

**Buckland Select Board
Meeting Minutes
February 28, 2023 5:30 p.m.
Buckland Town Hall**

Listing of Topics

Appointments

5:45 p.m. - Age and Dementia Friendly Initiative, Meg Ryan, RN, and Carol Foote, Life Path

6:15 p.m. - Pharmacy Opioid settlement agreement(s), Phoebe Walker, Franklin Regional Council of Governments

Agenda Items

- > Town Election - Karen Blom, Town Clerk**
- > Solid Waste Expense Management, resident outreach and education opportunities**
- > Letters of Hire, Wastewater Treatment Facility - Interim Operators**

Documents to Sign

- > Contract & Grant Documents**
- > Permits & Licenses**
- > Minutes**

Items Not Reasonably Anticipated by Chair 48 Hours in Advance of Meeting

Select Board Member Concerns

Town Administrator's Report

Public Comment

Volunteer Recognition

Announcements & Upcoming Meetings

Attendees

Barry Del Castilho - Select Board Chair
 Clinton Phillips - Select Board Vice-chair
 Lawrence Wells - Select Board Member
 Heather Butler - Town Administrator
 Mary Bolduc - Boards' Clerk
 Otis Wheeler - Falls Cable
 Karen Blom - Town Clerk
 Meg Ryan - RN, FRCOG
 Carol Foote - Lifepath
 Phoebe Walker - FRCOG
 Carmela Lanza-Weil - Resident, BOH Member

Meeting

Mr. Del Castilho opened the meeting at 5:30 p.m.

Appointments

5:45 p.m. - Age and Dementia Friendly Initiative, Meg Ryan, RN, and Carol Foote, Life Path - Ms. Ryan and Ms. Foote gave a power point presentation of the results to an Age and Dementia Friendly Franklin County Needs Survey covering: demographic of respondents; housing, owned or rented, ease and/or affordability of maintaining housing, reasons for changing housing; ease of access to outdoor spaces and buildings and feelings of comfort/safety in their community; need for or availability of public transportation; social environment and opportunities; health services and community supports, including caregivers, health care professionals, wellness programs; health services and communication, addressing tele-health access and experience, and technical support needed to use tele-health; social participation, examining older adults living alone vs with others (partner, spouse, family, friend), frequency of interaction with someone outside the household, and feelings of support and sense of community belonging; communication and information, citing persons/media that respondents identified as their top sources to stay informed; civic participation and employment, looking at volunteering opportunities, civic engagement, access to information about town updates, long term financial stability; respect and social inclusion, which indicated how those surveyed responded to availability and affordability of cultural events, intergenerational events, fitness and outdoor opportunities, and opportunities in their own language; health equity, looking at how structural inequities and racism play a role in determining health opportunities for health and well being, and considering how to use Racial Injustice to reframe questions. Ms. Ryan and Ms. Foote gave further examples and expanded on the power point from their personal experience in their given fields. The survey received 2,000 responses from the Franklin County and North Quabbin areas, 67 of those from Buckland. Ms. Ryan stated that they could have done better with data analysis with more responses, but is confident that they have useful information going forward. She added, that if life is better for people as they age, life is better for all across the age spectrum. Of those 67 Buckland respondents, 64% rated Buckland as an excellent/good place to age, with 36% rating it as fair/poor.

6:15 p.m. - Pharmacy Opioid settlement agreement(s), Phoebe Walker, Franklin Regional Council of Governments - Ms. Walker gave an overview of the opioid settlement money coming into Buckland, explaining that zip code determines the amount apportioned to communities based on the opioids prescribed in those zip codes. She explained the purposes for which the funds must be used: prevention, treatment, intervention, and recovery. These monies cannot be allocated for the purpose of general health. She cited examples of programs and services which would be covered, and noted that the Board of Health is a source for that information. Because most towns will not receive a large enough sum to fund sizable programs, FRCOG is comprising a list of programs and services for which towns can pool their funds and collaborate. She also suggested creating a stabilization fund for the opioid money because some will have to accrue before there is an amount large enough to spend; that account will have to be approved at town meeting. Ms. Walker tasked the Board with thinking about how they would like to spend their dollars; Mr. Del Castilho stated he would like to obtain input from the Board of Health. Following Board discussion, Mr. Phillips moved that the Town of Buckland "opt in" to the proposed five national settlements with pharmacies participating in the opioid settlement program and authorize the Select Board Chair to sign related documents. Mr. Wells seconded and vote in favor of the motion was unanimous.

Agenda Items

> Town Election - Karen Blom, Town Clerk - Ms. Blom provided the Board with an overview of the 2023 Town Election Process and submitted a list of positions and two ballot questions which she asked to be placed on the ballot. The positions are:

- 1 Select Board - 3 year term
- 1 Assessor - 3 year term
- 1 Board of Health - 1 year un-expired term
- 1 Town Clerk - 3 year term
- 1 Buckland Library Trustee - 3 year term
- 1 Constable - 3 year term
- 2 Finance Committee - (2) 3 year terms
- 1 Moderator - 1 year term
- 1 School Committee - 3 year term

The ballot questions are:

- 1) Shall the town vote to have its elected Tree Warden become appointed Tree Warden?
- 2) Shall the town vote to have its elected Constables become appointed Constables?

Mr. Phillips moved to approve the offices for election in the 2023 Annual Town Election scheduled for Tuesday, June 6th and further to approve the placement of two ballot questions on the June 6, 2023 Election Warrant. Mr. Wells seconded the motion, and vote in favor was unanimous.

> Solid Waste Expense Management, resident outreach and education

opportunities - Board members were given a packet of information regarding waste disposal/recycling data and comparison costs from other towns for price per bag disposal and cost of transfer station access stickers. Ms. Butler explained the costs of trash disposal and hauling fees have risen while recycling credits have decreased. To combat this, we are trying to be as restrictive as possible about what goes into the compactor, making sure everything is in a bag and every bag has a sticker; this has caused pushback. Ms. Butler and Mr. Del Castilho met with Jan of the FCSWMD and our district reps, Marti Ferguson and Andrea Donlon to discuss strategies. More outreach, public education and informational forums were discussed, as well as the possibility of an extra bulky waste day, or perhaps the option of residents leaving items at the transfer station to be transported to Greenfield by the town to ensure that they are disposed of properly. To increase revenue, increasing the cost of per-bag stickers if necessary was a more agreeable solution than assessing a charge for access stickers. It was also suggested that a survey be conducted by passing out questionnaires at the transfer station over a specific period of time, then collecting them in the same format to give those using the facility a voice in how to increase revenue. Following discussion by the Board, Ms. Butler asked members to look over the packet of information and give thought to the problem and solutions.

> Letters of Hire, Wastewater Treatment Facility - Interim Operators - Ms. Butler explained that The Shelburne Falls Wastewater Treatment Facility must file an updated/ interim staffing plan to maintain its compliance with the operational permit issued by the Mass Department of Environmental Protection. Further, the town must demonstrate that two operators, including one that is a Grade 4 or above are part of the staffing plan. Until the full time operator vacancy is filled, Dan Fleuriel will be able to serve as our Grade 4 operator but is unavailable for the month of March due to a previously scheduled vacation. Our Assistant Operator is a Grade 4 in training. We have contacted two operators from Greenfield, Mark Holley and Paul Zilinski, a Grade 6 and Grade 5 respectively to cover for the month of March. Mr. Phillips moved to authorize the Town Administrator to sign two letters of hire for Mark Holley and Paul Zilinski to work up to 10 hours per week and receive \$32.00 per hour for their time. This is a non-benefitted interim position. Mr. Wells seconded the motion and vote in favor was unanimous.

Documents to Sign

> Contract & Grant Documents - There were none this meeting.

> Permits & Licenses - A Street Use Permit was submitted for the Bridge of Flowers Road Race to be held on August 12, 2023. Mr. Phillips moved to approve the permit for the 2023 Bridge of Flowers Road Race event, seconded by Mr. Wells, Vote in favor of the motion was unanimous.

> Minutes - Mr. Del Castilho moved to approve the February 14, 2023 Select Board Meeting Minutes as submitted, seconded by Mr. Phillips. Vote in favor of the motion was unanimous.

Items Not Reasonably Anticipated by Chair 48 Hours in Advance of Meeting - There were no items not reasonably anticipated.

Select Board Member Concerns - There were no concerns expressed.

Town Administrator's Report -

> Heating Oil Bid Results - Ms. Butler reported that the bids were received in a format she could not translate, so reached out the the LPVEC to reformat and resend the information. She will have at a future meeting

> Wage & Comp Survey - The Collins Center, part of UMass Boston, conducted a wage and comp survey of 12 municipal positions for the Town of Buckland. The employees whose positions were included in the survey completed a questionnaire and were interviewed regarding their job descriptions and actual duties. The Collins Center compared the job titles/descriptions with comparable communities and submitted to Buckland revised job descriptions and salary schedules. As Ms. Butler expected, some were on target, and others were not; those that were not need to be increased to align more closely with our employees' counterparts in other municipalities. She particularly referenced our assessor who has been contacted by other towns offering more money, and the fact our treasurer/collector could travel to Deerfield for more than she is making in Buckland. At some point, Ms. Butler admonished, employees' loyalty may weaken if we cannot offer a competitive wage. Because the report from the Collins Center was so comprehensive, she forwarded a link to Board members and asked that they look it over.

Public Comment - There was no public comment.

Volunteer Recognition - When there is a storm, people reach out to help other people. That volunteerism is valued and recognized.

Announcements & Upcoming Meetings:

March 4 - Battle of Badges Basketball at the Mohawk Trail Regional High School. Tip Off is at 3:00 p.m. Come cheer on your Firefighters and Police Officers.

March 6: Shared Police Services Public Forum. The meeting is at the Buckland Town Hall and starts at 6 p.m. A zoom link will be posted to the Town's website the day before the event.

March 15: Warrant articles to be submitted by March 15th. Please note any articles to amend the Zoning Bylaws must be submitted in time for public hearing by the Planning Board.

March 23: Mass DOT Public Hearing for Upper North Street road reconstruction. At the Buckland Town Hall starting at 6 p.m.

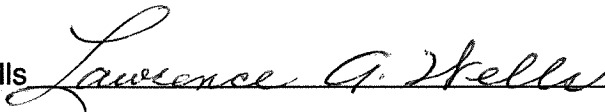
With no further announcements or business, Mr. Phillips moved to adjourn, seconded by Mr. Wells. Vote in favor of the motion was unanimous. Meeting adjourned at 6:51 p.m.

Respectfully Submitted by Mary Bolduc, Boards' Clerk, March 21, 2023

Signed:

Barry Del Castilho _____

Clinton Phillips _____

Lawrence Wells _____



AGE-FRIENDLY

Franklin County & North Quabbin

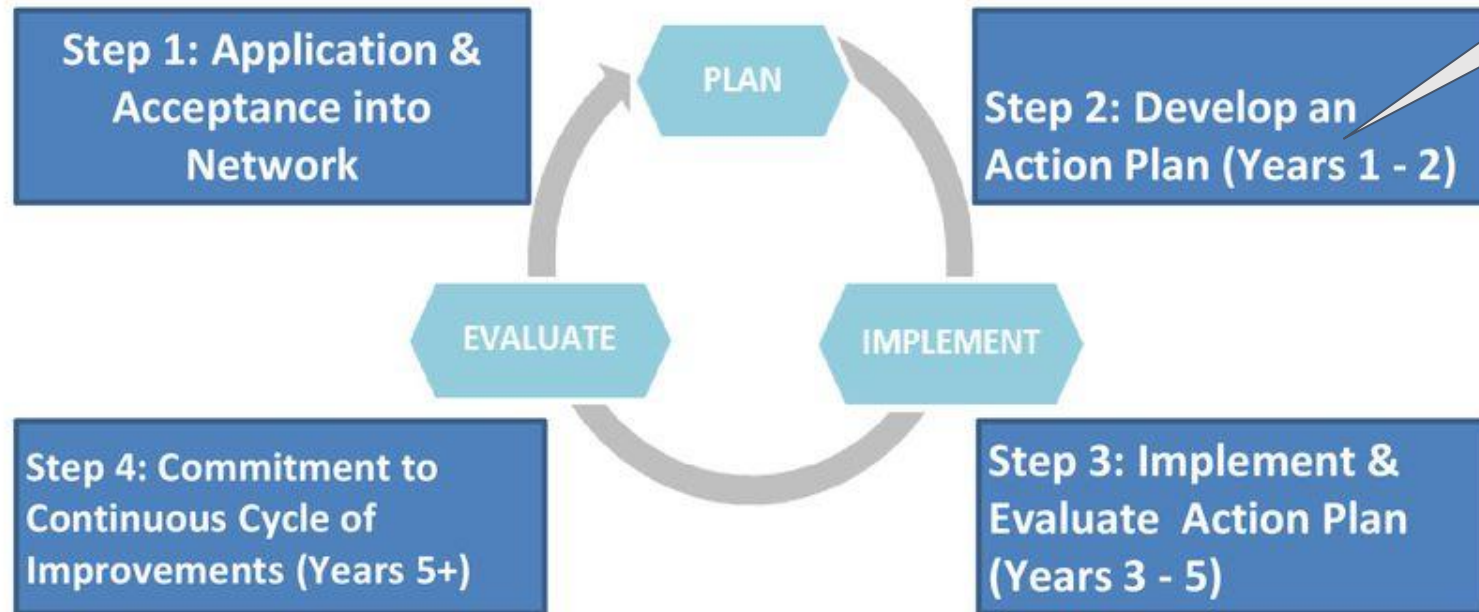
Age- and Dementia-Friendly Initiative In Buckland

February 28, 2023



AARP Age Friendly Process

We are here!

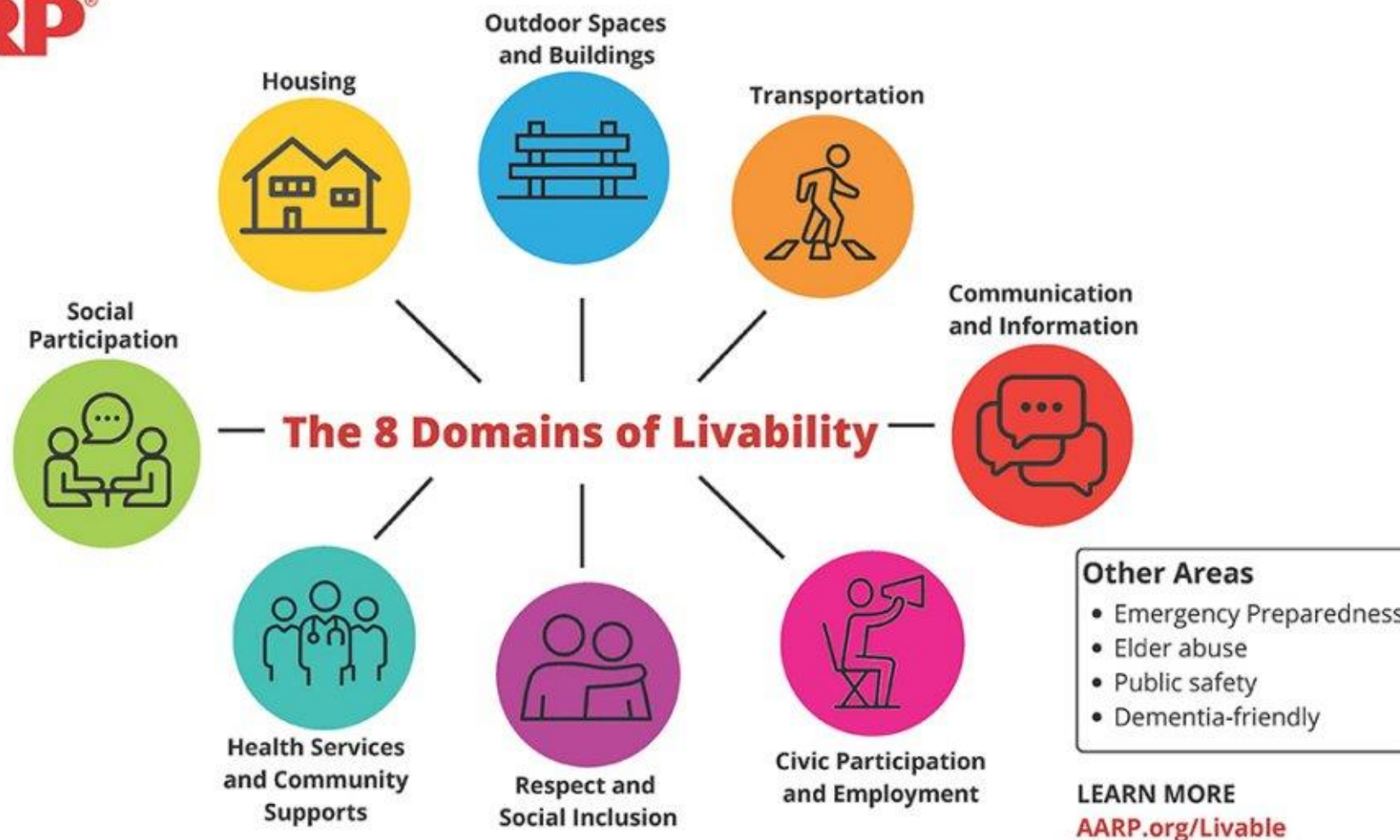


AGE-FRIENDLY
Franklin County & North Quabbin

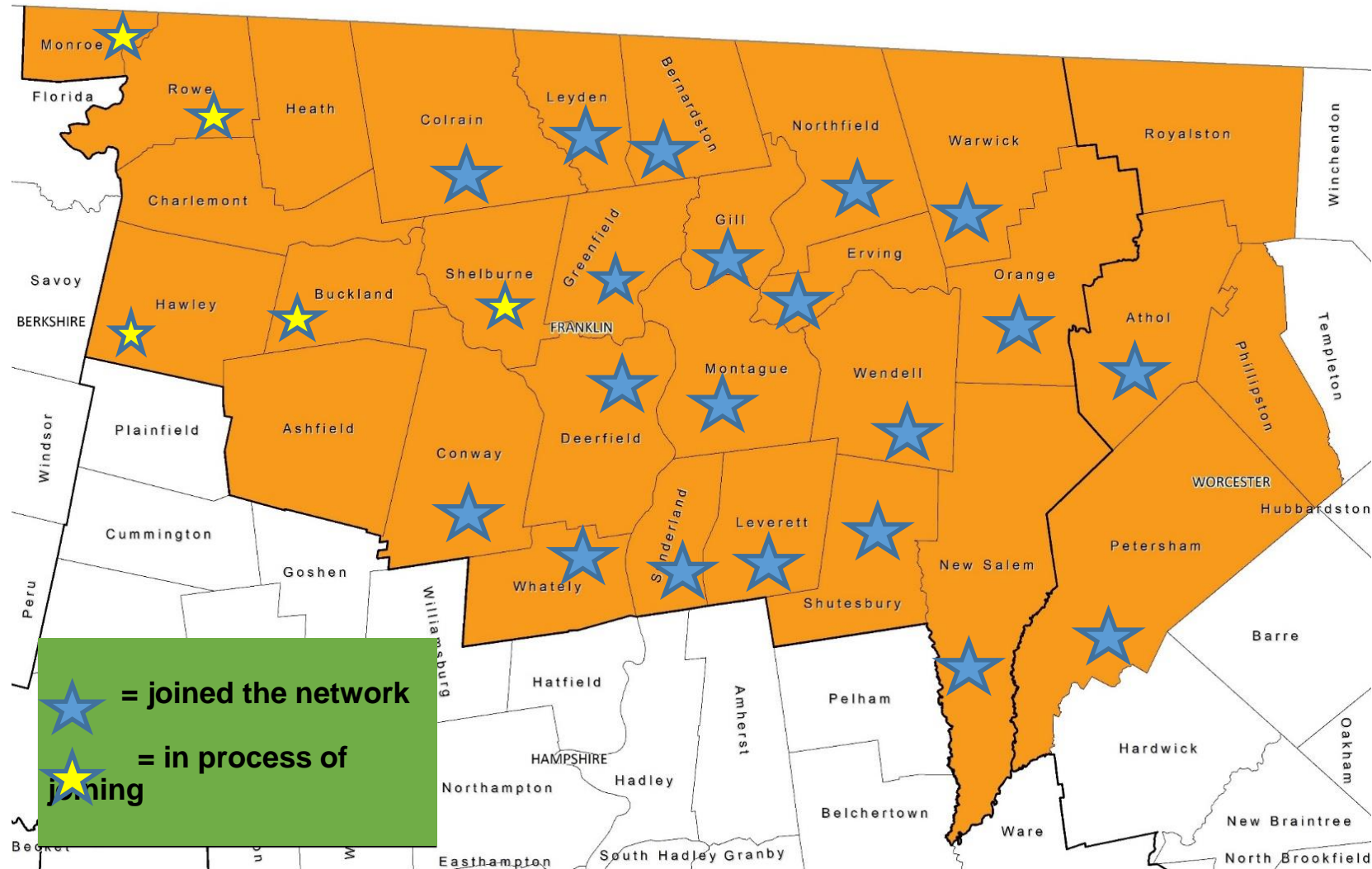
Livable Communities
Great Places for All Ages



8 Domains of Livability



Enrollment Status for Area Towns



Updated 2/7/2023

Age- and Dementia-Friendly Franklin County Needs Survey Responses

Throughout slides:

Region wide info is given first,

TOWN specific info is listed second in red parentheses.



Demographics of Survey Respondents

- 76% female, 22% male, 2% prefer not to say (58% female, 19% male, 4% prefer not to say)
- 34% live alone (25% live alone, 67% w/spouse or partner)
- 70% between ages of 60 and 79 (64%)
- 14% 80 or older (11% 80 and up)
- 14% 50 to 59 or caregiver (23% 50-59 or caregiver)



Built Environment:

Housing, Public Buildings and Outdoor Spaces, and Transportation

Housing



- 47% (43%) of respondents own their own home
- 67% (71%) of respondents have lived in their current town for over 15 years (60% (62%) in the same home)
- 90% (90%) reported that it was important for them to stay in their town as they age, and 88% (86%) in their home.
- 33% (31%) reported good or excellent access to affordable housing options for people with their income level
- Motivations for changing housing in the future:
 - Cost of current home 52% (52%)
 - need for different type of housing 43% (58%)
 - need for better access to transportation (27%) (33%)
 - cost of living in the area 26% region wide (30%)
 - need for better healthcare services 19% (28%)
 - need to be closer to family, social opportunities 29% (27%)
- Maintenance: respondents reported generally good access to home repair services (58%, 56%) and lawn care (53%, 47%), a quarter report it to be unavailable

Outdoor Spaces and Buildings:

- 77% (82%) respondents report good access to public buildings for their current needs
- 42% (50%) either don't have access or don't know if they have access to outdoor spaces that are accessible to them and have adequate benches
- 49% (39%) of residents reported need for better lit and accessible streets and roads
- 69% (65%) of respondents report good traffic signs and pedestrian crossings – 38% (34%) report them to be poor or they don't know
- 81% (83%) of respondents report always feeling safe in their home and community

Outdoor Spaces
and Buildings



“Both local little grocery stores have steps to enter. No handicap access.”

Transportation

- Need for more access to transportation was the #1 issue mentioned in open responses
- 27% (33%) of older adults identified a potential need to change housing to get better access to transportation
- 86% (89%) drive themselves
- 24% (31%) have others drive them
- 23% (31%) walk or bike
- 3% (2%) report using special transit like Senior Center van
- 37% (71%) of respondents report there is no public transit in their area or it is too hard to get to

Transportation



“If someone is sick, they have to rely on a friend to take them to the doctor or to run an errand.”



Social Environment:

Communication and Information, Social and Civic Participation,
Health Services and Community Support, Social Activities

Health Services and Community Supports



Health Services
and Community
Supports

Health Services:

- 13% (13%) of respondents receive caregiving support
- 4% (6%) are primary caregivers of children
- 10% (11%) are the primary caregiver for an older adult
- 22% (15%) of respondents report access to adequate caregiver support (respite care, support groups)
- 22% (40%) of respondents say access to home health care providers is poor or unavailable

“As I start to have more health issues I am concerned (including cognitive issues). If anything happened to my husband, I'd be lost.”

Health Services and Community Supports



Health Services
and Community
Supports

Health Services

- 34% (50%) of respondents say access to healthcare professionals is poor, unavailable, or they don't know
- 37% (57%) say health and social services are not conveniently located or they don't know
- 43% (29%) of respondents report access to wellness programs such as nutrition, pain management, etc.
- 79% (91%) of respondents report lack of access or don't know access to mental health supports

“Good healthcare choices are extremely hard to find, and very hard to get anyone within a reasonable distance of travel.”

Health Services and Community Supports



Health Services
and Community
Supports

Community Supports

Village or Neighbor to Neighbor support groups:

- 44% (54%) of respondents are interested in volunteering in a Village support group
- 31% (22%) are interested in receiving support from a Village support group

Information about Services

- 49% (45%) report good access to easy-to-find information about services

Health Services and Communication



Communication
and Information



Telehealth

- 72% (75%) of respondents have used telehealth at least once, 59% (66%) more than once
- Of those who used telehealth at all:
 - 70% (64%) had a good experience
 - 59% (59%) would prefer to see their provider in person
 - 90% (91%) found the technology was not confusing to use
 - 86% (89%) would choose to use it again, even after pandemic

“I would use telehealth again in the future, even after the pandemic.”

Focus Group/Open Response Themes:

- Technical support needed to use telehealth services



Social Participation

- 34% (25%) of older adults live alone, 52% (67%) live with a partner or spouse, and 10% (7%) live with family or friends.
- 77% (84%) of respondents interact with someone outside of their household several times per week or more
- 8% (4%) interact with someone outside of their household less than twice per month
- 83% (87%) sometimes or often feel well supported
- 20% (23%) do not have or are unsure if they have someone they can call for help anytime of day or night
- Sense of community belonging is an unmet need for older adults

“My biggest worry is that I’m alone and I don’t see people every day. I’m going to die in that apartment alone by myself.”

Communication and Information



- Top sources of information identified were family and friends 51% (52%), social media/internet 54% (52%), COA/Senior Center 52% (55%), newspaper 51% (55%), town newsletter 27% (15%)
- Computer use and Internet access: 89% (86%) have reliable internet at home; 92% (91%) have a computer, tablet or smart phone and 86% (88%) know how to use them; 74% (82%) use Zoom or similar video chat. 31% (40%) want to learn to use new technology better
- Assistance needed for seniors wanting to use digital communication
- Lack of outreach and information leads to further isolation

“Since I don't use a computer, printed listings of services available to elderly that I could reach by phone.”

Civic Participation and Employment



Civic Participation
and Employment

- 56% (53%) of respondents felt they had good or excellent volunteering opportunities
- 57% (60%) felt they had good or excellent opportunity for civic engagement (such as serving on town board or committee)
- 69% (71%) had good or excellent access to information about town updates
- 83% (92%) were unaware of or thought remote engagement opportunities for homebound older people were poor
- 86% (88%) of respondents were unaware of or thought flexible employment opportunities for older people were poor
- 25% (21%) of respondents report financial insecurity as their biggest problem or worry about getting by each month
- 43% (35%) feel ok financially now but worry about the future

“We need flexibility in the ability to keep working as we age, along with appreciation and respect of the older employee.”

Respect and Social Inclusion

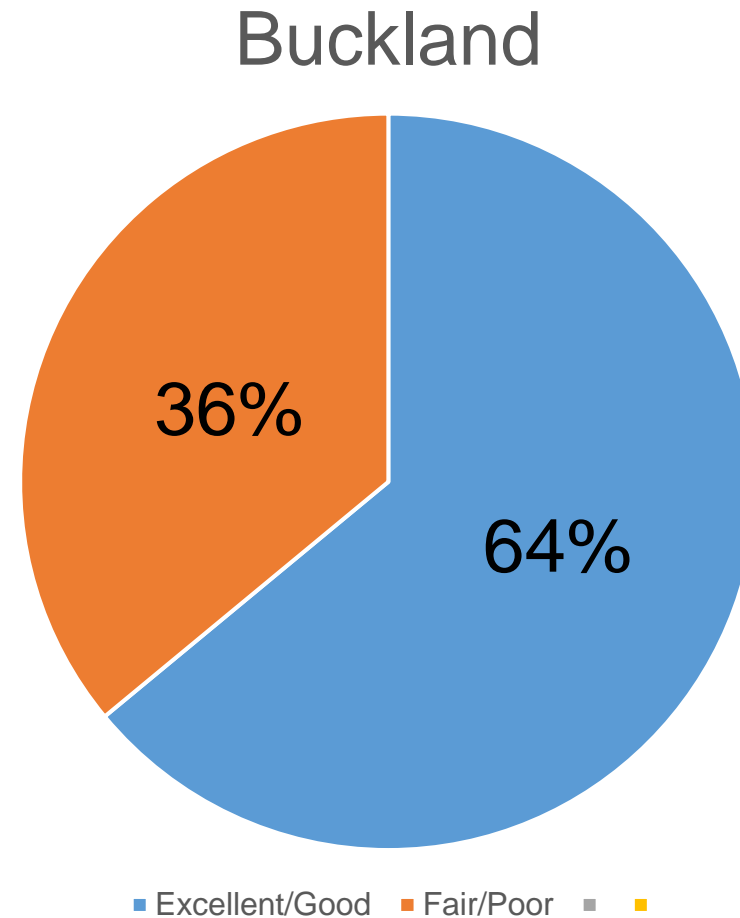
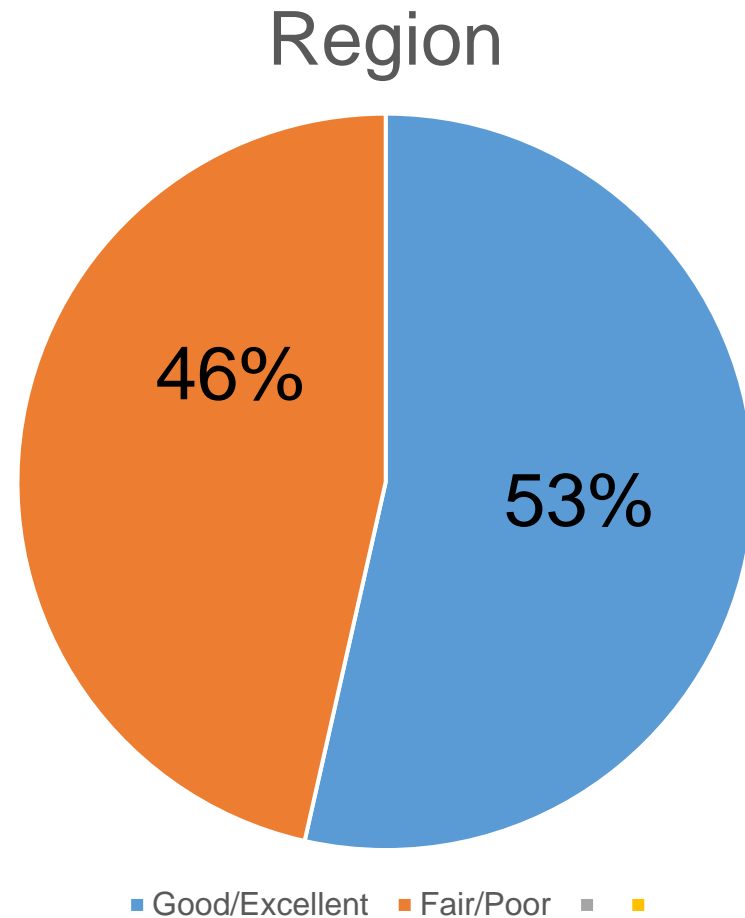
- 54% (52%) of respondents feel they have conveniently located social and cultural activities
- 59% (69%) felt they had access to events that were affordable to them
- 69% (66%) did not have access to or did not know about intergenerational events
- 66% (75%) felt they had social participation opportunities in their language
- 67% (61%) of respondents had good access to fitness and outdoor recreation opportunities



Respect and
Social Inclusion

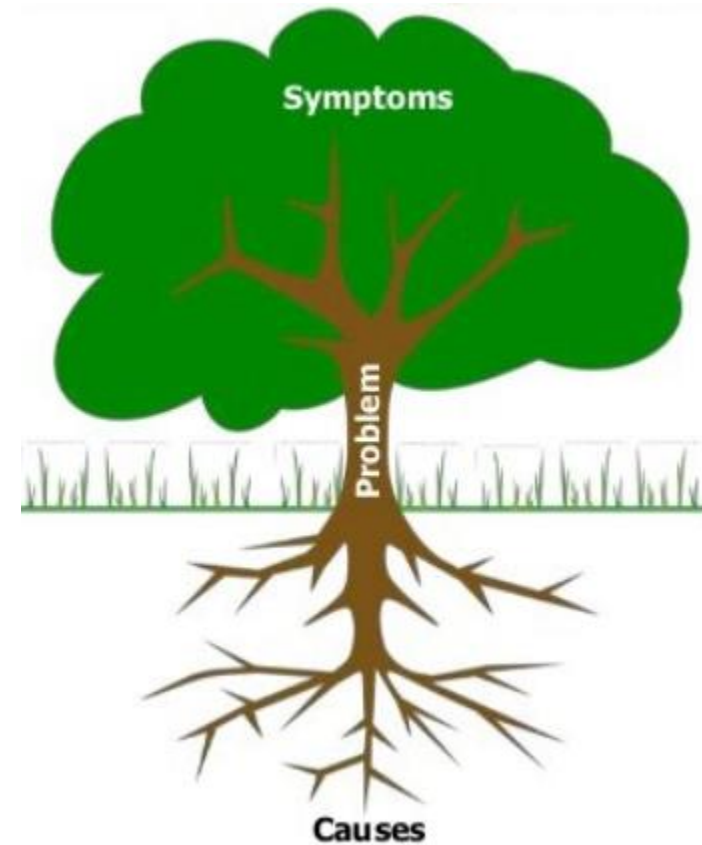
“I don't want to be separated out as I get older - I want to live with all kinds and ages of people.”

How do you rate your town as a place to age?



Health Equity

- Structural inequities and racism play large role in determining health and opportunities for health and wellbeing
- Considering inequity important even in a town without much diversity
- Use Racial Justice Reframing Questions
 - Who benefits?
 - Who is harmed?
 - Who influences?
 - Who decides?
 - What are the unintended consequences?



Practical Age- and Dementia-Friendly Examples



Housing

Neighbor support for small repairs through Village to Village networks or Senior Center



Social Participation

Specifically include older adults in community-wide events held in accessible venues



Transportation

Ensure people know of the existing resources like FRTA Access



Civic Participation and Employment

Ensure that online town board meetings are always close captioned and that you have adequate microphones and audio boosters for in-person public meetings



Outdoor Spaces and Buildings

Install benches along popular town walking routes, formal or informal



Communication and Information

Use your Town newsletter to share information on age-specific resources and supports



Health Services and Community Supports

Provide first responders with special training to better serve older adults living with dementia or other age-specific issues when in an emergency



Respect and Social Inclusion

Establish a buddy system in schools to encourage intergenerational interacting and appreciation.



Questions?

Contact Us



Carol Foote
Age- and Dementia-Friendly
Program Manager
LifePath
cfoote@lifepathma.org
www.lifepathma.org

Meg Ryan
Public Health Nurse
Franklin Regional Council of Gov'ts
mryan@frcog.org
www.frcog.org

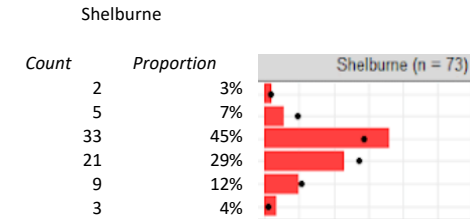
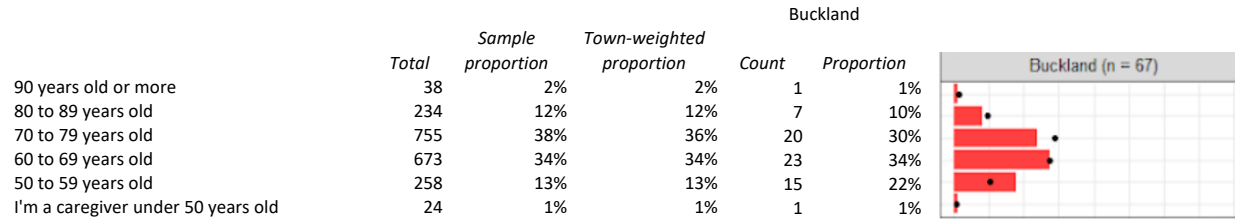


Franklin County North Quabbin Age and Dementia Friendly Community Needs Survey -- February 2023 -- Buckland and Shelburne

The black dot indicates the regional average; the red bar indicates the town's results

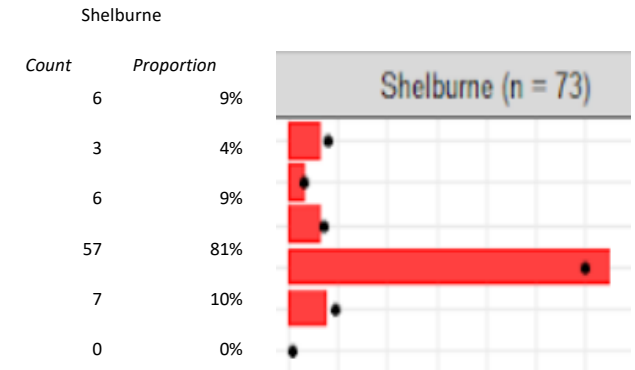
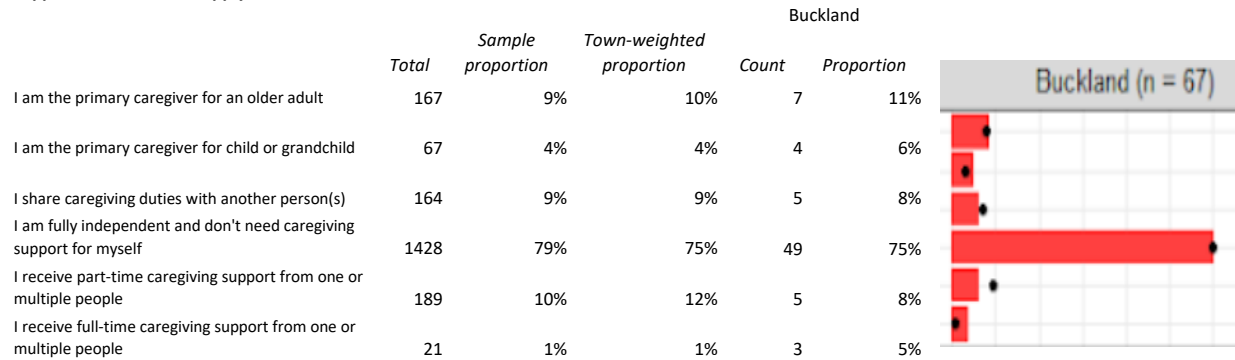
* Regional averages are proportionally weighted by town to reflect population size estimates for individuals 50+ years of age across the region

2 How old are you?



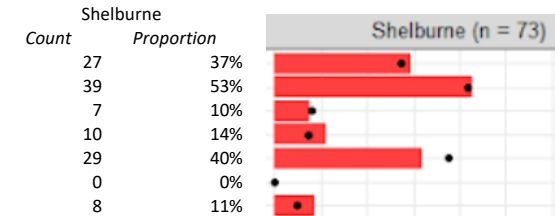
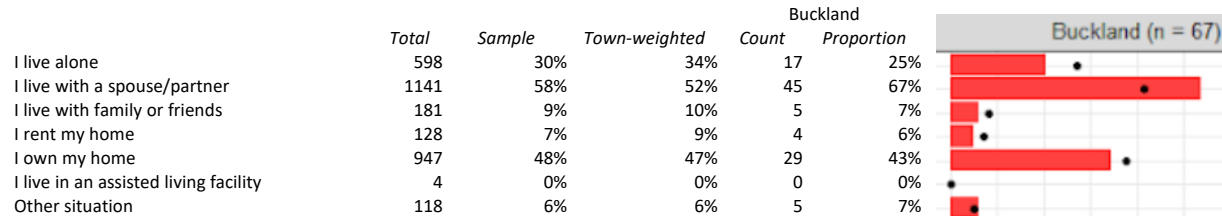
Do you provide or receive any caregiver

3 support? Check all that apply



Which of these describe your current living

4 situation? Check all that apply



Have long have you lived in: your current town?

5a

Buckland

	<i>Total</i>	<i>Sample proportion</i>	<i>Town-weighted proportion</i>	<i>Count</i>	<i>Proportion</i>	
Over 15 years	1335	71%	67%	46	71%	
5 to 15 years	361	19%	21%	16	25%	
Under 5 years	189	10%	12%	3	5%	

Shelburne

<i>Count</i>	<i>Proportion</i>	
37	51%	
18	25%	
17	24%	

Have long have you lived in: your current residence?

5b

Buckland

	<i>Total</i>	<i>Sample proportion</i>	<i>Town-weighted proportion</i>	<i>Count</i>	<i>Proportion</i>	
Over 15 years	1204	65%	60%	41	62%	
5 to 15 years	410	22%	24%	19	29%	
Under 5 years	241	13%	16%	6	9%	

Shelburne

<i>Count</i>	<i>Proportion</i>	
34	49%	
16	23%	
20	29%	

As you age, how important is it for you to remain in: your current town?

6a

Buckland

	<i>Total</i>	<i>Sample proportion</i>	<i>Town-weighted proportion</i>	<i>Count</i>	<i>Proportion</i>	
Extremely important	1072	57%	55%	40	60%	
Somewhat important	658	35%	35%	20	30%	
Not important	166	9%	10%	7	10%	

Shelburne

<i>Count</i>	<i>Proportion</i>	
42	60%	
24	34%	
4	6%	

As you age, how important is it for you to remain in: your current residence

6b

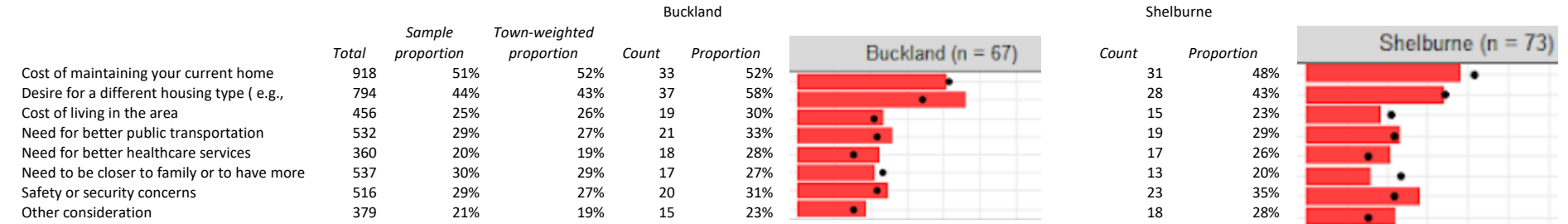
Buckland

	<i>Total</i>	<i>Sample proportion</i>	<i>Town-weighted proportion</i>	<i>Count</i>	<i>Proportion</i>	
Extremely important	1084	57%	55%	35	53%	
Somewhat important	631	33%	33%	22	33%	
Not important	195	10%	12%	9	14%	

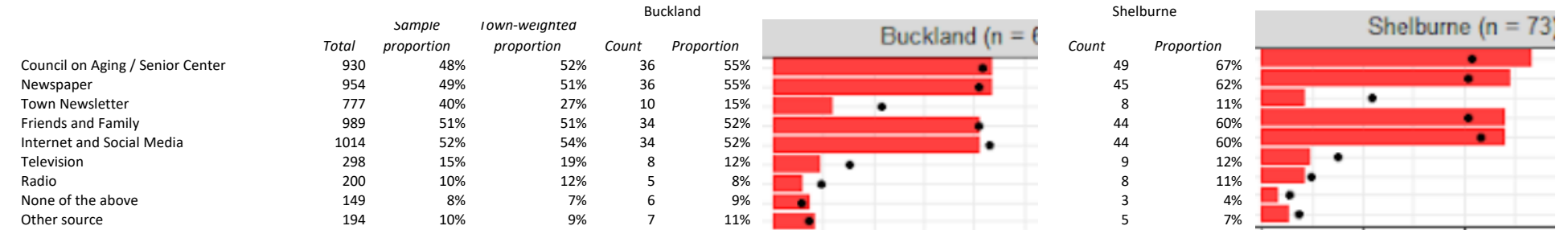
Shelburne

<i>Count</i>	<i>Proportion</i>	
36	51%	
25	36%	
9	13%	

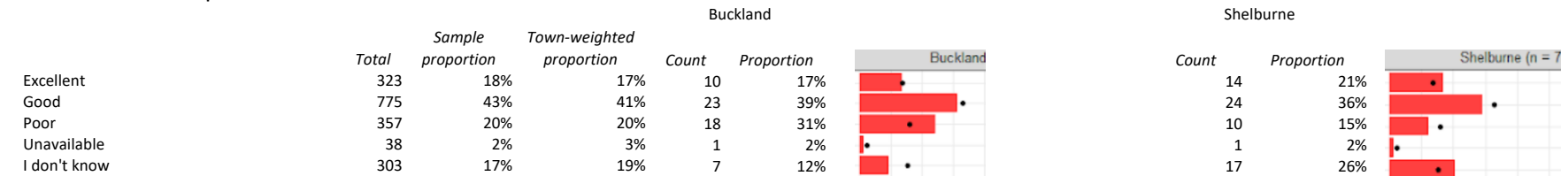
Which of these factors would make you consider changing your current living situation? Check all that apply,



Which of these sources of information do you use to learn about services and programs for older adults in your community? Check all that apply



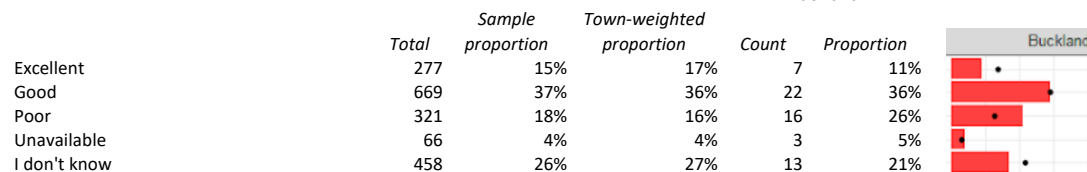
How would you rate your current access to the following? Affordable and trustworthy
9a home modification and repair contractors



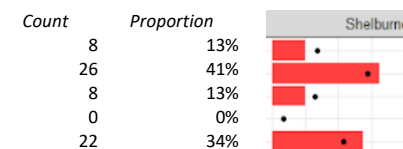
How would you rate your current access to the following? Seasonal services such as lawn work for older adults

9b

Buckland



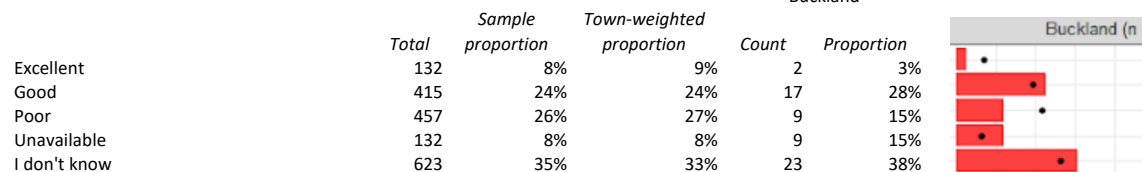
Shelburne



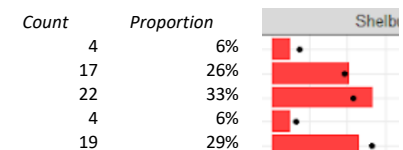
How would you rate your current access to the following? Affordable housing options for people with my income level

9c

Buckland



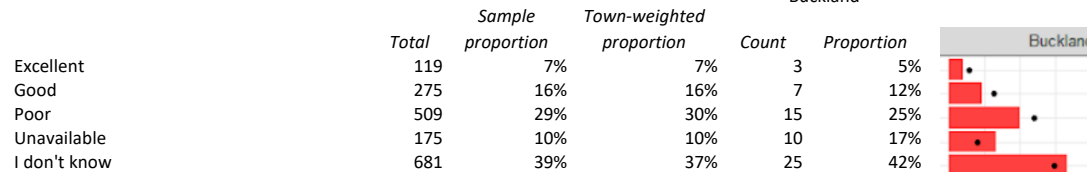
Shelburne



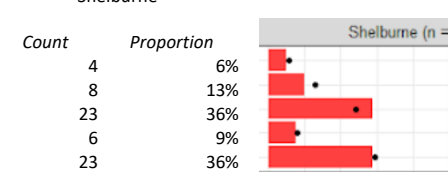
How would you rate your current access to the following? Homes that are built with things like a no-step entrance, wider doorways, and first floor bedrooms and bathrooms

9d

Buckland

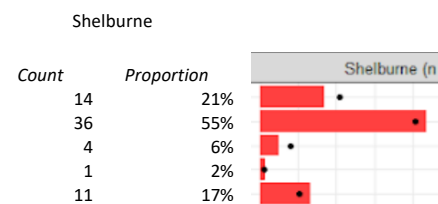
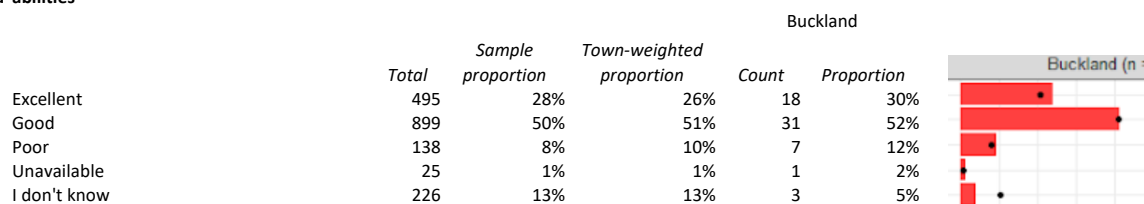


Shelburne



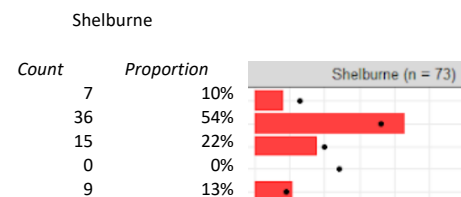
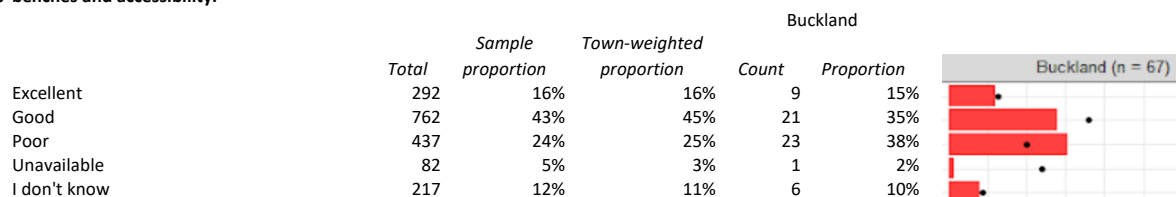
How would you rate your current access to the following? Public buildings that are accessible to people with my physical

10a abilities



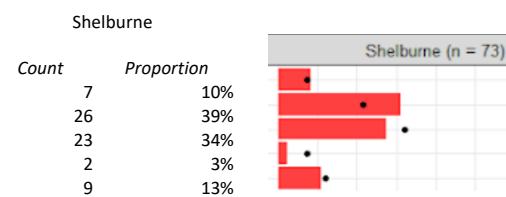
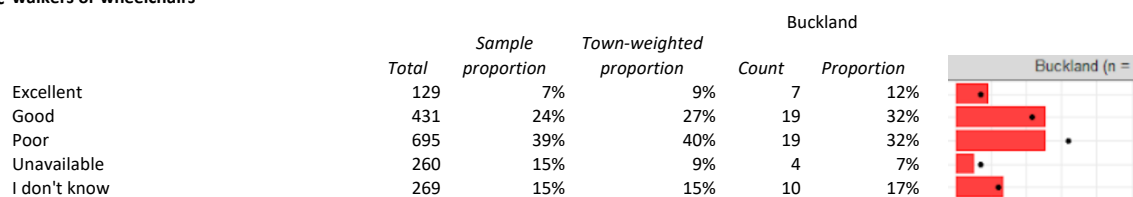
How would you rate your current access to the following? Well-maintained and safe outdoor public spaces with adequate

10b benches and accessibility.



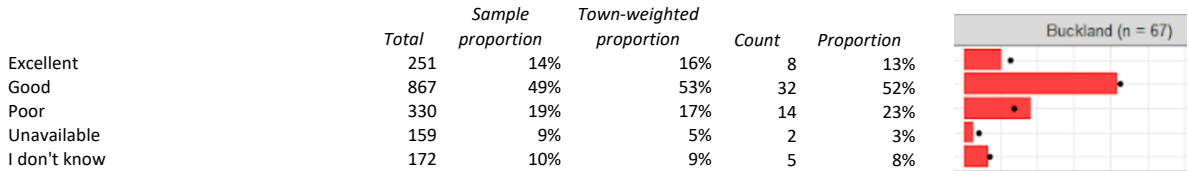
How would you rate your current access to the following? Well-lit and accessible streets or roads for pedestrians and people with

10c walkers or wheelchairs

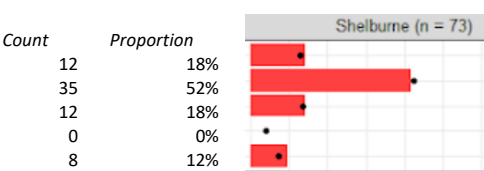


10d How would you rate your current access to

Buckland

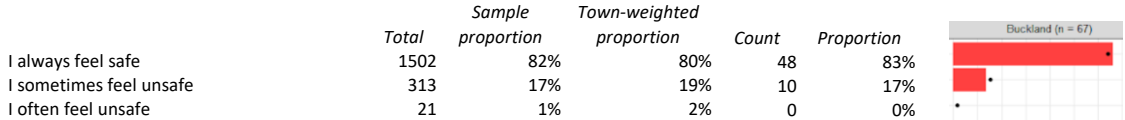


Shelburne

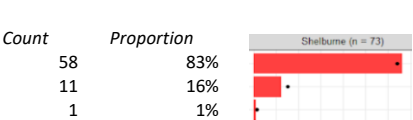


11 Do you feel safe in your home and

Buckland

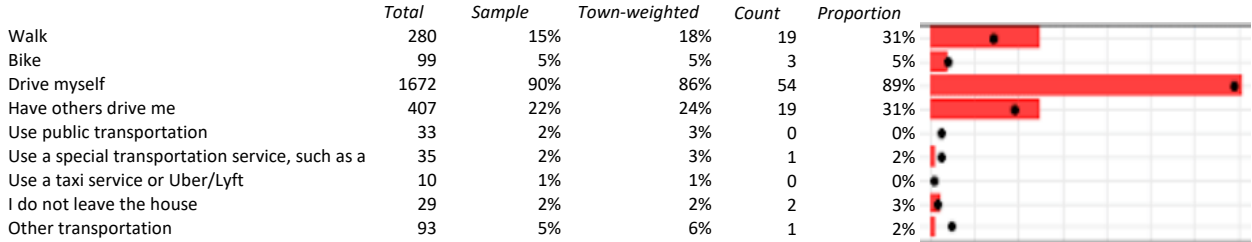


Shelburne

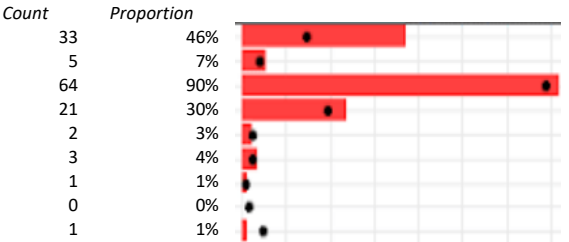


13 How do you usually get around for shopping,

Buckland

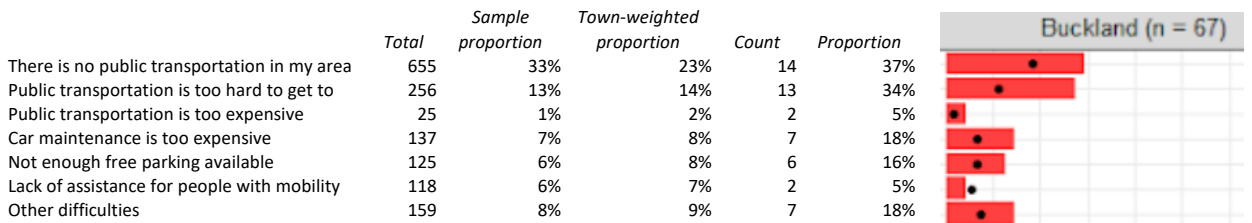


Shelburne

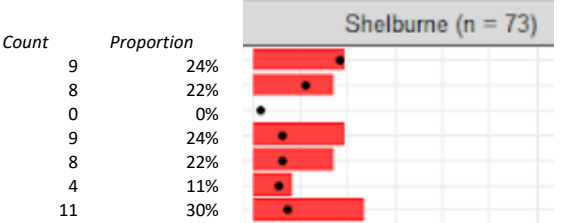


14 Are you experiencing any of these difficulties

Buckland



Shelburne

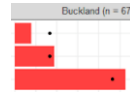


Do you have a Village or Neighbor-to-Neighbor support program in your town?

16 Neighbor support program in your town?

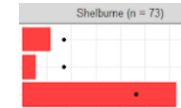
Buckland

	Total	Sample proportion	Town-weighted proportion	Count	Proportion
Yes	650	36%	21%	6	10%
No	290	16%	21%	14	24%
I don't know	871	48%	58%	39	66%



Shelburne

Count	Proportion
10	14%
5	7%
55	79%

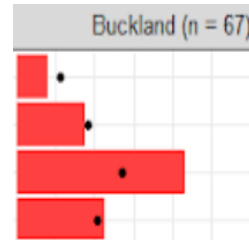


If there is/was such a program, would you be interested in joining it? Check all that

17 apply

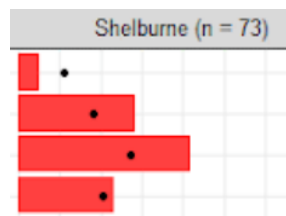
Buckland

	Total	Sample proportion	Town-weighted proportion	Count	Proportion
I am already a member of our local Neighbor-to-Neighbor program	274	17%	12%	5	10%
I would be interested in receiving neighborly support	451	28%	31%	11	22%
I would be interested in volunteering to support to my neighbors	669	41%	44%	27	54%
None of the above	507	31%	31%	14	28%



Shelburne

Count	Proportion
4	6%
23	35%
34	52%
19	29%

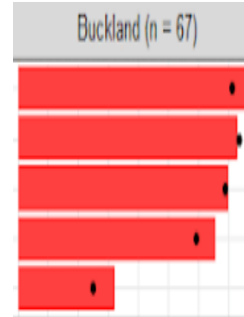


Please read these statements and check all

18 that apply

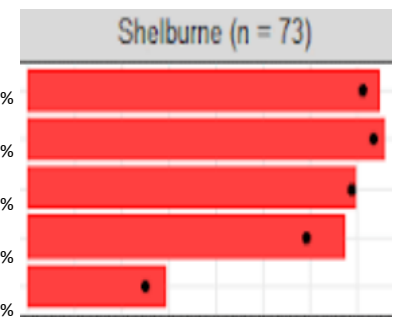
Buckland

	Total	Sample proportion	Town-weighted proportion	Count	Proportion
I have a reliable internet connection at home	1624	92%	89%	55	96%
I have access to a computer, tablet or smartphone at home	1666	94%	92%	52	91%
I know how to use a computer, tablet or smartphone	1556	88%	86%	50	88%
I can use Zoom or other video chat programs	1390	79%	74%	47	82%
I want to learn how to use new technology better	527	30%	31%	23	40%



Shelburne

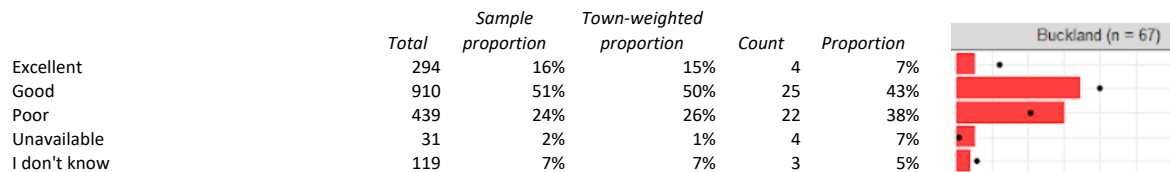
Count	Proportion
61	94%
62	95%
57	88%
55	85%
24	37%



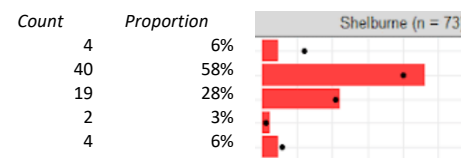
How would you rate the region on having the following? A variety of healthcare professionals, including specialists

19a

Buckland



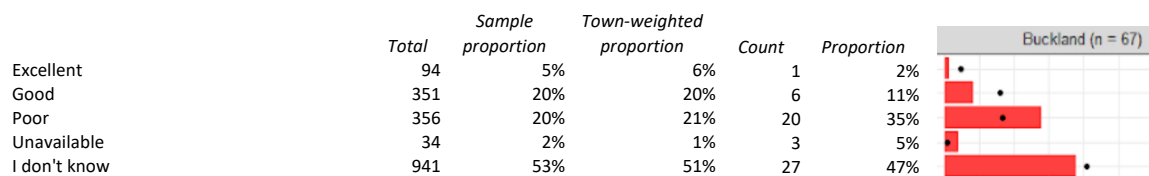
Shelburne



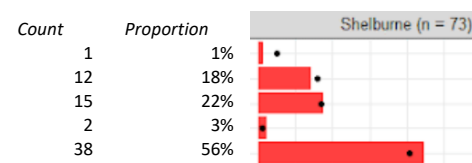
How would you rate the region on having the following? Affordable, certified home health care providers

19b

Buckland



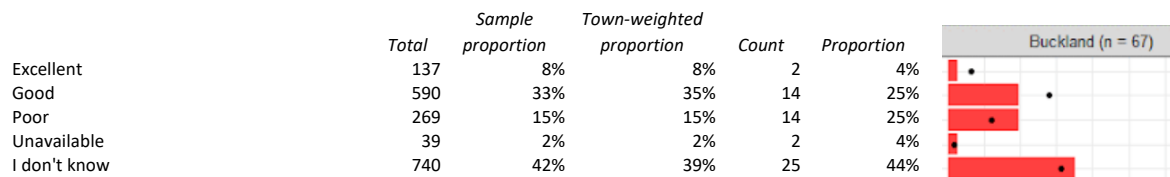
Shelburne



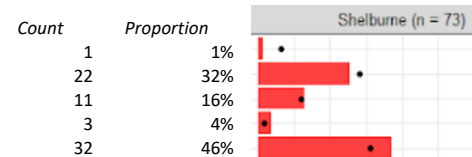
How would you rate the region on having the following? Health and wellness programs in areas such as nutrition, pain management and others

19c

Buckland

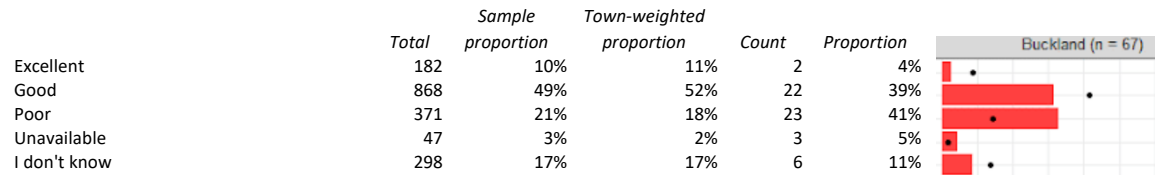


Shelburne

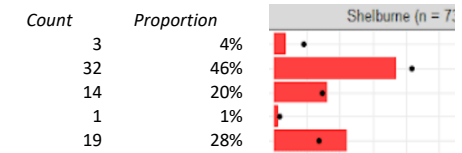


How would you rate the region on having
the following? Conveniently located health
19d and social services

Buckland

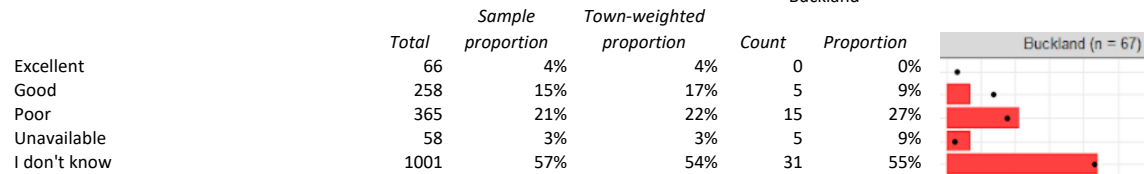


Shelburne

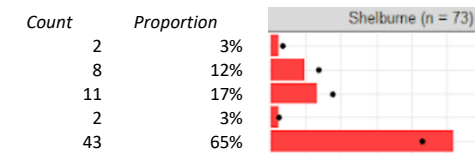


How would you rate the region on having
the following? Accessible mental health
19e support for elders

Buckland

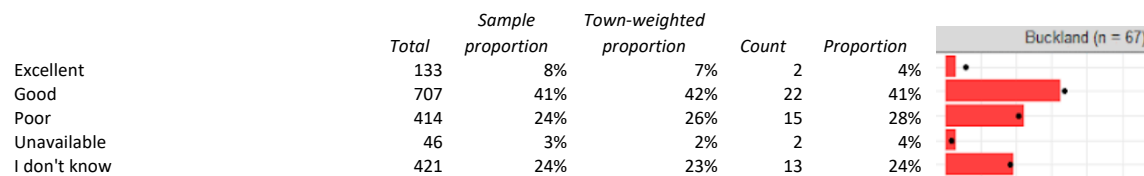


Shelburne

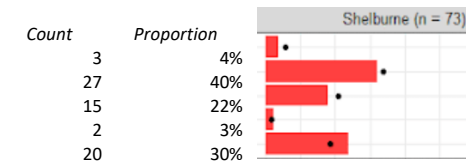


How would you rate the region on having
the following? Easy-to-find information
19f when looking for services

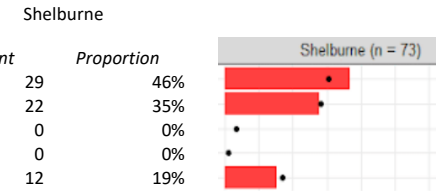
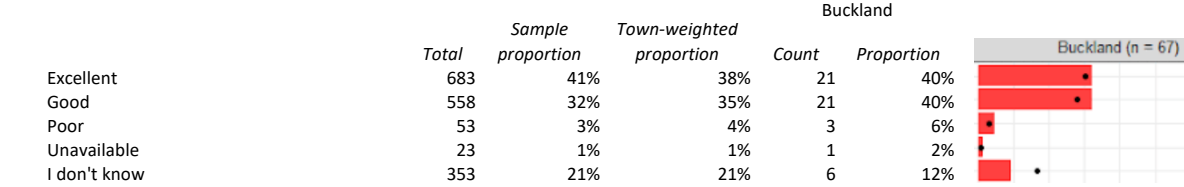
Buckland



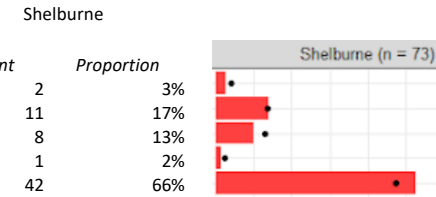
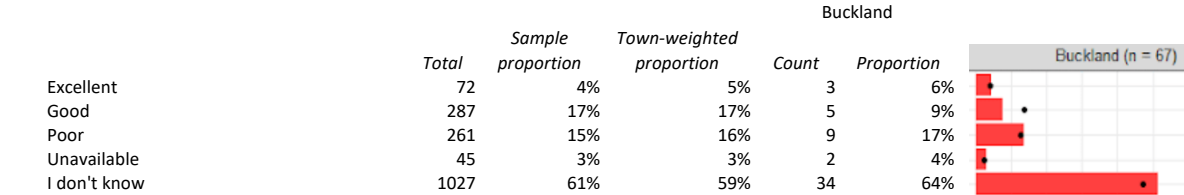
Shelburne



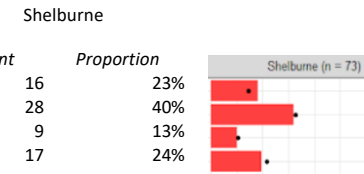
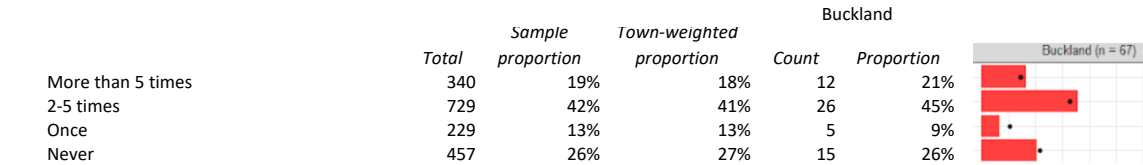
How would you rate the region on having the following? Health and social service providers who speak my language



How would you rate the region on having the following? Adequate caregiver support



How many times have you used telehealth (communication via phone call/video chat) to talk to a healthcare provider?



If you have ever used telehealth, read the following statements and then select your level of agreement. Overall, I had a good experience talking to my healthcare provider

23a via a phone call/video chat

	Sample		Town-weighted		Buckland		
	Total	proportion	proportion	Count	Proportion		Buckland (n = 67)
Agree	909	70%	70%	29	64%		
Neutral	323	25%	24%	13	29%		
Disagree	69	5%	6%	3	7%		

	Shelburne		
Count	Proportion		Shelburne (n = 73)
37	70%		
15	28%		
1	2%		

If you have ever used telehealth, read the following statements and then select your level of agreement. I would have preferred

23b to see my provider in person

	Sample		Town-weighted		Buckland		
	Total	proportion	proportion	Count	Proportion		Buckland (n = 57)
Agree	754	58%	59%	26	59%		
Neutral	404	31%	32%	10	23%		
Disagree	150	11%	10%	8	18%		

	Shelburne		
Count	Proportion		Shelburne (n = 73)
32	58%		
17	31%		
6	11%		

If you have ever used telehealth, read the following statements and then select your level of agreement. The telehealth

23c technology was confusing for me to use

	Sample		Town-weighted		Buckland		
	Total	proportion	proportion	Count	Proportion		Buckland (n = 57)
Agree	93	7%	10%	4	9%		
Neutral	323	26%	27%	12	28%		
Disagree	839	67%	63%	27	63%		

	Shelburne		
Count	Proportion		Shelburne (n = 73)
2	4%		
18	35%		
32	62%		

If you have ever used telehealth, read the following statements and then select your level of agreement. I would use telehealth

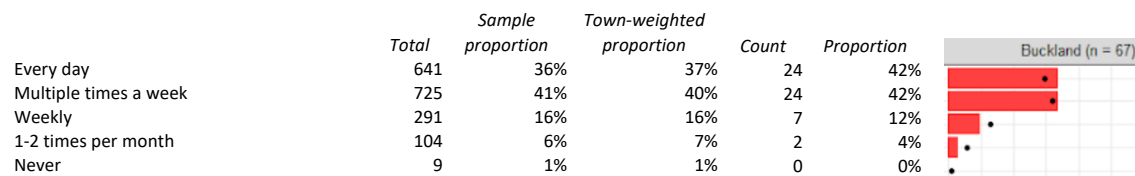
23d again in the future, even after the pandemic

	Sample		Town-weighted		Buckland		
	Total	proportion	proportion	Count	Proportion		Buckland (n = 67)
Agree	720	56%	55%	25	56%		
Neutral	385	30%	31%	15	33%		
Disagree	181	14%	15%	5	11%		

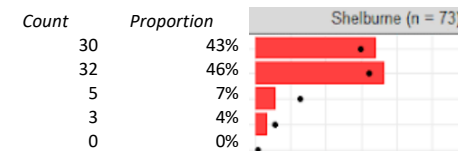
	Shelburne		
Count	Proportion		Shelburne (n = 73)
34	64%		
14	26%		
5	9%		

How often do you interact with people who
24 do not live with you?

Buckland

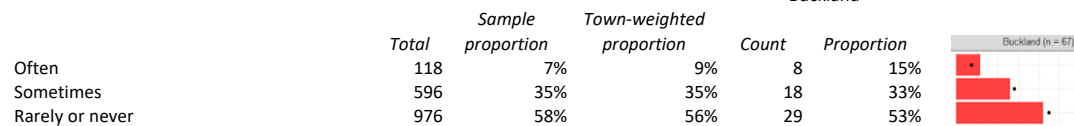


Shelburne

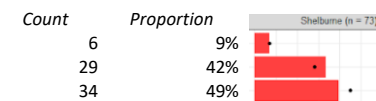


How often do you feel the following? I feel
25a lonely

Buckland

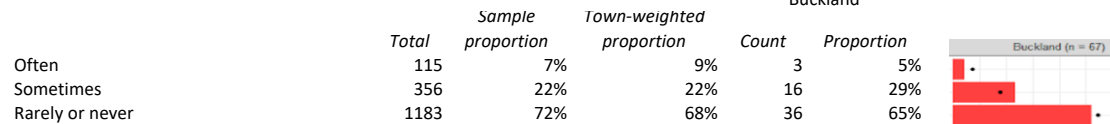


Shelburne

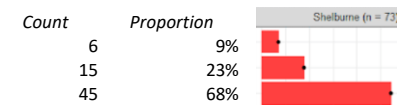


How often do you feel the following? I feel
25b left out of my family

Buckland

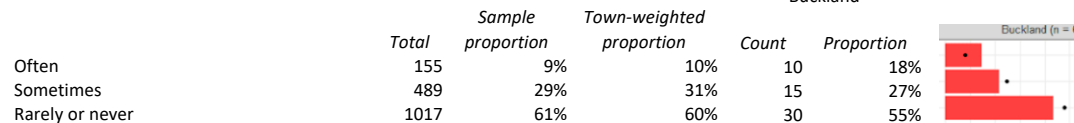


Shelburne

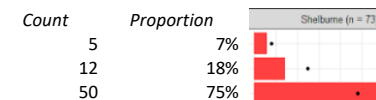


How often do you feel the following? I feel
25c left out of my community

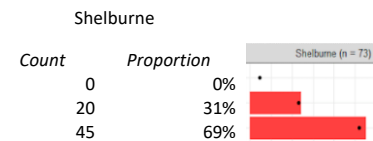
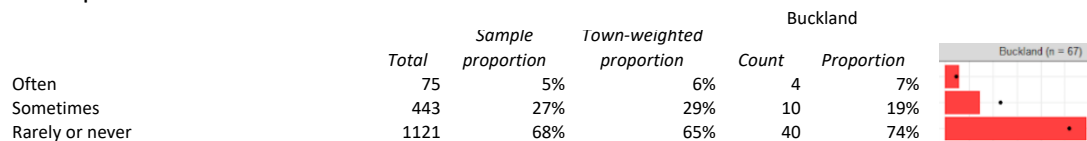
Buckland



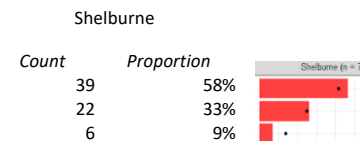
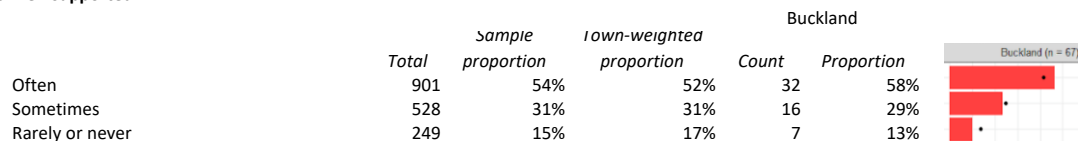
Shelburne



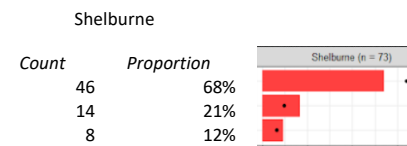
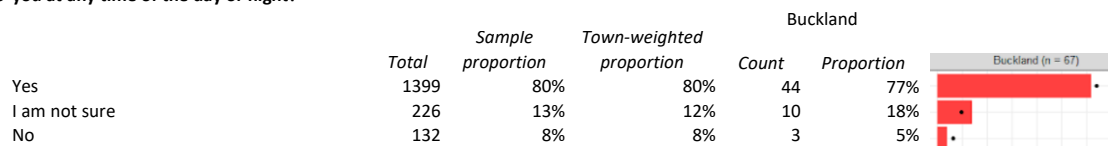
How often do you feel the following? I need
25d more help



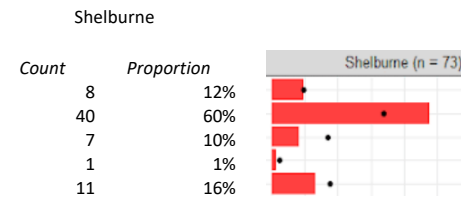
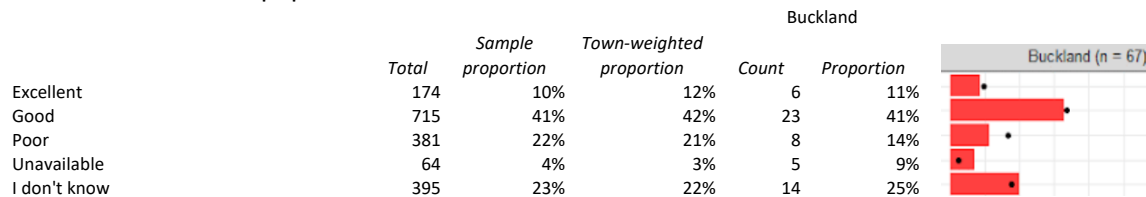
How often do you feel the following? I feel
25e well-supported



If you were in trouble or had an emergency,
do you have family or friends who can help
26 you at any time of the day or night?

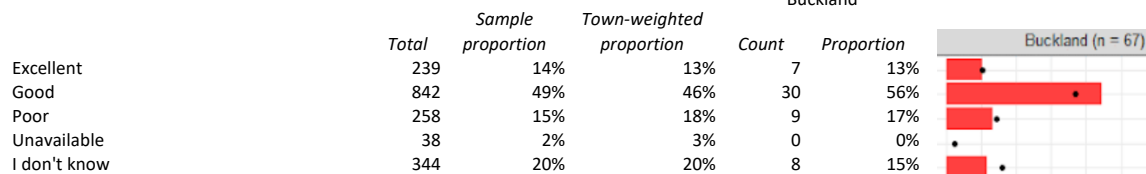


How would you rate your current access to
the following? Conveniently located social
27a and cultural activities for older people

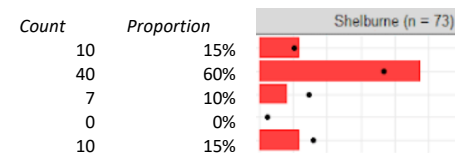


How would you rate your current access to the following? Events that are affordable to 27b people with my income level

Buckland

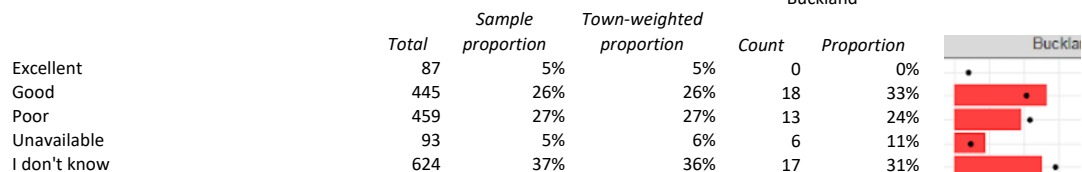


Shelburne

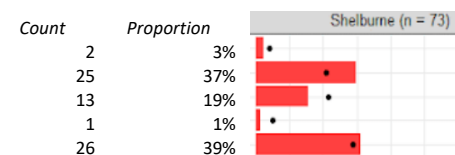


How would you rate your current access to the following? Intergenerational activities 27c that involve both younger and older people

Buckland

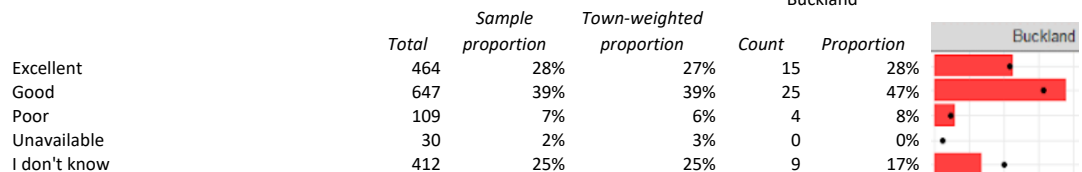


Shelburne

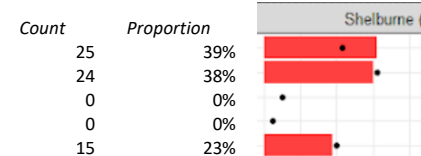


How would you rate your current access to the following? Social participation opportunities for people who speak my 27d language

Buckland

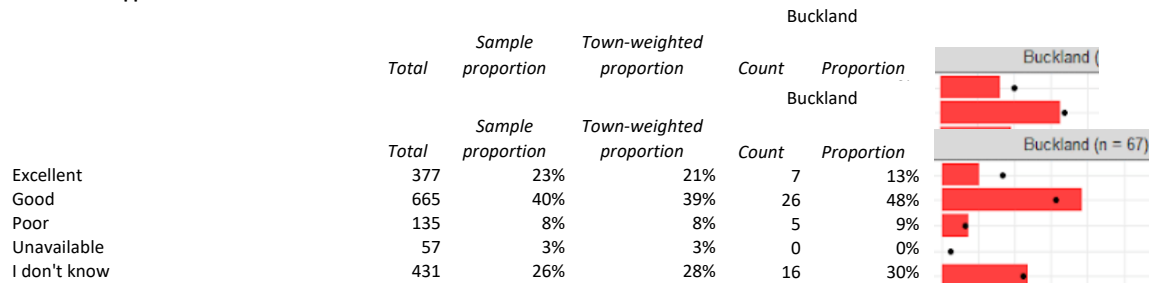


Shelburne

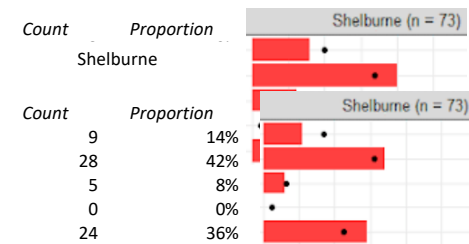


How would you rate your current access to the following? Fitness and outdoor recreational opportunities

27e

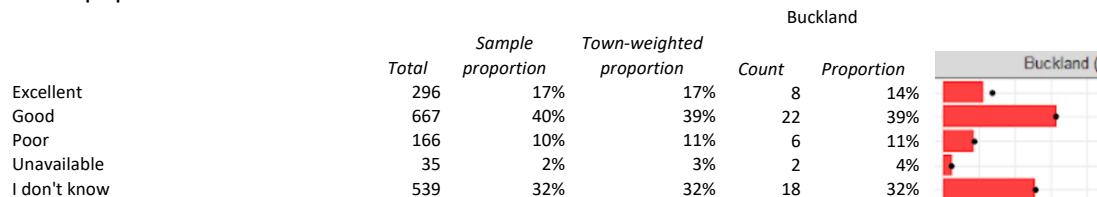


Shelburne

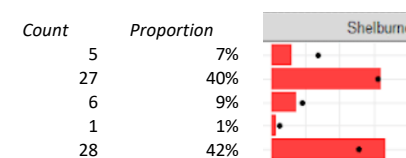


How would you rate your current access to the following? Volunteering opportunities for older people

28a

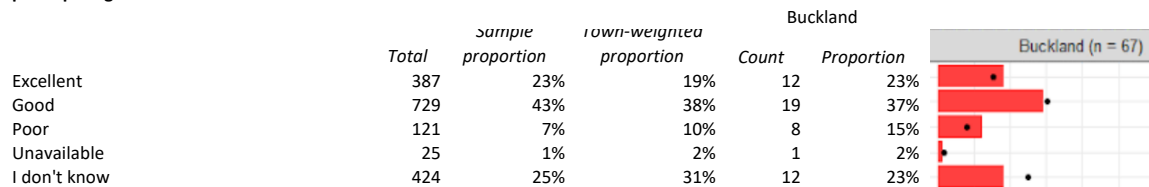


Shelburne

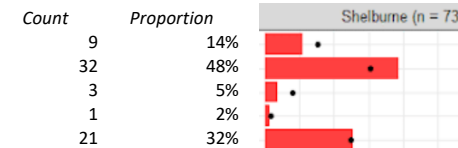


How would you rate your current access to the following? Civic engagement opportunities for older people, such as participating in a town committee or council

28b

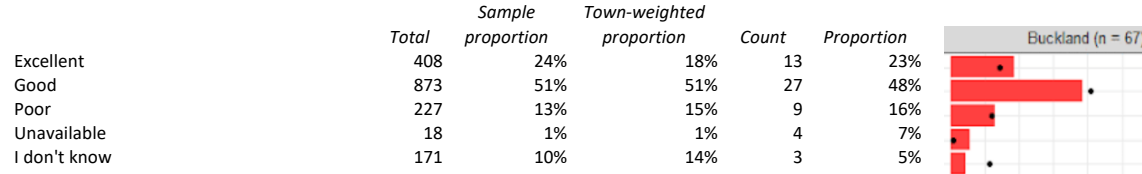


Shelburne

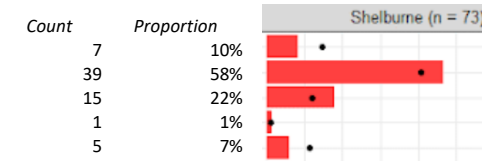


How would you rate your current access to the following? Access to information about
28c town updates

Buckland

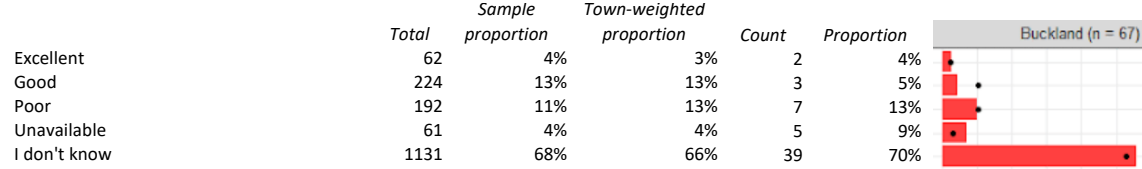


Shelburne

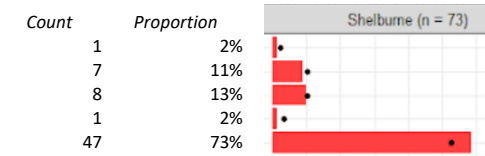


How would you rate your current access to the following? Remote engagement options
28d for elders who are home-bound

Buckland

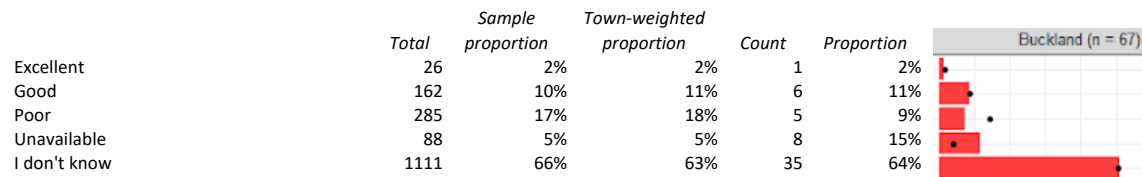


Shelburne

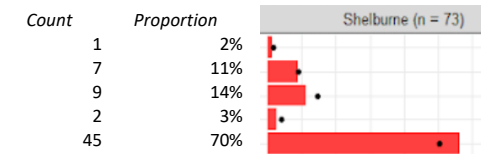


How would you rate your current access to the following? Flexible employment options
28e for older people

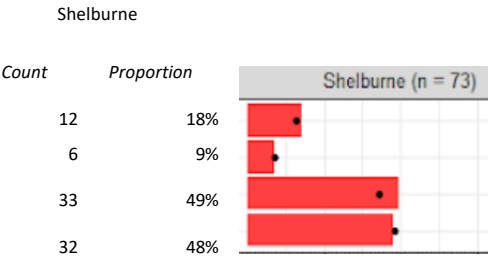
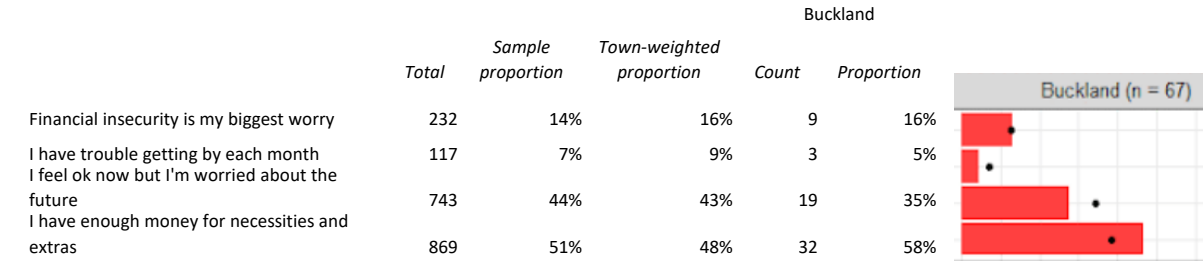
Buckland



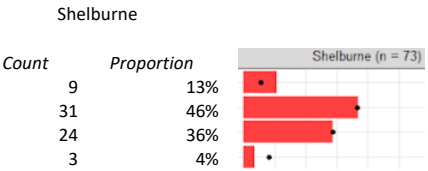
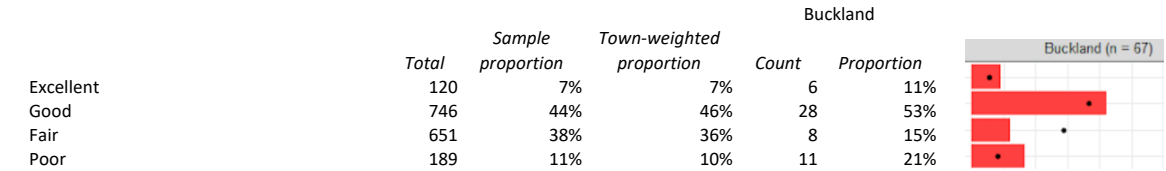
Shelburne



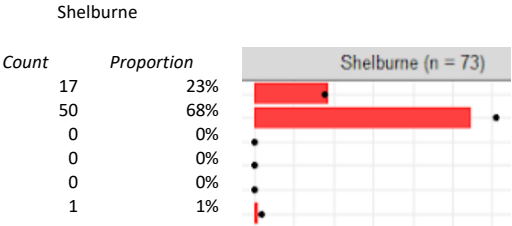
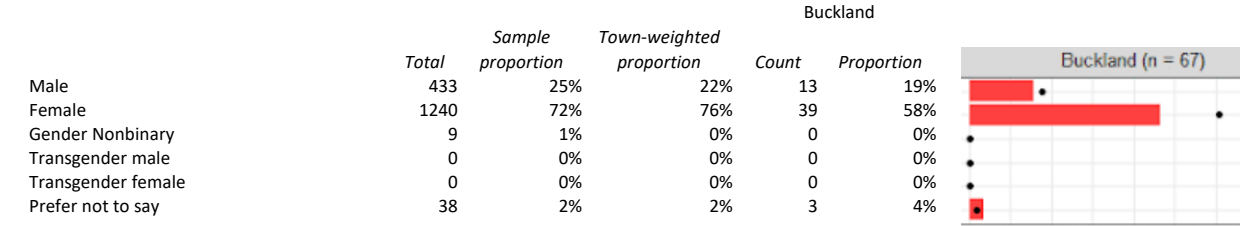
29 Is financial insecurity a worry for you now



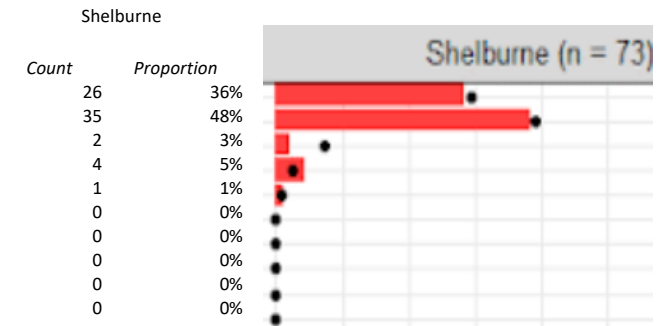
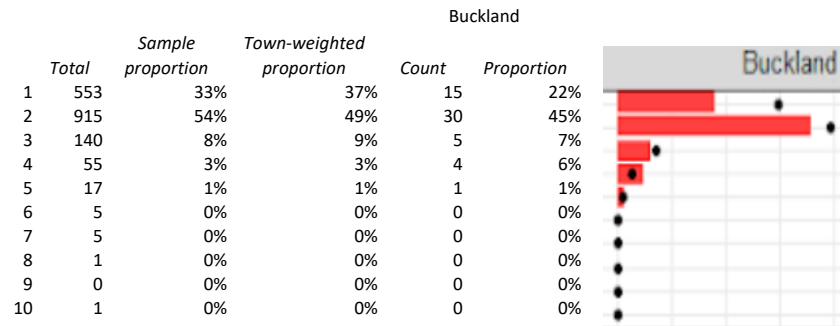
Overall, how would you rate your town as a
30 place for people to live as they age?



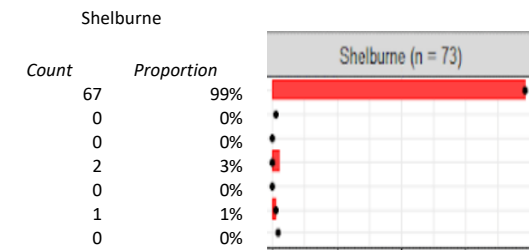
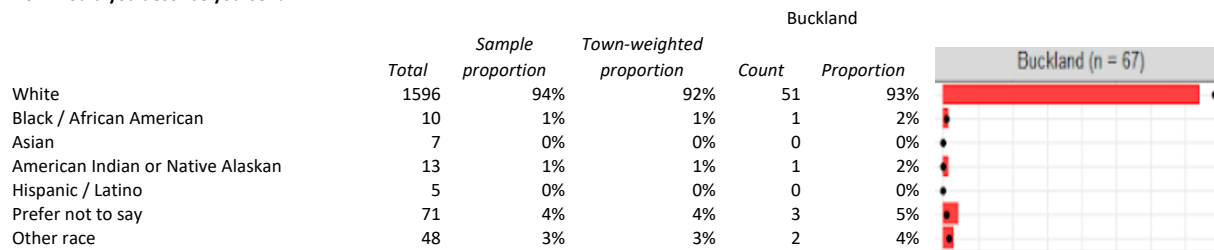
32 What is your gender?



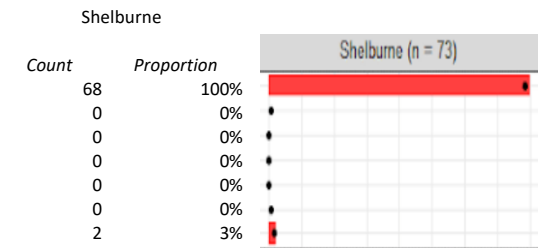
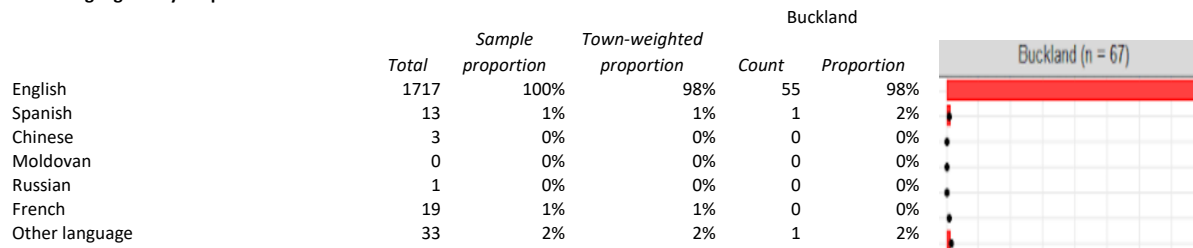
33 How many people live in your household,



34 How would you describe yourself?



35 What languages do you speak at home?



Opioid Settlements: Allocation of Funds Updated for the January 2023 MMA Annual Business Meeting and Trade Show

As many of you are aware, last year a settlement was reached in the national opioid litigation involving the big three distributors and Johnson & Johnson. This settlement resulted in creation of a national fund of approximately \$26 billion, of which Massachusetts received approximately \$500 million to address costs incurred in addressing the opioid crisis. Pursuant to an allocation agreement reached with the Attorney General, Massachusetts municipalities will receive a total of 40% of the Commonwealth's settlement proceeds. The remaining 60% will be placed in a statewide Opioid Recovery and Remediation Fund to be administered by the Attorney General.

In order to benefit from this settlement and receive the increased allocation of municipal settlement proceeds, each municipality was required to execute and submit to the Attorney General a State Subdivision Agreement. See [here](#). Completed and executed forms were to be submitted to MAOpioidSettlements@mass.gov. Additional information is available on the Attorney General's website [here](#).

More recently, the national consortium of attorneys in this matter has announced five additional proposed national settlements. The new settlement proposals concern CVS, Walgreens, Walmart, Teva, and Allergan and are estimated to provide up to \$20 billion in additional funding. The proposed settlement agreements also require changes in corporate behavior to address the issues raised in the litigation regarding the marketing and sale of opioids. These new proposed settlements will each have an opt-in procedure before they become effective, with different time frames for each individual settlement. Municipalities generally must decide whether to participate in these settlements by the end of March 2023. The consortium attorneys provided municipalities with opt-in documents for all five of the new settlement proposals at the same time, allowing municipalities at a single executive session held for litigation strategy, to decide whether to participate in these settlements. Nevertheless, separate settlement documentation will need to be signed for each settlement. Specific information on these and other settlement matters will be provided directly by the consortium. While the consortium attorneys believe the claims brought in the national litigation are strong, there is always risk, uncertainty, delay, and expense associated with continued litigation. The current settlement proposals provide a meaningful resolution together with the funding from the existing settlements. Continued litigation by municipalities choosing to opt out would involve municipal participation in a potentially extensive discovery process and may be burdensome to municipal resources. The consortium attorneys therefore believe it is in the best interests of municipalities to participate in these newly proposed settlements.

We hope this information is helpful. Please contact [Mark Reich](#) or [Lauren Goldberg](#) with any further questions.

Disclaimer: This information is provided as a service by KP Law, P.C. This information is general in nature and does not, and is not intended to, constitute legal advice. Neither the provision nor receipt of this information creates an attorney-client relationship with KP Law, P.C. Whether to take any action based upon the information contained herein should be determined only after consultation with legal counsel.

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Massachusetts State-Subdivision Agreement for Statewide Opioid Settlements

A. Statewide Opioid Settlements. As used herein, the term “**Statewide Opioid Settlements**” refers to statewide opioid settlements reached by or before January 1, 2026 between the Massachusetts Attorney General and non-bankrupt opioid industry participants, pursuant to which certain Massachusetts political subdivisions (“**Massachusetts Subdivisions**”) are eligible to participate and share in Global Settlement Abatement Funds (“**Abatement Funds**”), in exchange for releases. For avoidance of doubt, the July 2021 opioid settlements between the Massachusetts Attorney General and opioid distributors McKesson, Cardinal, AmerisourceBergen, and opioid-maker Johnson & Johnson (“**Settlements**”) are Statewide Opioid Settlements. Unless otherwise stated, the capitalized terms herein shall have the same meaning as in the Settlements.

B. Massachusetts Abatement Terms. Abatement Funds shall be used solely to supplement and strengthen, rather than supplant, resources for prevention, harm reduction, treatment, and recovery, in accordance with the purposes and subject to the requirements in the appended Massachusetts Abatement Terms.

C. Allocation of Abatement Funds to Massachusetts Subdivisions. The Massachusetts Subdivisions shall collectively be eligible to receive 40% of each Annual Payment of Abatement Funds that come into the state, allocated among them in the percentages reflected in the Settlements, so long as they timely submit Subdivision Settlement Participation Forms in the form attached to the Statewide Opioid Settlements. Participating Subdivisions may elect to share or pool the funds they receive and collaborate on abatement efforts. Participating Subdivisions may also elect to reallocate to the statewide Opioid Recovery and Remediation Fund some or all of their allocation of any Statewide Opioid Settlement with timely notice to the Settlement Administrator.

D. Allocation of Abatement Funds to Statewide Opioid Recovery and Remediation Fund. The statewide Opioid Recovery and Remediation Fund (“**ORRF**”) shall receive 60% of each Annual Payment of Abatement Funds as well as: (a) amounts voluntarily reallocated to it by Participating Subdivisions; (b) amounts allocated to Subdivisions that are Non-Participating Subdivisions as of a Payment Date; and (c) any other Abatement Funds not paid out pursuant to Section C. The ORRF is a Statutory Trust, as that term is defined in the Settlements, established by the legislature in 2021 to expand access to opioid use disorder, prevention, intervention, treatment and recovery options throughout Massachusetts. The ORRF is administered by the Executive Office of Health and Human Services in consultation with a 20-member state- and municipal-appointed advisory council with expertise and experience with opioid use disorder.¹

E. Consent Judgments. This Agreement will be appended to proposed Consent Judgments filed in the Massachusetts Superior Court, in an action or actions filed by the Attorney General, consistent with the Statewide Opioid Settlements and any related legislation. In the event of a

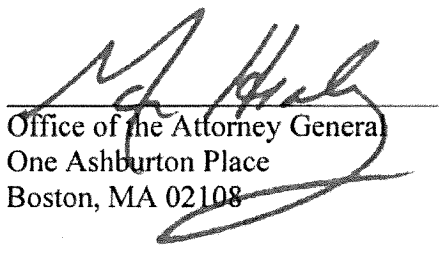

¹ Current appointees include nonprofit leaders, physicians, professors, and public officials from Amherst, Boston, Brockton, Falmouth, Framingham, Lynn, New Bedford, Pittsfield, Springfield, and Worcester. The advisory council holds public meetings every quarter about priorities for addressing the opioid epidemic in Massachusetts.

conflict between this Agreement and the Statewide Opioid Settlements, the Statewide Opioid Settlements will govern.

F. State-Subdivision Agreement. This Agreement is a State-Subdivision Agreement as forth in Exhibit O to the Settlements and shall take effect subject to the approval requirements therein.

G. Authority. The undersigned officials understand and agree to be bound by this Agreement and represent that their execution of this Agreement is voluntary and authorized.

H. Counterparts. This Agreement may be executed in counterparts, each of which constitutes an original and all of which constitute one and the same Agreement.

<p>THE COMMONWEALTH OF MASSACHUSETTS</p> <p>MAURA HEALEY ATTORNEY GENERAL</p>  <p>Office of the Attorney General One Ashburton Place Boston, MA 02108</p> <p>Date: March 4, 2022</p>	<p>Name of Participating Subdivision: Town of Buckland</p> <p>Signature: </p> <p>Name of Signer: Barry Del Castilho</p> <p>Title: Chair, Select Board</p> <p>Address: 17 State Street Shelburne Falls, MA 01370</p> <p>Phone Number: 413 625 - 6330</p> <p>Email: twnadmin@town.buckland.ma.us</p> <p>Date: Feb. 28, 2023</p>
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MASSACHUSETTS ABATEMENT TERMS

I. STATEWIDE COMMITMENT TO ABATEMENT

The Commonwealth and its municipalities have a shared commitment to using abatement funds recovered from statewide opioid settlements to supplement and strengthen resources available to Massachusetts communities and families for substance use disorder prevention, harm reduction, treatment, and recovery in a matter that:

- ❖ reflects the input of our communities, of people who have personal experience with the opioid crisis, of experts in treatment and prevention, and of staff and organizations that are carrying out the abatement work;
- ❖ addresses disparities in existing services and outcomes and improves equity and the health of individuals and communities disadvantaged by race, wealth, and stigma, including through efforts to increase diversity among service providers;
- ❖ addresses mental health conditions, substance use disorders, and other behavior health needs that occur together with opioid use disorder (“OUD”);
- ❖ leverages programs and services already reimbursed by state agencies and programs, including direct care reimbursed by MassHealth and the state’s Bureau of Substance Addiction Services (“BSAS”); and
- ❖ encourages innovation, fills gaps and fixes shortcomings of existing approaches; supplements rather than supplants resources for prevention, harm reduction, treatment, and recovery; includes evidence-based, evidence-informed, and promising programs; and takes advantage of the flexibility that is allowed for these funds.²

This document sets forth: how abatement funds from these settlements must be used by the state and its municipalities (Sections II and III); how the state will support municipal abatement initiatives (Section IV); and state and municipal reporting requirements (Section V).

II. STATE USE OF ABATEMENT FUNDS

Abatement funds directed to the state shall be deposited into the statewide Opioid Recovery and Remediation Fund to supplement prevention, harm reduction, treatment, and recovery programs throughout Massachusetts. The Fund is overseen by the Commonwealth’s Executive Office of Health and Human Services (“EOHHS”) together with a Council comprised of 10 municipal appointees appointed by the Massachusetts Municipal Association and 10 state

² In this document, the words “fund” and “support” are used interchangeably and mean to create, expand, or sustain a program, service, or activity. References to persons with opioid use disorder are intended in a broad practical manner to address the public health crisis, rather than to require a clinical diagnosis, and they include, for example, persons who have suffered an opioid overdose. It is also understood that OUD is often accompanied by co-occurring substance use disorder or mental health conditions, and it is intended that the strategies in this document will support persons with OUD and any co-occurring SUD and mental health conditions.

appointees qualified by experience and expertise regarding opioid use disorder. Appointees serve for two years. The Council holds public meetings every quarter to identify priorities for addressing the opioid epidemic in Massachusetts.

III. MUNICIPAL USE OF ABATEMENT FUNDS

Abatement funds allocated to municipalities shall be used to implement the strategies set forth below. Municipalities are encouraged to pool abatement funds to increase their impact, including by utilizing the Office of Local and Regional Health's Shared Service infrastructure. Municipal abatement funds shall not be used to fund care reimbursed by the state, including through MassHealth and BSAS, although local or area agencies or programs that provide state-reimbursed services can be supported financially in other ways that help meet the needs of their participants.

1. Opioid Use Disorder Treatment

Support and promote treatment of persons with OUD, including through programs or strategies that:

- a. Expand mobile intervention, treatment, telehealth treatment, and recovery services offered by qualified providers, including peer recovery coaches.
- b. Support evidence-based withdrawal management services for people with OUD and any co-occurring mental health conditions.
- c. Make capital expenditures to rehabilitate and expand facilities that offer treatment for OUD, in partnership with treatment providers.
- d. Treat trauma for individuals with OUD (e.g., violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (e.g., surviving family members after an overdose).

2. Support People In Treatment And Recovery

Support and promote programs or strategies that:

- a. Provide comprehensive wrap-around services to individuals with OUD, including job placement, job training, or childcare.
- b. Provide access to housing for people with OUD, including supportive housing, recovery housing, housing, rent, move-in deposits, and utilities assistance programs, training for housing providers, or recovery housing programs that integrate FDA-approved medication with other support services.
- c. Rehabilitate properties appropriate for low-threshold and recovery housing, including in partnership with DHCD-funded agencies and OUD-specialized organizations.
- d. Provide peer support specialists that support people in accessing OUD treatment, trauma-informed counseling and recovery support, harm reduction services, primary healthcare,

or other services, including support for long-term recovery encompassing relapse, treatment, and continued recovery.

- e. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD.
- f. Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD.
- g. Provide transportation to treatment or recovery services for persons with OUD.
- h. Provide employment training or educational services for persons with OUD, such as job training, job placement, interview coaching, community college or vocational school courses, transportation to these activities, or similar supports.
- i. Increase the number and capacity of high-quality recovery programs to help people in recovery.
- j. Engage non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members in their efforts to support the person with OUD in the family.
- k. Support programs for recovery in schools and/or standalone recovery high schools.
- l. Support bereaved families and frontline care providers.

3. Connections To Care

Provide connections to care for people who have, or are at risk of developing, OUD through programs or strategies that:

- a. Support the work of Emergency Medical Systems, including peer support specialists and post-overdose response teams, to connect individuals to trauma-informed treatment recovery support, harm reduction services, primary healthcare, or other appropriate services following an opioid overdose or other opioid-related adverse event.
- b. Support school-based services related to OUD, such as school-based contacts that parents can engage with to seek immediate treatment services for their child; and support prevention, intervention, treatment, and recovery programs focused on young people. This should include alternatives to suspension or interaction with school resource officers such as restorative justice approaches.
- c. Fund services or training to encourage early identification and intervention for families, children, or adolescents who may be struggling with use of drugs or mental health conditions, including peer-based programs and Youth Mental Health First Aid. Training programs may target families, caregivers, school staff, peers, neighbors, health or human services professionals, or others in contact with children or adolescents.

- d. Include Fire Department partnerships such as Safe Stations.³

4. Harm Reduction

Support efforts to prevent overdose deaths or other opioid-related harms through strategies that:

- a. Increase availability of naloxone and other drugs that treat overdoses for first responders,⁴ overdose patients, individuals with OUD and their friends and family, schools, community-based organizations, community navigators and outreach workers, persons being released from jail or prison, or the public.
- b. Provide training and education regarding naloxone and other drugs that treat overdoses.
- c. “Naloxone Plus” strategies to ensure that individuals who receive naloxone to reverse an overdose are linked to treatment programs or other appropriate services.
- d. Approve and fund syringe service programs and other programs to reduce harms associated with drug use, including supplies, staffing, space, peer support services, referrals to treatment, fentanyl checking, syringe collection and disposal, connections to care, and the full range of harm reduction and treatment services provided by these programs.
- e. Support mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, primary and behavioral health care, recovery support, or other appropriate services to persons with OUD.
- f. Promote efforts to train health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide care to persons who use opioids or persons with OUD in crisis training and harm reduction strategies.
- g. Active outreach strategies such as the Drug Abuse Response Team model or the Post Overdose Support Team model.
- h. Provide outreach and services for people who use drugs and are not yet in treatment, including services that build relationships with and support for people with OUD.

5. Address The Needs Of Criminal-Justice-Involved Persons

Support diversion and deflection programs and strategies for criminal-justice-involved persons with OUD, including:

- a. Programs, that connect individuals involved in the criminal justice system and upon release from jail or prison to OUD harm reduction services, treatment, recovery support, primary healthcare, prevention, legal support, or other supports, or that provide these

³ Safe Stations currently operate in Fall River and Revere. See, e.g., <https://www.mma.org/fall-river-fire-stations-become-safe-stations-for-people-seeking-addiction-treatment/>.

⁴ Municipalities can purchase discounted naloxone kits from the State Office of Pharmacy Services. See <https://www.mass.gov/service-details/bulk-purchasing-of-naloxone>.

services.

- b. Co-responder and/or alternative responder models to address OUD-related 911 calls with greater OUD expertise.
- c. Public safety-led diversion strategies such as the Law Enforcement Assisted Diversion model.
- d. Participate in membership organizations such as the Police Assisted Addiction Recovery Initiative for training and networking and utilize law enforcement training opportunities such as the Safety and Health Integration in the Enforcement of Laws on Drugs (SHIELD) model.⁵

6. Support Pregnant Or Parenting Women And Their Families, Including Babies With Neonatal Abstinence Syndrome

Support pregnant or parenting women with OUD and their families, including babies with neonatal abstinence syndrome, through programs or strategies that provide family supports or childcare services for parents with OUD, including supporting programs such as:

- a. FIRST Steps Together, a home visiting program for parents in recovery that currently has seven sites serving cities and towns across the state;
- b. Pregnant/post-partum and family residential treatment programs, including and in addition to the eight family residential treatment programs currently funded by DPH; and
- c. the Moms Do Care recovery support program that has grown from two to ten programs in the state.

7. Prevent Misuse Of Opioids And Implement Prevention Education

Support efforts to prevent misuse of opioids through strategies that:

- a. Support programs, policies, and practices that have demonstrated effectiveness in preventing drug misuse among youth. These strategies can be found at a number of existing evidence-based registries such as Blueprints for Health Youth Development (<https://www.blueprintsprograms.org/>).
- b. Support community coalitions in developing and implementing a comprehensive strategic plan for substance misuse prevention. There are a number of evidence based models for strategic planning to consider including but not limited to the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration (<https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf>) and Communities That Care developed by the University of Washington (<https://www.communitiesthatcare.net/programs/ctc-plus/>).
- c. Engage a robust multi-sector coalition of stakeholders in both the development and implementation of the above stated strategic plan (<https://www.prevention->

⁵ See <https://paariusa.org>

first.org/centers/center-for-community-engagement/about-this-center/).

- d. Support community-based education or intervention services for families, youth, and adolescents at risk for OUD.
- e. Support greater access to mental health services and supports for young people, including services provided in school and in the community to address mental health needs in young people that (when not addressed) increase the risk of opioid or another drug misuse.
- f. Initiate, enhance, and sustain local youth health assessment through the implementation of a validated survey tool to develop localized strategic plans that will inform the best ways to institute or enhance strategies to reduce and prevent youth substance misuse, including mental health services and supports for young people, intervention services for families, and youth-focused programs, policies, and practices that have demonstrated effectiveness in reducing and preventing drug misuse.

IV. STATE SUPPORT FOR MUNICIPAL ABATEMENT AND INTER-MUNICIPAL COLLABORATION

EOHHS and the Department of Public Health (DPH), including through its Office of Local and Regional Health (OLRH), will support municipal abatement initiatives by providing strategic guidance to help Massachusetts municipalities select and implement abatement strategies and effectively pool their resources through inter-municipal Shared Service Agreements, as well as other technical assistance. By pooling resources, functions, and expertise, a consortium of cities and towns can expand the public health protections and services they offer residents.

In addition, EOHHS/DPH will collect information regarding municipal abatement and publish an annual report to provide the public with information about the municipal abatement work and to highlight effective strategies, lessons learned, and opportunities for further progress. The support for municipal abatement described in this Section IV will be funded by the state abatement funds described in Section II, above.

V. REPORTING AND RECORD-KEEPING REQUIREMENTS

A. STATE REPORTING. Annually, not later than October 1, the secretary of EOHHS shall file a report on the activity, revenue and expenditures to and from the statewide Opioid Recovery and Remediation Fund in the prior fiscal year with the clerks of the senate and the house of representatives, the house and senate committees on ways and means and the joint committee on mental health, substance use and recovery and made available on the executive office of health and human services' public website. The report shall include, but not be limited to: revenue credited to the fund; expenditures attributable to the administrative costs of the executive office; an itemized list of the funds expended from the fund; data and an assessment of how well resources have been directed to vulnerable and under-served communities. EOHHS filed its first Annual Report on October 1, 2021.

B. MUNICIPAL REPORTING. Cities and towns that receive annual abatement distributions of \$35,000⁶ or more, whether individually or pooled through OLRH Shared Service arrangements, will be required to submit annual reports of their Municipal Abatement Fund expenditures in the prior fiscal year to EOHHS, starting in FY2023. The reports shall include, but not be limited to: municipal abatement funds received; an itemized list of the funds expended for abatement and administrative costs, if applicable; the unexpended balance; a brief description of the funded abatement strategies and efforts to direct resources to vulnerable and under-served communities. Additional reporting-related guidance shall be provided. All municipalities must: maintain, for a period of at least 5 years after funds are received, documents sufficient to reflect that Municipal Abatement Funds were utilized for the Municipal Abatement Strategies listed herein.⁷

⁶ EOHHS retains the right to modify this reporting threshold.

⁷ Nothing in this document reduces obligations under public records law.

Buckland Local Elections 2023

Nomination papers for the Annual Town Election will be available in the Town Clerk's office starting Wednesday, March 8, 2023. Deadline to submit Nomination papers to Town Clerk for certification is April 12, 2023. The annual town election is scheduled for Tuesday, June 6th, 10 am – 8 pm. The last day to register to vote for this election is Friday, May 26 by 5 pm; a voter registration will be held on this day 9-11am and 3-5pm

Offices on the ballot this year will be:

- 1 Select Board – 3 year term
- 1 Assessor -3 year term
- 1 Board of Health -1 year unexpired term
- 1 Town Clerk – 3 year term
- 1 Buckland Library Trustee -3 year term
- 1 Constable – 3 year term
- 2 Finance Committee – (2) 3 year terms
- 1 Moderator -1 year term
- 1 School Committee – 3 year term

The following incumbents have indicated that they will be seeking re-election:

Pam Guyette - Assessor

Phoebe Walker - Moderator

Larry Langford – Finance Committee

Julie Godfrey – Board of Health

Needed Ballot questions to finish Bylaw changes that were voted on at Annual Town Meeting on May 5, 2022 and approved by the AGO in July 2022:

1) Shall the town vote to have its elected Tree Warden become appointed Tree Warden?

2) Shall the town vote to have its elected Constables become appointed Constables?

The Town will utilize Vote by Mail for the local election as required by the Voter Acts Law – residents must apply for this. Postage for mailing ballots to come out of the revolving election account which is comprised of state reimbursements for state election costs (postage and payroll for early voting). The town will not have early voting in person.

**FY24 hauling and disposal estimates
Buckland**

	Trash	Scrap Metal	Recycling hauls	MRF fee	RDP lamps	RDP tanks	TOTAL
Single haul	\$1,425	\$860	\$2,805				
Split	\$4,980	\$0	\$5,603				
Eqpt rental	\$0	\$0	\$600				
Disposal	\$22,485	\$0	\$0				
Admin flat fee	\$500	\$300	\$500				
Admin \$4.50/ton	\$1,035	\$117	\$450				
Total	\$30,425	\$1,277	\$9,958	\$10,069	\$210	\$60	\$51,998

The recycling fee is based on the maximum price of \$100.69/ton. The actual fee is based on monthly market values.

Note: Up to \$5,069 of the MRF fee can be paid with RDP funds

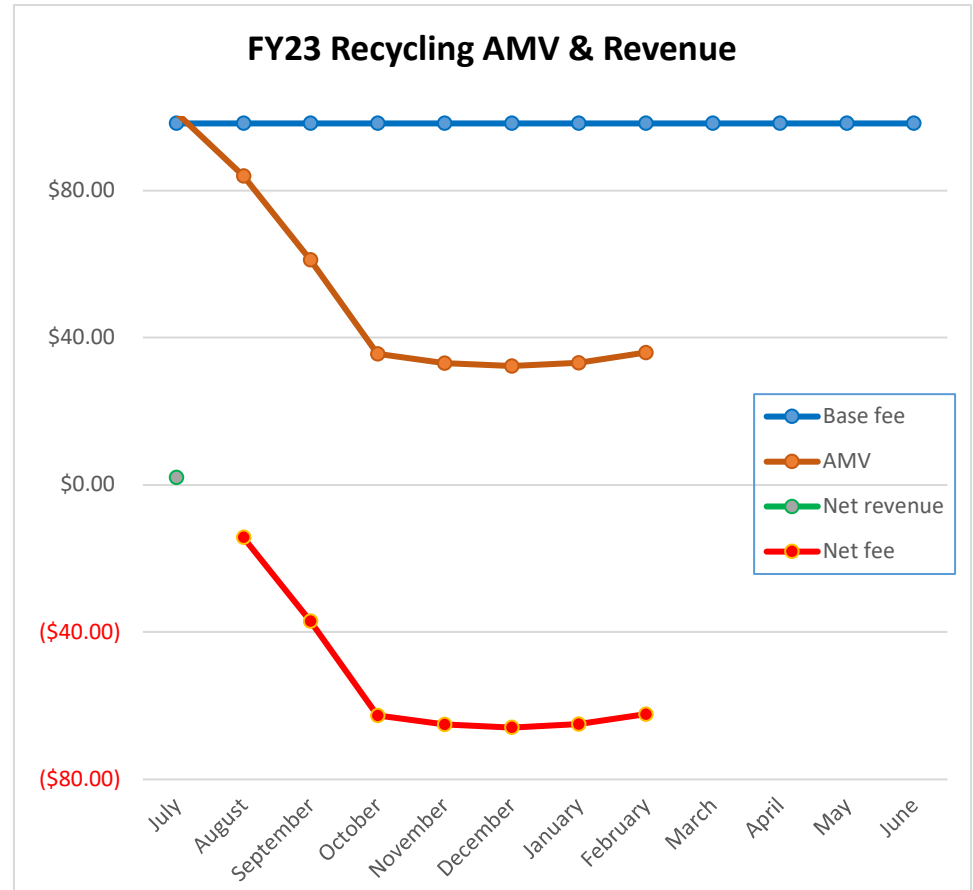
AMV & Net Revenue FY23

Springfield MRF

70% of net revenue to town

	Base fee	AMV	Net revenue	Net fee
July	\$98.23	\$101.10	\$2.01	
August	\$98.23	\$83.95		-\$14.28
September	\$98.23	\$61.18		-\$37.05
October	\$98.23	\$35.57		-\$62.66
November	\$98.23	\$33.08		-\$65.15
December	\$98.23	\$32.31		-\$65.92
January	\$98.23	\$33.15		-\$65.08
February	\$98.23	\$35.89		-\$62.34
March	\$98.23			
April	\$98.23			
May	\$98.23			
June	\$98.23			

* AMV is Average Market Value of commodities



Hauling Cost Chart

Recycling Hauling			
<u>Town</u>	<u>FY23</u>	<u>FY24</u>	<u>increase</u>
Bernardston	\$228	\$255	11.84%
Buckland	\$239	\$255	6.69%
Charlemont	\$223	\$250	12.11%
Colrain	\$239	\$265	10.88%
Conway	\$212	\$235	10.85%
Deerfield	\$196	\$215	9.69%
Heath	\$265	\$285	7.55%
Leverett	\$223	\$240	7.62%
Montague	\$217	\$245	12.90%
New Salem	\$239	\$260	8.79%
Northfield	\$223	\$245	9.87%
Orange	\$260	\$280	7.69%
Rowe	\$292	\$305	4.45%
Shelburne	\$228	\$255	11.84%
Warwick	\$271	\$295	8.86%
Wendell	\$239	\$250	4.60%
avg			9.14%

Scrap Metal			
<u>Town</u>	<u>FY23</u>	<u>FY24</u>	<u>increase</u>
Bernardston	\$180	\$195	8.33%
Buckland	\$207	\$215	3.86%
Colrain	\$191	\$215	12.57%
Conway	\$211	\$215	1.90%
Deerfield	\$191	\$186	-2.62%
Erving	\$175	\$193	10.29%
Heath	\$271	\$300	10.70%
New Salem	\$249	\$260	4.42%
Northfield	\$202	\$221	9.41%
Rowe	\$255	\$265	3.92%
Warwick	\$292	\$320	9.59%
Wendell	\$239	\$255	6.69%
avg			6.59%

MSW			
<u>Town</u>	<u>FY23</u>	<u>FY24</u>	<u>increase</u>
Bernardston	\$249	\$270	8.43%
Buckland	\$265	\$285	7.55%
Charlemont	\$244	\$265	8.61%
Colrain	\$265	\$285	7.55%
Conway	\$260	\$270	3.85%
Deerfield	\$206	\$227	10.19%
Heath	\$286	\$308	7.69%
Leverett	\$228	\$250	9.65%
New Salem	\$260	\$280	7.69%
Northfield	\$244	\$265	8.61%
Rowe	\$302	\$320	5.96%
Shelburne	\$244	\$265	8.61%
Warwick	\$292	\$310	6.16%
Wendell	\$265	\$285	7.55%
avg			7.72%

Tandem Hauls (needn't be 2 of a kind)			
	<u>FY23</u>	<u>FY24</u>	<u>Increase</u>
Bernardston	\$371	\$415	11.86%
Buckland	\$371	\$415	11.86%
Charlemont*	\$355	\$390	9.86%
Colrain	\$382	\$425	11.26%
Conway	\$361	\$390	8.03%
Deerfield	\$355	\$370	4.23%
Heath	\$382	\$435	13.87%
Leverett	\$382	\$435	13.87%
Montague	\$355	\$370	4.23%
New Salem	\$382	\$425	11.26%
Northfield	\$361	\$390	8.03%
Orange	\$371	\$435	17.25%
Rowe	\$403	\$460	14.14%
Shelburne*	\$355	\$390	9.86%
Warwick	\$398	\$450	13.07%
Wendell	\$382	\$420	9.95%
avg			10.79%

Bulky Waste			
<u>Town</u>	<u>FY23</u>	<u>FY24</u>	<u>increase</u>
Bernardston	\$223	\$240	7.62%
Colrain	\$223	\$250	12.11%
Conway	\$217	\$235	8.29%
Deerfield	\$191	\$210	9.95%
Erving	\$217	\$240	10.60%
Leverett	\$207	\$230	11.11%
Montague	\$212	\$235	10.85%
New Salem	\$228	\$250	9.65%
Orange	\$249	\$280	12.45%
Rowe	\$281	\$295	4.98%
Warwick	\$265	\$285	7.55%
Wendell	\$239	\$260	8.79%
avg			9.50%

mattresses: @\$50

each box

\$207.50
\$207.50
\$195.00
\$212.50
\$195.00
\$185.00
\$217.50
\$217.50
\$185.00
\$212.50
\$195.00
\$217.50
\$230.00
\$195.00
\$225.00
\$210.00

Comparisons

TOWN	OPERATING HOURS	RESIDENTIAL REAL ESTATE TAX RATE	PERMIT FEE	DISPOSAL TYPE	COST PER TRASH BAG	BULKY WASTE PRICING
CONWAY	Wednesday 10AM - 6PM Saturday 9AM - 5PM Sunday 8AM - 1PM	17.95	\$10.00	UNLIMITED	\$0	\$0
DEERFIELD	Tuesday 8:30AM - 4PM Thursday 8:30AM - 4PM Saturday 8:30AM - 4PM	15.17	\$70	PAY AS YOU THROW	33 Gallon - \$2.50 15 Gallon - \$1.70	PRICED PER ITEM
WILLIAMBURG	Wednesday 9AM - 4PM Saturday 9AM - 4PM	19.44	\$100, 70 Plus \$75	UNLIMITED	UNLIMITED	\$60 - \$100/pickup truck
ASHFIELD	Thursday 8AM - 12PM Saturday 8AM - 4PM Sunday 8AM - 12PM	17.38	\$75.00	PAY AS YOU THROW	30 Gallon - \$2	PRICED PER ITEM
WHATELY	Tuesday 12PM - 5PM Saturday 7AM - 5PM	13.71	\$0	PAY AS YOU THROW	33 Gallon - \$2	NOT COLLECTED
HATFIELD	Wednesday 12PM - 5PM Saturday 8AM - 3PM	13.67	\$50, 62-69 \$33, 70 Plus \$25	PAY AS YOU THROW	15 Gallon - \$2 30 Gallon - \$3	NOT COLLECTED
BUCKLAND	Tuesday 7AM - 3PM Saturday 7AM - 3PM	16.78	\$0 sticker provided to residents	PAY AS YOU THROW	33 Gallon - \$2 15 Gallon - \$1.25	NOT COLLECTED

Comparisons Continued

TOWN	OPERATING HOURS	RESIDENTIAL REAL ESTATE TAX RATE	PERMIT FEE	DISPOSAL TYPE	COST PER TRASH BAG	BULKY WASTE PRICING
CONWAY	Wednesday 10AM - 6PM Saturday 9AM - 5PM Sunday 8AM - 1PM	17.95	\$10.00	UNLIMITED	\$0	\$0
SHELBURNE	Tuesday 12PM - 7PM Saturday 12PM - 5PM	14.49	\$0	PAY AS YOU THROW	\$2 each	NOT COLLECTED
COLRAIN	Saturday 8AM - 4PM	20.48	\$0	PAY AS YOU THROW	15 Gallon Bag - \$1 33 Gallon Bag - \$2 Contractor Bag - \$4	PRICED PER ITEM
CHARLEMONT	Wednesday 3PM - 7PM Saturday 8AM - 12PM	20.73	\$1 per sticker	PAY AS YOU THROW	15 Gallon Bag - \$1 33 Gallon Bag - \$2 Contractor Bag - \$3	NOT COLLECTED
LEVERETT	Wednesday 2PM - 5PM Saturday 10AM - 1PM Sunday 10AM - 1PM	18.84	\$35.00	PAY AS YOU THROW	15 Gallon Bag - \$1 33 Gallon Bag - \$2	PRICED PER ITEM

- Heath \$15 access permit \$1.50/bag
 - Orange \$35 access permit \$2.50/bag
 - New Salem \$20 access permit \$2.50/bag
 - Wendell \$20 access permit \$2/bag
-
- <https://franklincountywastedistrict.org/p/44/Town-Info>

REDUCTION
RECYCLING
COMPOSTING
DISPOSAL



Franklin County Solid Waste Management District

117 Main Street, Second Floor, Greenfield, MA 01301 • (413) 772-2438 • Fax: (413) 772-3786
www.franklincountywastedistrict.org • info@franklincountywastedistrict.org

Buckland Transfer Station

DEP regulations/requirements

- 1. Waste Bans (exceptions for small municipal transfer stations – asphalt, brick, concrete, wood and gypsum can go into the trash)**
- 2. Mandatory Recycling of paper and containers (this is actually part of the Springfield MRF contract)**
- 3. Mercury-bearing products, such as fluorescent lamps, must be recycled**
- 4. If freon containing items are collected the freon must be removed before shipping to scrap metal recycler.**

Optional requirements (BOS decision)

- 1. What is accepted in scrap metal. There is a basic list of what the recycler will accept. The Town could also accept freon-containing items.**
- 2. What is accepted in the trash compactor besides bagged household waste. For items that don't fit into a trash bag do they require a sticker? Limits could be set for small household items, such as kitchen items, small fans, etc. but this makes it hard for the attendant to determine what is okay and what is not.**
- 3. Other items: organics collection, electronics, tires (tires on rims can go into scrap metal – 10 per load)**

TRASH BAG STICKERS

Stickers (1 per bag): \$2.00 each

Affix sticker near the top of the bag. No contractor bags allowed. Maximum capacity 33 gallon bag or 25 pounds.

Shelburne's Transfer Station Attendant has the right to refuse any item deemed unacceptable, refuse entrance to anyone not abiding by rules and regulations, and require additional stickers for overweight or overfilled trash bags.

The Town of Shelburne expects residents using the transfer station to be considerate to the attendants and other users of the facility.

Hours of Operation

Tuesday 10 am – 7 pm

Saturday Noon – 5 pm

Closed on holidays.

Residents are encouraged to use the Reuse (Swap) Shed at the transfer station. Items in good condition may be left in the shed for another resident to take and reuse. The attendant has the authority to determine if an item is not appropriate for the Reuse Shed.

For information about regional waste, recycling, composting, and hazardous waste programs contact the Franklin County Solid Waste District at 772-2438. MA relay for hearing impaired: 711 or 800-439-2370 (TTY/TDD)

franklincountywastedistrict.org



Shelburne Transfer Station Policy, Fees, Hours, Etc.

North River Road
Charlemont, MA
625-8231

September 2017



Items Accepted at the Shelburne Transfer Station

- ✓ Household trash
- ✓ Recyclable paper
- ✓ Recyclable containers
- ✓ Bulky rigid plastic
- ✓ Scrap metal
- ✓ Batteries (rechargeable & button)
- ✓ Fluorescent light bulbs
- ✓ Cooking oil

***** See attendant before using bulky rigid plastic and/or scrap metal containers.*****

SALVATION ARMY BOX: Place DRY fabric, clothing, shoes, bedding, and stuffed animals in the Salvation Army Box. Clothing does not need to be in perfect condition. For a full list of acceptable items: franklincountywastedistrict.org/textiles.html

SHELBURNE RECYLES!

It is important that everyone do their part to recycle. **Recycling is required and mandatory** in the Commonwealth of Massachusetts (310CMR19.017) and in the Town of Shelburne. Most types of glass, metal, plastic, paper, and cardboard are prohibited from the trash and must be recycled.

METAL: aluminum, tin/steel cans and lids and aluminum foil (labels ok); EMPTY aerosol cans from food products

PAPER: All paper and cardboard must be clean & dry. Please break down **before** you arrive at the transfer station; junk mail (plastic windows okay); Boxboard (cereal, shoe, cracker boxes, etc. – remove plastic liners); newspapers/inserts, magazines, catalogs, paper bags, white and colored office paper, computer paper, corrugated cardboard (flatten, remove tape and string); paperbacks and phone books; pizza boxes (only portions not contaminated by food or grease); gift wrap (no metallic or glitter); gift bags, cards. Boxes that contained refrigerated or frozen items including beer boxes or holders are **NOT** recyclable as they contain plastic fibers to keep them from breaking down when wet.

NO soda or beer holders/cartons

NO waxed paper or waxed cardboard

NO egg cartons

GLASS / PLASTIC:

Recycle clear, brown, and green glass bottles/jars. Recycle most plastic containers less than 2.5 gallons -- labels, lids, neck rings, caps, etc. are okay but only if attached to container; milk and juice cartons (tent top), drink boxes (remove straws & caps, flatten); plastic bottles, jars, clamshells and tubs (remove pumps). Labels and detergent spouts may be left on; health and beauty aid products are okay. See a complete list at franklincountywastedistrict.org/recycle.html.

NO light bulbs, window or auto glass, dishes, glasses, Pyrex, ceramics, broken glass, or black plastic

NO paint or other metal objects

NO plastic bags, containers over 2.5 gallons, motor oil jugs, chemical or Styrofoam containers or flower pots.



The possibilities are endless.



Franklin County Solid Waste Management District

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**Town of Buckland
Parade Or Street Use Permit**

This permit to be filled out in conjunction with the Town's written policy - see separate document.

Name of applicant or organization: Bridge of Clowns 8K/3K Race

Date of Event: 8/12/2023 Profit _____ Non-Profit

Description of activity and purpose of request: (including date, time location, etc. Use back of sheet if necessary). Annual road race to benefit local charities and the community. Date: Saturday, Aug 12, 2023. 3K start is 8:00 am, 8K start is 9:00 am. Both races begin on the Iron Bridge.

Dan Smith
Print Name

857 998 2367

Telephone Number

[Signature]
Signature

Bill Police Services To:

DIAL/SELF

Attn: BOF Race

196 Federal St. Greenfield, MA
01301

Address

This permit must be completed in full and returned with a non-refundable \$5.00 application fee to the Town of Buckland, no later than 30 days prior to date requested for the activity.

(Town Use Only)

Date this application is received by Town 2.22.2023

Fee Paid: Check # 172 /Cash _____ Rcd by: [Signature]

Police Department: Approved ☒ Disapproved _____ Date 2-28-23

Recommendation of Police Department: Traffic &/or crowd control assessment:

ALL DETAIL OFFICERS BILLED THROUGH SHELBURNE.

Estimated cost to the Town: 0 [Signature] 2-28-23
Chief of Police Date

Board of Selectmen: Approved _____ Disapproved _____ Date _____

_____, Chair, Board of Selectmen,

**Buckland Select Board
Meeting Minutes
February 14, 2023 5:00 p.m.
Buckland Town Hall**

Listing of Topics

Anticipated Executive Session in accordance with G.L. c.30A, Sec. 21(a)(3) to discuss strategy with respect to threatened litigation if an open meeting may have a detrimental effect on the Board's litigation position.

Appointments

6:00 p.m. - Clesson Brook Watershed Assessment presentation

Agenda Items

- > Historic Commission Appointments: Mary Dearborn and Patricia Schmidt
- > West County Senior Services Board of Managers
- > Shared Police Services
- > Sears Street property proposal

Documents to Sign

Contract & Grant Documents
Permits & Licenses
Minutes

Items Not Reasonably Anticipated by Chair 48 Hours in Advance of Meeting

Select Board Member Concerns

Town Administrator's Report

Public Comment

Announcements & Upcoming Meetings

Attendees

Barry Del Castilho - Select Board Chair
Clinton Phillips - Select Board Vice-chair
Lawrence Wells - Select Board Member
Heather Butler - Town Administrator
Otis Wheeler - Falls Cable
Mary Bolduc - Boards' Clerk
Pamela Guyette - Director of Assessing
Phoebe Walker
Andrea Donlon
Alison Gage

Rosalie Starvis
 Nick Miller
 Frank LaBelle
 JoAnne Ostrowski
 Mary Dearborn
 Patricia Schmidt

Meeting

Mr. Del Castilho opened the meeting at 5:00 p.m. and moved to go into executive session in accordance with G.L. c.30A, Sec. 21(a)(3) to discuss strategy with respect to anticipated litigation if an open meeting may have a detrimental effect on the Board's litigation position. Mr. Phillips seconded the motion and a roll call vote was taken. Vote: Phillips, yes; Wells, yes; Del Castilho, yes. The Board then went into executive session, and returned to open session at 5:48 p.m.

Appointments

6:00 p.m. - Clesson Brook Watershed Assessment presentation - Alison Gage from FRCOG, and Rosalie Starvis and Nick Miller of GZA were on hand to give a presentation based on a one year study of the Clesson Brook watershed including Ashfield and Hawley. The assessment has been funded through a Municipal Vulnerability Preparedness (MVP) FY22-23 Action Grant; their presentation identified properties of specific concern and discussed possible next steps for the Town as well as private property owners.

Ms. Starvis gave opening remarks with an overview of the project and explained data that will be available at project's completion. She displayed personal photos shared by residents along Clesson Brook showing Hurricane Irene's damage. She then turned the program over to Nicolas Miller for the Fluvial Geomorphic Assessment.

Mr. Miller introduced his presentation as an interim report describing a fluvial geomorphology assessment of Clesson Brook and its tributaries. His presentation was comprehensive and informative accompanied by maps, both current and historic, tables of relevant data, and photos which clearly spoke to the geographic variations along the length of Clesson Brook, its vegetation, natural habitats, and other points of interest as a result of mapping the brook.

Mr. Miller gave a historic perspective on Clesson Brook, citing a passage from Kendrick's *History of Buckland*, data on the changes and damage wrought by Hurricane Irene, and projections for what those changes mean for the future.

Most public input involved questions regarding beavers, if the project addressed them, who is the governing authority to contact if there are beavers on your property, and reference to property owners using trees and fill after Tropical Storm Irene as a method of creating a berm. Mr. Miller was also asked if the water in the brook was tested to which he replied it was not; his job is the physical process of the water, not the chemistry of it.

Mr. Del Castilho asked if recommendations would be forthcoming at another meeting. Mr. Miller responded that at the project's completion they would return with a final presentation including recommendations. Ms. Butler explained that the presentation would be on the website, but if anyone had questions concerning their own property they could speak with the presenters after the meeting or contact Ms. Butler at Town Hall.

Agenda Items

> Historic Commission Appointments: Mary Dearborn and Patricia Schmidt - Mr. Phillips moved to appoint Mary Dearborn and Patricia Schmidt to the Historic Commission, seconded by Mr. Wells. Vote in favor of the motion was unanimous.

> West County Senior Services Board of Managers - At a previous meeting the Board had voted to appoint Select Board Chair Mr. Del Castilho and Ellen Eller of the Council on Aging as Buckland's representatives on the Board of Managers for the West County Senior Services District. It has since come to light that there is a provision in the legislation signed by Governor Baker that the Select Board can approve that portion of the legislation which then creates a Board of Managers. The revised recommendation is to advertise for applicants for that Board. Mr. Phillips moved to accept Section 2A of the West County Senior Services Special District Act (enabling postings for Board of Managers openings). Mr. Wells seconded and vote in favor of the motion was unanimous. Note: It was later noted that it is in fact Section 3 of the Special Act, not Section 2A as verbalized in the motion.

> Shared Police Services - Mr. Del Castilho updated the Board stating that Chief Bardwell and the Collins Center have been working on a final draft of the IMA which is expected soon; the progress on the draft will be presented to the working group at their upcoming meeting. When the draft is finalized, a second public forum will be scheduled/advertised and is tentatively scheduled for March 1 a 6 p.m. in the Buckland Town Hall.

> Sears Street property proposal - Board members were given a copy of an offer submitted by Buckland resident and business owner Justin Bardwell to purchase property on Sears Street, across from the new Highway Facility. Because the site and construction of a new salt shed has not been finalized and is a pressing need for the Town, and because of the unknowns surrounding the 50 Conway Street property, Ms. Butler and the Board addressed all the "moving parts" which must be put into place before any determination on the property can be made. Also, if and when the time comes the Town is ready to sell, the recommendation would be to advertise the parcel. No action was taken on Mr. Bardwell's offer at this time.

Documents to Sign

Contract & Grant Documents -None to sign.

Permits & Licenses - None to sign.

Minutes -

Mr. Del Castilho moved to accept the Meeting Minutes of December 13, 2022 and January 24, 2023, seconded by Mr. Phillips. Vote in favor of the motion was unanimous. No action was taken on Executive Session Minutes for December 13, 2022 and January 24, 2023.

Items Not Reasonably Anticipated by Chair 48 Hours in Advance of Meeting -

Pamela Guyette addressed the Board requesting approval for a change order for the pool project. She first updated members with progress at the site reporting that rafters for the pool house had gone up with the roof to follow soon. It was initially planned that the pool would be drained every year, but recently was determined that due to the compactness of the soil beneath the pool structure, it may not allow for adequate drainage thus causing damage to the pool when the ground freezes. It is therefore recommended that the pool not be completely drained, thus requiring a cover during the offseason months. It was noted that time and expense will be saved by not completely emptying and refilling the pool each season. The cover recommended by Weston & Sampson is custom made and will be secured by anchors set in the concrete apron. The cost is \$19,484.05, to be taken from the \$175,000 contingency fund of which only \$6,000 has been spent to date. Following a brief discussion, Mr. Phillips moved to approve the purchase of the pool cover as recommended by Ms. Guyette, seconded by Mr. Wells. Vote in favor of the motion was unanimous.

Select Board Member Concerns - There were no Select Board Member Concerns expressed at this meeting.

Town Administrator's Report -

> 50 Conway Street - Ms. Butler asked the Board what would be the first domino in the chain of events that would unfold in the process of siting and building a new salt shed, the current one being located at 50 Conway Street. Jessica Atwood of FRCOG has found funding (not a grant and not a loan) for brown fields remediation at that site. With remediation done, what are the prospects for the property? Phoebe Walker, Director of Community Services at FRCOG and Andrea Donlon, Sr. Land Use and Natural Resources Planner, also of FRCOG spoke to the housing needs in Buckland. Ms. Walker stated that she repeatedly hears of people in Buckland who need and cannot find housing. She urged the Board to not act too quickly in disposing of the property, asking them to thoroughly review all housing needs and to ensure that any town land that could be used for housing be used for that purpose. Ms. Donlon referred to the recent lot size changes approved in Buckland, stating that 50 Conway Street now conforms to lot size standards it formerly did not. She also admonished the town to not dispose of town property too quickly citing that short term rentals have taken some of the housing stock.

Discussion continued with Mr. Phillips suggesting that he is inclined to solicit public input. Ms. Walker pointed out that Annual Town Meetings are not representative of the

population given the small percentage that attend. Further discussion covered various uses for the property.

> Conway TIP - Ms. Butler was informed on Friday that Conway Road would be opened which she confirmed so it could be posted online. The road was closed again on Monday morning due to water issues, and although was again open around 11:00 a.m. the temporary closure did cause problems for people commuting to work and school. Ms. Butler had not been advised of the closure and apologized for any inconvenience it caused; she said she returned all calls she received regarding the road closure. There are concerns with spring/mud season approaching. Landscaping, paving, and completing the walkways of the project will be scheduled during warm weather.

> FY24 - The FY24 budget process is continuing to move forward. The Finance Committee has met with most department heads, but still has to meet with the director of the Senior Center and with the Historic Commission regarding the museum. The Mohawk budget will not be ready until sometime early to mid-March.

Public Comment - Public Comments were offered during the Clesson Brook presentation and were relevant to that topic.

Announcements & Upcoming Meetings - The next Select Board meeting is Tuesday, February 28, 2023; a Police Services Public Forum is tentatively scheduled for March 1, 2023; and the date for Annual Town Meeting is May 6, 2023.

With no further business or announcements, Mr. Phillips moved to adjourn seconded by Mr. Wells. Vote in favor of the motion was unanimous and meeting adjourned at 7:34 p.m.

Respectfully Submitted by Mary Bolduc, Boards' Clerk, February 28, 2023

Signed:

Barry Del Castilho_____

Clinton Phillips_____

Lawrence Wells_____