health Services in the Southeast by providing dozens of new mental health services and new public jobs.
- **Consideration for our Staff.** HHS/DMH are committed to providing jobs and supporting the careers of staff impacted by the closure of Taunton hospital.
- **Consumer Preference.** It is critical to our mission to provide a robust community system of care so when a client is discharged from hospital level of care they are served in their community of origin.
- **Stewardship of the Taxpayer Dollar.** EOHHS/DMH are committed to doing the right thing by the taxpayer, and using state resources efficiently, effectively, and well, in addition to ensuring we maintain current revenue streams.

Taunton Hospital Re-Alignment

The Department of Mental Health provides and is committed to maintaining 626 adult continuing care inpatient psychiatric beds within the Commonwealth. The Governor demonstrated a precedent setting commitment to provide a humane and respectful treatment environment for those who suffer from severe and persistent mental illness that acknowledges the dignity of individuals in the Commonwealth with disabilities through his support for the establishment of a state of the art hospital, the Worcester Recovery Center (WRCH). Currently two units remain vacant at the WRCH.

The Department's continuing care inpatient psychiatric system provides ongoing treatment, stabilization and rehabilitation services to the relatively few individuals who require longer term hospitalizations that are beyond the capacity of the acute inpatient system. Currently there are 45 adult inpatient beds at Taunton State Hospital. This report outlines a proposal to realign these beds from Taunton to the Worcester Recovery Center and Hospital (WRCH) and the discontinuation of inpatient services on the grounds of Taunton State Hospital. The realignment of the Department's adult continuing care capacity is listed below:

- 260 beds Worcester Recovery Center and Hospital
 - Of which, 52 beds are currently unused
- 115 beds Metro-Boston Inpatient Units at Lemuel Shattuck
- 161 beds Hathorne Units at Tewksbury State Hospital
- 60 beds Dr. Solomon Carter Fuller Mental Health Center
- 30 beds Parkview Hospital in Springfield (contracted beds)

The Department has stayed under a census of 626 beds since the closure of Westborough State Hospital in 2010. In March of 2013, the consultant for the Legislature's Independent Mental Health Advisory Committee found that "from a numbers perspective, by maintaining a statewide capacity of 626 beds, there is no loss in access to continuing care beds for southeast area residents, although the plan is that none of these beds would be located in the southeast. Given the current continuing care bed capacity and utilization, it appears as if DMH has the statewide continuing care bed capacity to meet the current number of admissions coming from the Southeastern Massachusetts" (Mental Health Advisory Committee Report: Phase One, March 15, 2013, pg. 4-11 and 4-12). Based on the census trends since 2010, and the findings of the consultant, 626 beds is sufficient to address the adult continuing care needs going forward.

In addition, 72 new psychiatric inpatient beds and partial hospital services operated by Highpoint Treatment Center will be available as an additional mental health resource in the south east area.

The Department of Mental Health allocated \$106.8 million in FY'14 to fund a comprehensive continuum of care across the region.

Why Worcester Recovery Center and Hospital?

The Department opened the new state of the art Worcester Recovery Center and Hospital (WRCH) in Worcester in August 2012, a \$305M project that provides the best setting for patient care in the Commonwealth (<http://tinyurl.com/qj8bfen>). The 320-bed facility serves adults (260 beds) and adolescents (60 beds) in a state-of-the-art design for patients and staff.

The overall treatment environment at WRCH enhances individuals' rehabilitative outcomes. While staff at TSH are skilled and committed to providing the best care possible, the impact of the environment at TSH negatively affects the quality of care.

The indoor climate cannot be adequately controlled in winter or summer. All bedrooms and bathrooms are shared and patient access is primarily limited to single locked units. The options to engage in a variety of rehabilitative activities due to the environment of care that prepare individuals for discharge is minimal, in particular when compared to WRCH. This is starkly demonstrated in the average length of stay for patients in 2012 at TSH (794 days) and WRCH (308)¹. Patients at TSH are remaining, on average, a full year and four months longer. The longer patients remain in a locked psychiatric setting the more difficult community integration becomes - and the use of the tax dollar is less effective. Patients who leave Worcester are readmitted at a lower rate². The Department is committed to effectively making use of inpatient care for individuals who require it and returning patients as soon as possible to their communities of origin in order to maintain their natural linkages with family, friends, housing, and employment. The design and treatment options at WRCH facilitate timely transition of patients to the community. This supports the Community First Principles of giving individuals living with and recovering from mental illness access to appropriate services in communities of their choice.

Why Taunton Hospital?

First, closure of Taunton allows us to open two brand new, currently empty continuing care units at Worcester Recovery Center. Because of the options offered by the facility, patients receive better care and leave the facility, on average, more than a year sooner than they would leave Taunton. For the less than 1% of acute patients from the Southeast requiring continuing care, we recognize that travel to other state hospitals may pose a burden, but the tradeoff of having their loved one back at home almost a year and a half sooner, we believe, makes it worthwhile.

Second, the Commonwealth will invest \$6M of our limited mental health dollars to Community Services, as directed by the Legislature's independent mental health advisory committee, and we guarantee that current Taunton State Hospital staff will have employment opportunities within the Southeast should they choose, including the potential for state jobs funded by this investment³.

To fully operationalize WRCH, the Department identified the necessary operating dollars to support the new facility and live within our appropriation. This requires the Department to realign the 45 beds at Taunton State Hospital to WRCH.

Cost Factors

In the event that the 45 inpatient beds must be maintained on the campus of Taunton, the Department would face a \$2.5M deficiency based on the recommended

¹ Please see Appendix A for charts depicting average length of stay and median length of stay.

² The rate at TSH is 12.24% and 3.70% at WRCH, excluding forensic admissions

³ Since the services to be provided by this new investment are new services, as opposed to a privatization of services currently provided by state employees, there is no concern of triggering the Pacheco law restrictions.

maintenance budget for FY15. This would require the Department to close an additional inpatient unit within the system, bringing the inpatient capacity down below 626 beds to approximately 600, resulting in an approximately \$3.6 million corresponding loss in revenue staff reductions. This action would be in addition to maintaining the closure of the two units at WRCH, thereby reducing the overall number of available adult inpatient beds in the Commonwealth. The realignment of the 45 Continuing Care Inpatient beds to WRCH enables DMH to maintain its level of inpatient services, while the \$6M investment will be used to enhance and expand community mental health services, which would in turn help to create more community service options for those who are on the waiting list to be discharged from inpatient settings.

Who are the Patients, and where will the patients go?

DMH makes an effort to keep patients as close as they can to their home community. Historically the practice at Taunton State Hospital was to admit patients from all over the state, per our statewide admission policy. Following the reduction in bed capacity at Taunton in recent years, the Department followed the Legislature's directive and provided Southeast patients preference to TSH and to discontinue forensic evaluations at the facility.

As the transition gets underway, the Department will work closely with the patients and families at Taunton State Hospital to ensure discharge or transfer to the appropriate level of inpatient or community based service.

How will DMH reinvest in mental health services in the Southeast?

DMH will increase respite beds by 30 – each of the 6 sites in the Southeast will manage/oversee 5 respite beds. Expected outcomes: diversion from acute inpatient hospitalization; step down services from continuing care inpatient beds.

A new Program of Assertive Community Treatment (PACT) program for the Plymouth area – this level of service does not currently exist in the Plymouth Area – which will provide difficult to engage clients with intensive clinical services and add additional resources to the Plymouth Mental Health Court, which has experienced a high volume of activity.

DMH will develop a clinically intensive group living environment specifically for 6 DMH clients with profound behavioral and psychiatric difficulties. This program would employ staff trained in behavioral treatment and will meet the needs of clients with both mental health and pervasive developmental disorder diagnoses. Such a program will make it possible to discharge several long-stay Southeast patients from continuing care beds.

DMH will develop 2 additional residential programs totaling 14 beds for DMH clients with both chronic medical and mental illnesses. This program will help clients manage both their medical and psychiatric symptoms and prepare them for life in less structured community settings. Program would also make referrals to nursing homes less likely and more appropriately serve the needs of younger DMH clients with chronic medical conditions like diabetes, cardio-vascular disease, cancer, AIDS, etc.

DMH will also enhance the ability of an existing intensive group living environment to treat 4 individuals with histories of problematic sexual behavior, poor treatment compliance and major mental illness.

How will DMH care for its staff?

DMH cares greatly about its staff, and will provide employment opportunities for Taunton State Hospital Staff interested in continuing their employment with the Department. Further, the Department is committed to ensuring that new public jobs are created as a result of the new investment in southeastern Massachusetts mental health services.

On the other hand, if Taunton is not closed, DMH will need to identify significant savings elsewhere in the Department budget in order to address an ongoing budget deficit. To achieve this, DMH projects the loss of one inpatient unit elsewhere in the system – and the loss of 40 to 50 state jobs.

The Department currently employs 185 employees at Taunton, with many employees represented by the following unions: NAGE, AFSCME, MNA and SEIU-509.

Approximately 67% of current staff would be eligible for retirement incentives if offered, which we recommend⁴. We expect 25% of bargaining unit staff to elect this incentive and another 25% to elect a voluntary layoff incentive which we also recommend and negotiate with our labor partners. Seventeen staff (or 8% of the staff) could be transferred into DCAMM as part of the Integrated Facilities Model.

Based on these percentages and historic trends a projected 50% of employees would elect options that would allow them to remain employed within DMH. The terms and conditions of the collective bargaining agreements will be fully adhered to.

In summary, of the 185 staff at TSH, 17 staff will go to DCAMM, leaving 168 employees. With the expectation that that 50% will take advantage of retirement incentives, the 84 employees remaining will remain employed with DMH. Those employment options include vacancies currently within DMH, or job opportunities newly created by the proposed \$6M investment in new and expanded mental health services in Southeastern Massachusetts.

How will this redevelopment plan contribute to the growth of the Taunton community?

The Taunton State campus⁵ is a growing resource for the community and the Commonwealth. In the next three to five years, the campus will continue to develop to meet the needs of the community. Of the 147 acres, the state plans to retain 26 acres, where the programs above will continue to be housed.

⁴ DMH and HR estimate the retirement incentive, with the assumed take-rate, would cost approximately \$630,000.

⁵ Please see attached maps of the Taunton campus, including a current state depiction of the campus, and a map highlighting proposed repurpose/reuse ideas.

Currently, DMH, the Department of Youth Service (DYS), the Department of Public Health (DPH) and UMass Revenue have programs or staff on the campus, and the Patrick Administration is pursuing revitalization plans to bring in state, city and private users. These plans will spur increased economic activity for Taunton.

Today, DYS occupies space in three different buildings, including the 1894 Howland Building, which is in poor condition, 60 years older than other the other buildings and is recommended for demolition. To better address the needs of these 80 young residents, design and planning are underway to renovate and expand the Goss Building. When the expansion and renovation of the Goss Building is complete, DYS's administrative staff and four programs, with their 80 beds, will be consolidated into one secure space. This will bring residence, education, recreation, and food service all together in a facility that complies with current building codes and with appropriate detention and treatment standards.

Currently, there is a 16 bed vendor-run mental health program: the Intensive Residential Treatment Program (IRTP). A Department of Public Health (DPH) vendor-operated program will open a 40-bed unit in early 2014, with an anticipated bed opening by January 31. This High Point Treatment Center is a Bureau of Substance Abuse Services (BSAS) licensed and contracted substance abuse treatment provider with proven experience working with Section 35 clients and operating TSS programs. The Legislature's Independent Mental Health Advisory Committee is also reviewing reuse options pursuant to the FY'14 budget, item 5095-0015 such as increased Section 35 (substance abuse treatment) beds.

Based in the analysis of DMH utilization management and the analysis and recommendation of the Legislature's Independent Mental Health Advisory Committee report, DMH would also recommend several expansions to services in the Southeast Area, as outlined above.

In addition, EOHHS and DCAMM have begun discussions to explore the creation of a new electronic data management center (EDMC) on the area retained by the state, relocating these records from leased space. This would address the significant demand statewide for record storage as the State Archives are effectively full.

MEMA has expressed interest in a facility on the campus; this would relocate the Region 2 Emergency Operations Center from Bridgewater to Taunton. Emergency preparedness is a growing priority nationwide.

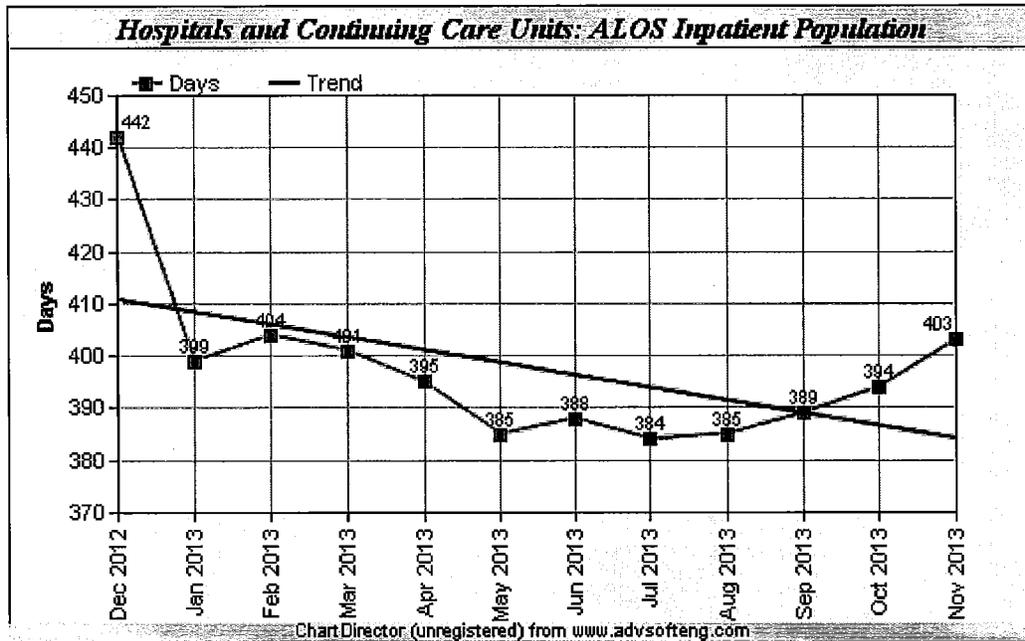
There are three other parcels. One is a 34-acre agricultural section, utilized by MDAR. The Department of Fish and Game is interested in providing canoe and kayak access to the Mill River for public recreational use. And a 68-acre parcel will be made available for compatible uses, including expanded walking trails for public recreation and opportunities for privately developed housing. There is also on the property a 19 acre parcel. Following the transition of beds, the state is interested in working with the city of Taunton on re-use and redevelopment of this parcel. The potential for housing and

increased community activities will bring new vibrancy and economic development to the Taunton community.

DRAFT

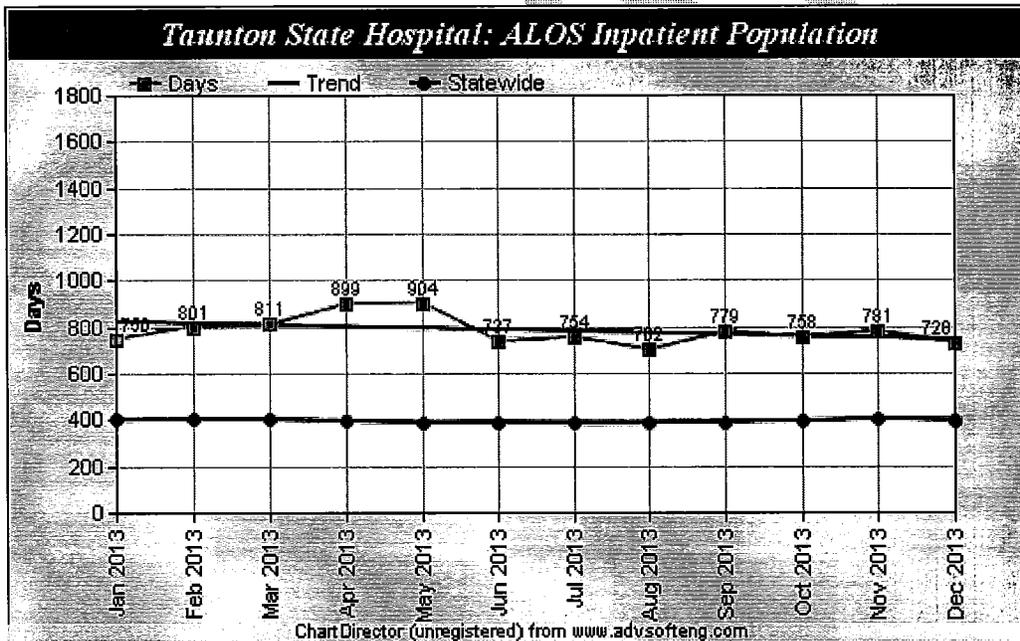
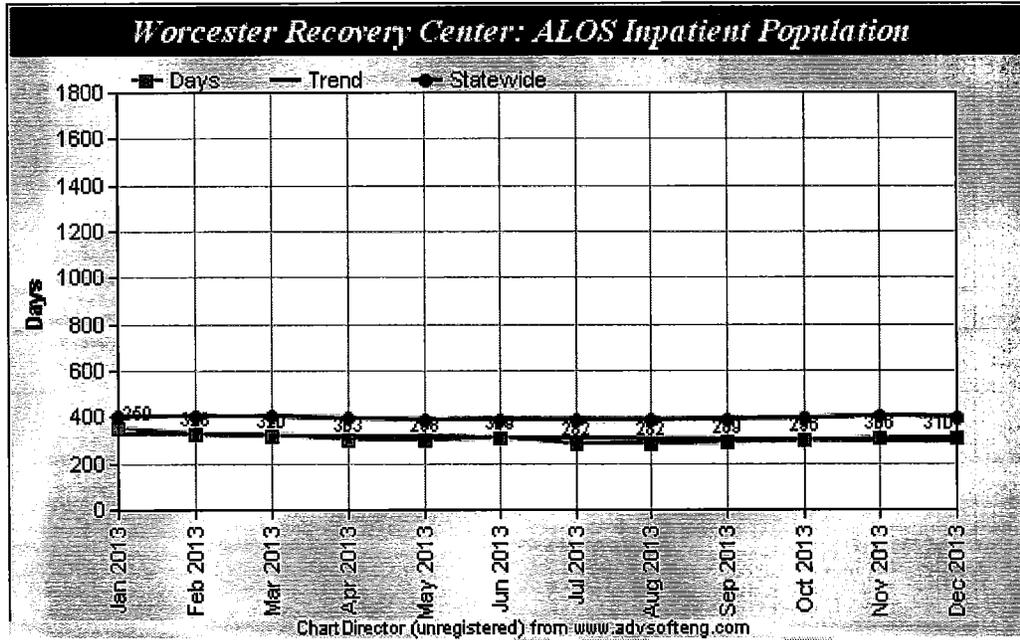
Appendix A

Average Length of Stay – Continuing Care across the Commonwealth

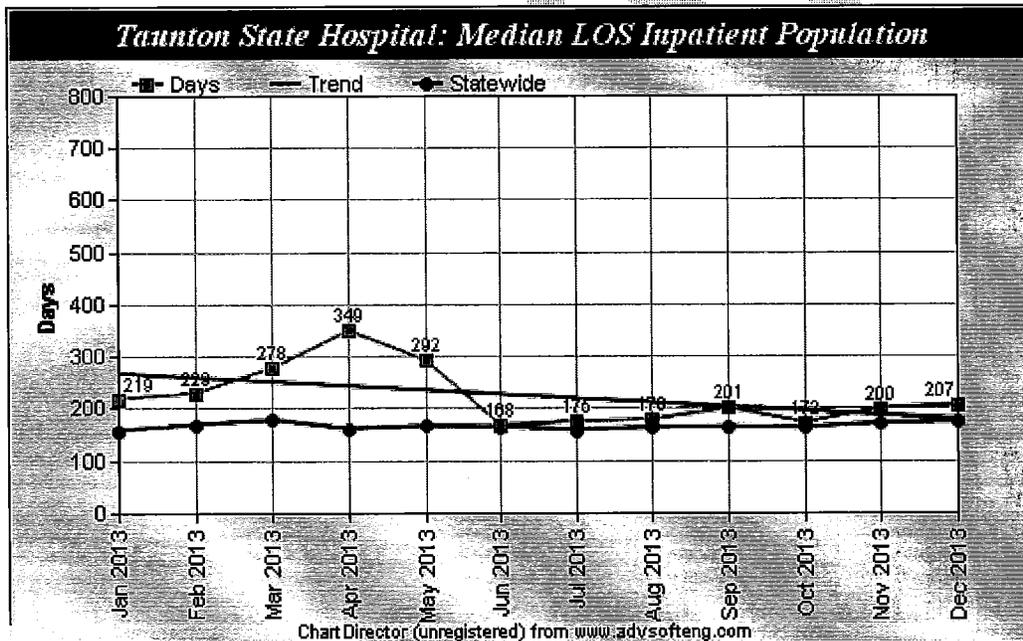
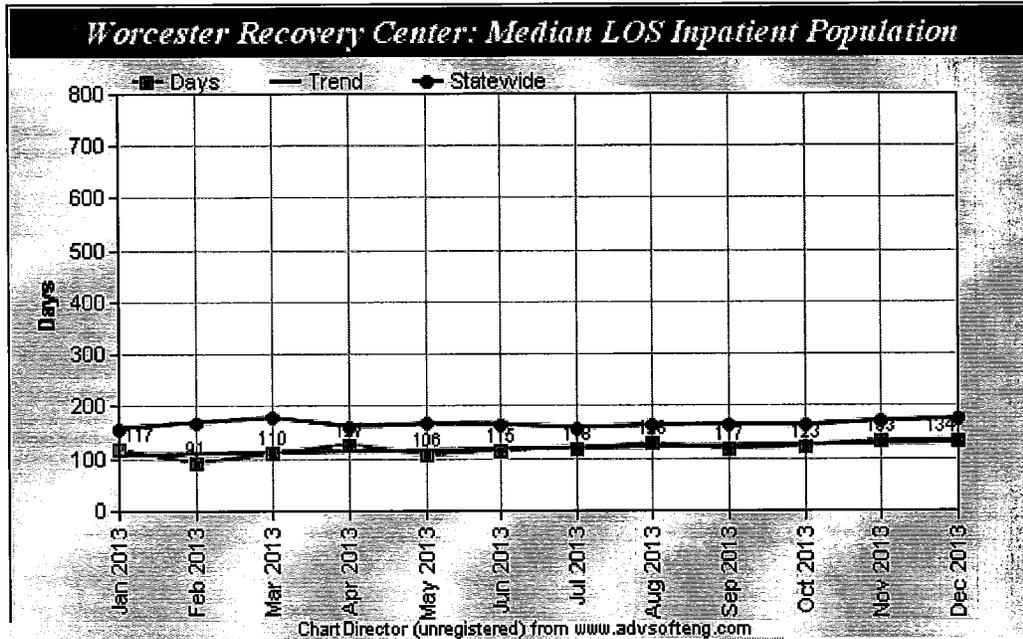


DRAFT

Average Length of Stay (Inpatient) - Calendar Year 2013



Median Length of Stay - Calendar Year 2013

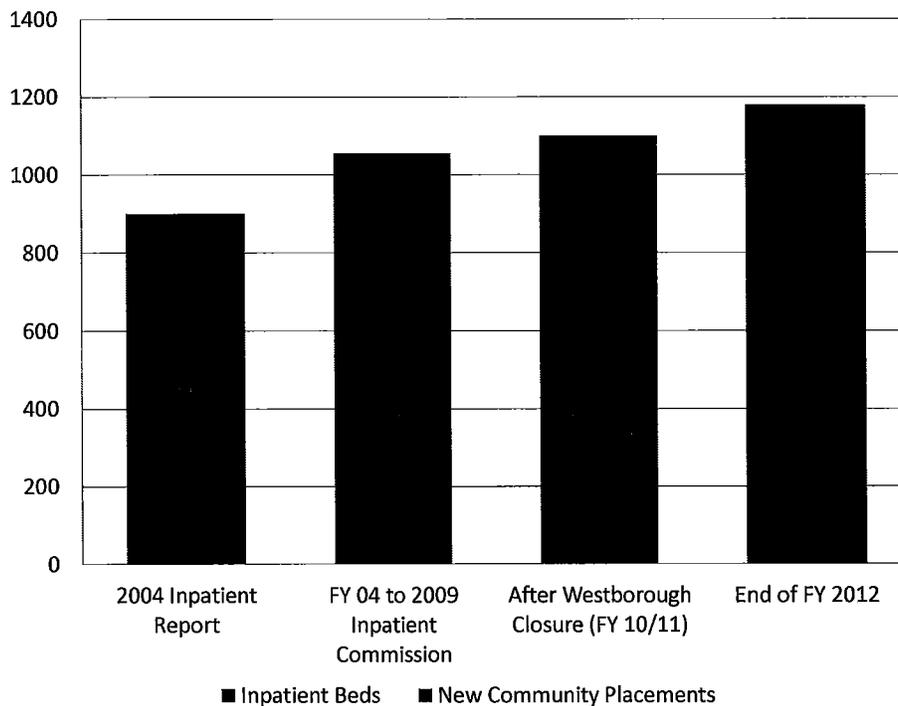


Appendix B

The chart below illustrates the change in DMH's statewide adult inpatient continuing care bed capacity as new community placements were developed to address the needs of patients who were ready for discharge. The "New Community Placements" number is a cumulative number and represents the total number of new community placements that have been developed across the FY04 - FY12 time period.

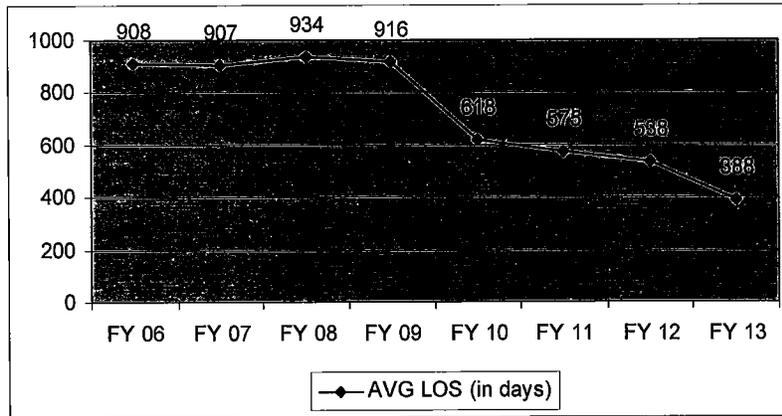
Comparison of DMH Inpatient Beds to New Community Development

FY2004 through FY2012



Since the Patrick Administration's investment of "new community resources" (see New Community Resources graph above) from FY'09 to FY'12, the Department has experienced a dramatic decrease in patient length of stay, as depicted in the Average Length of Stay graph below.

Adult Inpatient Continuing Care Length of Stay



DRAFT

Jacqueline Shanley

From: Charles Cristello
Sent: Thursday, March 13, 2014 1:15 PM
To: Jacqueline Shanley
Subject: I assume you got this. It should go with the letter

From: Massachusetts Municipal Association [mailto:vsclafani@mma.org]
Sent: Wednesday, March 12, 2014 3:22 PM
To: Charles Cristello
Subject: LEGISLATURE PREPARING FISCAL 2015 STATE BUDGET

Having trouble viewing this email? [Click here](#) for web version.

MMA



Legislative Alert

Act Now

Massachusetts Municipal Association

The Voice of Cities and Towns

www.mma.org

March 12, 2014

**HOUSE & SENATE LEADERS OFFER LOCAL AID RESOLUTION FOR
FISCAL 2015 UGGA & CH. 70**

**LEGISLATURE TO APPROVE \$25M INCREASE FOR UGGA, BUT WOULD SET
FISCAL 2015 CHAPTER 70 AT THE SAME LEVEL OFFERED IN THE
GOVERNOR'S BUDGET**

**HOUSE VOTE EXPECTED TODAY (WED., MARCH 12) AND
SENATE VOTE PLANNED FOR THURSDAY, MARCH 13**

Legislative leaders in the House and Senate have agreed on a local aid resolution to set fiscal 2015 appropriation amounts for Unrestricted General Government Aid (UGGA) and Chapter 70 school aid in advance of the full budget debate. House leaders unveiled the local aid resolution at a noon caucus today (Wednesday, March 12), with plans to pass it in the afternoon. The Senate is expected to vote on

the resolution tomorrow (Thursday, March 13).

HOUSE & SENATE LEADERS EMBRACE \$25 MILLION MORE FOR UNRESTRICTED MUNICIPAL AID – A 2.7% INCREASE

Based on the resolution offered by the House and Senate Ways & Means Committees, and the Speaker and Senate President, **Unrestricted General Government Aid will increase by \$25 million in the fiscal 2015 budget, a 2.7 percent increase for every city and town**, bringing that account up to \$945 million. This is good news for cities and towns, because the budget filed by the Governor would have level-funded municipal aid, and now local officials can count on an increase in unrestricted aid for next year.

[Click HERE](#) to see the Fiscal 2015 Unrestricted General Government Aid amount for your community in the House-Senate Local Aid Resolution, as provided to the MMA by the House Clerk's Office

HOUSE & SENATE LEADERS WOULD SET CHAPTER 70 AT SAME LEVELS FILED IN THE GOVERNOR'S BUDGET

However, the resolution would fund Chapter 70 education aid at the same amount filed in the Governor's original fiscal 2015 state budget, a \$99.5 million increase above fiscal 2014 levels to bring Chapter 70 up to \$4.5 billion. The plan would bring all cities and towns up to foundation levels, phase in the target share funding, and provide all communities with a minimum increase of \$25 per student. Most cities, towns and regional school districts would only receive the minimum aid increase of \$25 per student. The MMA will be asking legislators to provide a higher minimum aid increase when the full budget is debated later this spring, as the Chapter 70 amounts are not adequate to support current school programs, although the resolution being adopted by the Legislature would make it difficult for lawmakers to offer amendments to increase Chapter 70 from the floor of the House or Senate during budget debate.

FUNDING LEVELS FOR MANY OTHER ESSENTIAL MUNICIPAL AND SCHOOL AID ACCOUNTS WILL BE CONSIDERED LATER THIS SPRING WHEN THE FULL FISCAL 2015 STATE BUDGET IS DEBATED

The local aid resolution does not include the remaining municipal and school aid reimbursement accounts, including the Special Education Circuit-Breaker, Charter School Reimbursements, Regional School Transportation, McKinney-Vento transportation of homeless students, Payments-in-Lieu-of-Taxes (PILOT), and Shannon Anti-Gang Grants. Funding for all of these essential programs will be debated during the traditional budget process, and the MMA will be pushing hard for significant increases and full funding for all of these key accounts.

PASSAGE OF A LOCAL AID RESOLUTION CLARIFIES LOCAL BUDGET PLANNING

Typically, the House debates the budget in April and the Senate passes its version in May, and both

branches then reach final agreement on the entire budget in late June. Because this timing creates an extraordinary amount of uncertainty for cities and towns as local officials pass their own budgets, municipal leaders and the MMA have called on the Legislature to take early action to set minimum municipal aid and Chapter 70 levels in time to allow communities to make informed budget decisions. Passage of a local aid resolution makes it easier for communities to plan now instead of waiting until late summer.

PLEASE CALL YOUR REPRESENTATIVES AND SENATORS TODAY

The MMA urges all local leaders to contact their Representatives and Senators and tell them what the local aid resolution would mean for each city and town. Please discuss the need to provide a higher Chapter 70 minimum aid increase when the full budget is debated, and the importance of full funding for all of the other essential municipal and school accounts when the budget advances in each chamber, including Charter School Reimbursements, the Special Education Circuit-Breaker, Regional School Transportation, McKinney-Vento Reimbursements, PILOT, Shannon Anti-Gang Grants, and more.



Massachusetts Municipal Association

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Phone: 508-946-2405

Fax: 508-946-0058

Town of Middleborough

Massachusetts

Board of Selectmen

March 17, 2014

Marc Pacheco, State Senator
Room 312B
State House
Boston, MA 02133

Dear Senator Pacheco:

We appreciate the early local aid resolution and the increase in unrestricted general government aid. However, the level of the local aid increase, particularly the \$25 per pupil increase for Chapter 70 (\$82,000 for Middleborough), will do little to help us as we are facing a \$600,000 increase in special education costs next year. We hope that you would advocate for the Senate leadership to increase the per pupil amount to \$100 when the Senate puts together its budget.

Sincerely,

BOARD OF SELECTMEN

Stephen J. McKinnon, Chairman

Allin Frawley, Vice Chairman

Ben Quelle

Leilani Dalpe

John M. Knowlton

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OF THE WORLD



Phone: 508-946-2405
Fax: 508-946-0058

Town of Middleborough
Massachusetts
Board of Selectmen

March 17, 2014

Susan Gifford
State Representative
Room 542
State House
Boston, MA 02133

Dear Representative Gifford:

We appreciate the early local aid resolution and the increase in unrestricted general government aid. However, the level of the local aid increase, particularly the \$25 per pupil increase for Chapter 70 (\$82,000 for Middleborough), will do little to help us as we are facing a \$600,000 increase in special education costs next year. We hope that you would advocate for the Senate leadership to increase the per pupil amount to \$100 when the Senate puts together its budget.

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Town of Middleborough
Massachusetts
Board of Selectmen

March 17, 2014

Thomas J. Calter
State Representative
Room 237
State House
Boston, MA 02133

Dear Representative Calter:

We appreciate the early local aid resolution and the increase in unrestricted general government aid. However, the level of the local aid increase, particularly the \$25 per pupil increase for Chapter 70 (\$82,000 for Middleborough), will do little to help us as we are facing a \$600,000 increase in special education costs next year. We hope that you would advocate for the Senate leadership to increase the per pupil amount to \$100 when the Senate puts together its budget.

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Fax: 508-946-0058

Town of Middleborough

Massachusetts

Board of Selectmen

March 17, 2014

Keiko Orrall
State Representative
Room 540
State House
Boston, MA 02133

Dear Representative Orrall:

We appreciate the early local aid resolution and the increase in unrestricted general government aid. However, the level of the local aid increase, particularly the \$25 per pupil increase for Chapter 70 (\$82,000 for Middleborough), will do little to help us as we are facing a \$600,000 increase in special education costs next year. We hope that you would advocate for the Senate leadership to increase the per pupil amount to \$100 when the Senate puts together its budget.

Sincerely,

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