

1 that there is no formal agreement to proceed on the hospital's part, only an interest in exploring
2 the situation further. He classified the hospital's degree of involvement with Mr. Gibbon's
3 client, Tom Rodman, as preliminary exploratory discussions. Dr. Levendusky was asked to
4 elaborate on the kinds of services the facility might offer, and he gave a lengthy presentation
5 explaining why this particular facility would be a distinct prototype. Fox Hill would showcase
6 McLean's unique strengths in addiction treatment: The highest quality staff will conduct
7 programs that are widely considered to be some of the most successful models for drug and
8 alcohol treatment in the field; and, they would be overseen by the directors and staff of the
9 foremost hospital in the country specializing in research in addiction treatment.

10
11 *The History:*

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13 McLean is one of the oldest psychiatric hospitals in the country founded in 1811 as the
14 sister psychiatric hospital to Massachusetts General's medical hospital. McLean was located in a
15 rural setting across the river from Mass General and, from the beginning the treatment program
16 included a healthy-living component with patients working on the surrounding farm. The
17 hospital relocated to a large farm in Belmont where the same "healthy whole person" residential
18 treatment program continued even as land had to be sold off to fund operations. In recent years
19 insurance payment limits have driven the program, and the residential program downsized from a
20 portion of the hospital campus devoted to an intensive 30 – 45 day residential program treating a
21 wide range of addictions, to a 3-4 day detox treatment program. Although the long-term
22 program is known to be more successful, in most instances additional treatment time beyond the
23 detox stage is limited by insurance company's refusal of reimbursement.

24
25 A former patient made a gift to the hospital to subsidize patients for long-term residential
26 treatment. However, the cost of that treatment would have depleted the gift in short order.
27 Looking around the country at other residential models, the hospital realized that one option to
28 again provide long-term treatment would be to accept private pay patients. Other highly
29 respected treatment facilities like the Betty Ford Clinic have gone to that model in order to meet
30 rising costs and decreasing insurance reimbursement. They next looked at small rehab programs
31 on the west coast that were similar to the small patient-load facility they were considering. They
32 knew they had an advantage in the quality of the care and programs they could provide, but they
33 had to find a special setting to match the attraction of the properties they had seen in California.
34 If they could find the right venue that would meet the expectations of these patients for a
35 beautiful, luxurious setting, one that would allow the hospital to charge the fees necessary to
36 make this pay, they believed they could compete for this kind of patient. They believe they have
37 found such a venue at Fox Hill, and they have begun "due diligence" to determine what is
38 involved, and whether or not this is a practical step for the hospital to take; they have also begun
39 to discuss possible investment and partnership scenarios with Mr. Rodman.

40
41 *Fernwood as a model:*

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43 To provide information using an example of what the hospital has done in a similar
44 situation, Dr. Levendusky described the development of Fernwood, the hospital's residential
45 facility in Princeton, Massachusetts, a small town where McLean has established an eight-bed
46 home where patients stay for 30 – 40 days on average. Because he anticipates there will be
47 similar staffing patterns at Fox Hill, similar policies with regard to the patients they accept, and a

1 similar treatment program, the Board can get some idea of how a facility at Fox Hill would be
2 run in this regard.

3
4 Fernwood accepts no patients though court referrals, and no one charged with dealing
5 drugs is admitted. No detox is done on premises; if a patient shows up and is in need of detox,
6 they are taken to the local hospital and stabilized before they are actually admitted. Because of
7 their training and the association with a psychiatric hospital, staff can also treat co-current
8 psychiatric issues underlying the substance abuse; issues like depression and anxiety are
9 common in drug and alcohol addicted patients, and McLean's staff can offer a more
10 comprehensive plan of treatment that leads to more successful results.

11
12 They have also developed a relationship with the local hospital, and with local primary
13 care providers who are affiliated with that hospital. There is a psychiatrist on staff at the
14 residential center, and because that person is a trained physician, that training can be used in an
15 emergency situation to assess the needs of a patient for medical care. There is also an RN
16 affiliated with the staff, but not on duty around the clock. The local primary care provider makes
17 house calls and does wellness checks a couple of times a week, so patients with underlying
18 medical conditions can be accepted in residence. If the condition is severe – something that
19 cannot be treated by staff at the facility – that patient won't be accepted into the program.

20
21 Fernwood is classified at a residential care level for licensing and government regulatory
22 purposes; Dr. Levendusky noted that research into what this would mean in the State of Maine is
23 part of the due diligence review they are conducting.

24
25 *Payments-in-lieu:*

26
27 Because the hospital is a not-for-profit and is tax-exempt, they have developed a policy
28 of working to establish "payments in lieu" of property taxes to help off-set any burden to
29 taxpayers that might be created by the facility. They have developed positive relationships with
30 local residents, and their reputation in Town in that of a very good neighbor.

31
32 Ms. MacKinnon asked Dr. Levendusky to clarify how this would apply to Fox Hill. Dr.
33 Levendusky replied that they are very concerned that a town is not be negatively affected by a
34 hospital project, and they do realize that in this instance Fox Hill is a very valuable piece of
35 property. In some cases the hospital has management contracts for an off-site facility; in other
36 instances they own the property outright and make in-lieu payments to the town. He cautioned
37 that property ownership of Fox Hill is one of the elements of the partnership discussion that has
38 yet to be determined. It may be that the actual owner of the property is a for-profit, and property
39 taxes would still be assessed.

40
41 *Traffic and Parking:*

42
43 Parking at Fernwood, and traffic associated with staff changes and on visitor's days, were
44 both concerns when Fernwood was being reviewed by planning authorities in Princeton. Any
45 concerns have been laid to rest by what actually takes places on a regular basis; only a portion of
46 the parking spaces are utilized by staff and visitors, and on only one occasion has parking
47 overflowed onto the street. There are no cars on premises for patients to use, and visiting day at

1 Fernwood is only one day a week. They can use traffic counts from Fernwood to give the Board
2 some idea of what they might expect to see at Fox Hill, but Dr. Levendusky cannot imagine that
3 traffic generated by their facility would duplicate traffic of past uses.
4

5 They have made a commitment to using local vendors for all their needs including meals
6 and services; they will not have a kitchen staff, nor will they have a maintenance crew on staff.
7 So, in addition to treatment staff coming and going during three staggered work-shifts at
8 Fernwood, there are:

- 9 • Meals catered and staffed by a local restaurant are delivered two times a day - perhaps
10 three on occasion. Dr. Levendusky believes that breakfast items are delivered with the
11 dinner crew; set up and service is done by in-house staff in the mornings. There is a
12 50's-style diner built into Fox Hill, and several other full kitchens and prep kitchens, but
13 they will not be staffed
- 14 • It has not been determined if laundry at Fox Hill will be done on site or contracted out to
15 a local vendor – Fernwood's laundry is done on site
- 16 • Groundskeepers at Fernwood are local landscapers; those hired for Fox Hill will likely
17 retain the current scheduling of caretaking
- 18 • Trash removal occurs on schedule intended to provide the highest level of cleanliness
- 19 • Occasional deliveries of supplies are made to the facility
20

21 *Staff:*

22
23 Fernwood's staff consists of the following people working over seven days:
24

25 Medical director – a psychiatrist
26 2 independently licensed psychologists
27 2 Social Workers
28 1 RN
29 1 Physical Therapist
30 Yoga Instructor
31 6 – 6 “line staff” – bachelor's level students
32 2 housekeeping staff – 6 hours/day
33

34 The facilities manager lives on site, but staff psychiatrists, psychologists and student
35 assistants live locally. It is anticipated that this will be the same at Fox Hill, although there are
36 other residential buildings on site that could be used for housing some staff.
37

38 *Patient profiles:*

39
40 Patients are there by choice, and come from a socio-economic class that can afford the
41 treatment. Most come from in-tact families with professional work histories, and they usually
42 make the decision to come with family or friends supporting their effort to reclaim their lives.
43 The highest percentage of addiction they treat is alcohol abuse, but there are some patients with
44 co-occurring addictions – prescription drug abuse is the biggest problem they now see in these
45 patients. Patients are paying to stay in what they equate to a high-end hotel with the same level
46 of amenities. Patient levels are determined with this concept in mind: If there are too many

1 patients, the level of care will not meet the patients' expectations of the level of care they have
2 contracted to receive; the cost for the program runs from \$50,000 - \$60,000, and patients expect
3 to get what they paid for – they have shopped around for the best. At Fernwood, 90% of patients
4 are local, and their stake in the community gives them a commitment to seeing the program
5 through. Dr. Levendusky does not expect that high a ratio at Fox Hill, but patients will still have
6 made a large monetary investment and signed a contract, and this all helps increase the degree of
7 commitment to see the program through and comply with the agreement.

8
9 *Therapy:*

10
11 The regime is a mixture of different treatments:

- 12 • Drug therapy: Psychotropic medications are prescribed and distributed to patients by
13 staff; these prescriptions are filled by local pharmacies as needed, and no large amounts
14 of pharmaceuticals are stored on site
- 15 • Intensive therapies like self-help groups meet 4 -5 times during the day and evening
- 16 • Some of components of the 12-step programs are utilized as well, and patients are urged
17 to continue with these programs after they leave the program

18
19 *Visitors and Recreation:*

20
21 Very few visitors are expected. Fernwood has visitors' day on Sundays only, and an
22 average of 2 – 3 people come. Other days, patients are kept too busy with programming to fit in
23 visits. All visitors are screened to make sure they are suitable, and that their visits won't be
24 detrimental to the patient's progress.

25
26 *Security:*

27
28 Fernwood has two staff members on the floor during the overnight shift. Entrances are
29 keypad accessible coming and going 24/7. If a patient wants to leave, they are assessed to make
30 sure they are "safe", and a departure time is negotiated – they try not to have patients leave
31 during the night. If someone insists on leaving, and is evaluated and found safe, they can't be
32 held against their will. However, if a patient is showing great anxiety, and insists on leaving at
33 night when there is no one there to evaluate them, staff will arrange with the police to have the
34 patient transported to the hospital for evaluation. All staff is trained in the use of restraints,
35 although the use is seldom required.

36
37 All staff are trained in security and screening; they monitor patients 24/7; and, there are
38 no cars available for patients to drive themselves away.

39
40 Mr. Householder asked about patients with suicidal tendencies. Dr. Levendusky replied
41 that if this situation was observed, the patient would probably be hospitalized and placed in a
42 locked ward if it was determined they were a danger to themselves. If the tendency was active,
43 the patient would probably not be accepted into the program in the first place.

1 *The Ordinance Amendment Process:*

2
3 Mr. Sargent went over the details of the amendment process in detail, and discussed some
4 of the concerns that had been expressed by neighbors the last time an amendment was proposed
5 to allow a new use at the Fox Hill property. He explained to Dr. Levendusky that the time-frame
6 to a June approval was very tight, but that the Planning Board is willing to hold extra meetings to
7 fit all the required hearings into the time remaining. Mr. Sargent asked if Dr. Levendusky would
8 be available to make the same presentation he made this evening to the public sometime in early
9 March, including more detailed information on how the partnership will work.

10
11 Dr. Levendusky replied that there was still a great deal of work to do before they can
12 decide whether or not McLean will go forward with this project. He does not believe that he can
13 provide the assurance members of the Board want that the deal is going to go through; members
14 have said they want that assurance before they agree to continue with the amendment process.
15 But Dr. Levendusky believes that if he were to go to his Board and tell them that they had to
16 have all these details ironed out by the first of March, they would respond by dropping the
17 project in its entirety.

18
19 Don White asked if waiting until the November ballot for the Town vote would be a deal-
20 breaker; Dr. Levendusky replied that it would not be on McLean's part. However, Ed Mitchell,
21 the listing agent and the realtor representing the buyer, believes that the delay could be a problem
22 with regard to securing the property. He is not sure the sellers will agree to give the buyer until
23 November to close the deal - the deal will not close until the amendment is approved.

24
25 Mr. Sargent reiterated that the Board did not want to move forward without some written
26 assurance that the parties were in agreement that they agree to move forward at this time, or that
27 they all agree to wait until November. He asked the parties involved to make a decision by this
28 coming Friday, and to provide the Board with a statement briefly outlining what they have
29 agreed to do. He also informed Dr. Levendusky that the project would need two other approvals:
30 a Special Exception permit from the Zoning Board of Appeals for a change of use from
31 residential to commercial; and a Site Plan Review by the Planning Board for a new commercial
32 use. These reviews need to be completed before a building permit can be issued, but not before
33 the amendment can go to a vote.

34
35 The item will be placed on the Agenda of the February 21, 2013, Board meeting in case
36 the group still wants to go forward for June.

37
38 Dr. Levendusky thanked the Board for a very constructive meeting; the Board returned
39 the compliment saying they found the Dr.'s presentation very helpful and informative.

40
41 There being no further business before the Planning Board they adjourned at 6:50 pm.

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43
44 Respectfully submitted,

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46
47 Jeanne Hollingsworth, Recording Secretary