



Treatment discontinued

Town and state officials agreed on what to do with Medfield State Hospital, but then time ran out **BY RAY HAINER**

MEDFIELD When it opened in 1897, the Medfield Insane Asylum represented the latest thinking in psychiatric care. Huge institutional buildings had been the norm for state psychiatric hospitals, but the Medfield asylum looked more like a prep school than a prison; the three-story brick buildings, on several hundred acres of farmland and forest bordering the Charles River, created an environment that was thought to aid in recovery. However, just over a century later, Medfield State Hospital (as it was renamed in 1914) became a casualty of another shift in psychiatric care, this time toward housing the mentally ill not in institutions but in the community. The state shut down Medfield State in 2003, and many of the buildings in the hospital's quadrangle are now marked with large signs bearing a white X, a warning to firefighters that the floors are not sturdy enough to be walked on. Despite their condition, the buildings occupy a very valuable piece of real estate, one the state would like to sell.

A dozen state psychiatric hospitals in Massachusetts have closed in the past 30 years, and the process of recycling the properties for new uses has become notorious. Construction of a mixed-use development at the former Foxborough State Hospital, which closed in 1976, got under way just last year, while the Boston State Hospital site took more than two decades to begin redevelopment.

Medfield State was supposed to be different. After just four years of mostly amicable negotiation—a comparative blink of an eye—town and state officials agreed last fall on a plan for housing development on the site. “We were going to be the poster child for good behavior,” says Ann Thompson, a Medfield selectman.

Now Medfield State is looking more like another

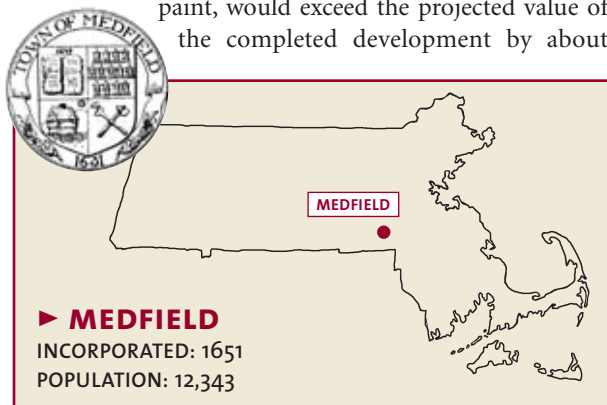
face in the crowd. The state Legislature didn't approve the sale of the land, as required by law—because it didn't get a chance to. The bill never made it to the floor by the end of the formal sessions—and only at a formal session can the necessary roll-call vote take place—on July 31, and even if the Legislature reconvenes for a special formal session this fall to pass an urgent bond bill, no one expects the Medfield bill to make it onto the agenda. This lack of action—the result of the politics of development getting entangled in the politics of mental health care—has resulted in a setback that some say could keep the property in limbo for years.

THE TOWN OF Medfield had been expecting the state hospital to close since at least the 1980s. The Department of Mental Health (DMH) began to shutter the first of the state hospitals in the late 1970s, and Medfield State, which held more than 2,000 patients at its peak, began to shed patients at around the same time, boarding up buildings as they were vacated. The hospital also began to turn over hundreds of acres of land in large parcels, to the state, where it ultimately ended up in possession of the Department of Conservation and Recreation (DCR); to the town; and to other entities. By the time discussions between the town and the state on the future of the remaining 200-plus acres began in 2002, several months before the hospital closed, the town's Hospital Re-Use Committee had been meeting intermittently for more than a decade.

Medfield town boards and the reuse committee considered numerous options for the site—most notably a golf course, which town meeting en-

dorsed in the fall of 2003—but town and state officials soon settled on a housing development. The Division of Capital Asset Management (DCAM), the state’s real estate and construction agency, was the town’s main negotiating partner during this process, but hardly the only one at the table: DMH, the DCR, the Massachusetts Historical Commission (charged with protecting the historic hospital buildings), and the Department of Agricultural Resources (required by state law to ensure that development doesn’t result in a net loss of agricultural land) were just some of the other state agencies with a say in the property.

Negotiations surrounding the housing development touched on everything from water rights to the amount of open space, but the central issue was the number of housing units. DCAM called for development dense enough to pay for the expensive restoration of the historic hospital buildings, nearly 50 of which are listed on both the state and national Registers of Historic Places. According to the agency’s estimates, the \$22 million price tag for renovating the protected buildings (and demolishing others beyond saving), many of which are filled with asbestos and lead paint, would exceed the projected value of the completed development by about



\$5.5 million. Only the tax credits associated with restoring the buildings would pull the project into the black. DCAM, therefore, wanted as many as 400 housing units in the reuse plan, to pump up the bottom line for developers and facilitate the marketing of the property.

Medfield officials wanted fewer units, at first no more than 300. Town officials were concerned that a large development would strain town services, especially the school system, which is one of the most desirable in the state. (And one of the most heavily utilized: 57 percent of Medfield’s households have children in them, tied for the highest rate in the state.) “It’s an unfortunate reality of Massachusetts at the moment that the state educational funding system has made children the enemies of development,” says Selectman Osler Peterson.

By late 2004, the state and the town had tentatively set-

tled on a compromise of 340 units, when the town, in a reversal, asked for an *increase* of 100 units. Although the proposed 440-unit development would have increased the town’s housing stock by nearly 10 percent, the more than 250 affordable housing units included in the plan would also have carried Medfield over the 10 percent threshold that would protect the town from unwanted housing developments imposed under the state’s Chapter 40B anti-“snob zoning” law—a “major incentive,” according to Peterson, and a benefit of redeveloping state hospital sites that other

The issue was housing for the mentally ill.

towns, such as Danvers and Lexington, have also taken advantage of. It was a calculated trade-off: The added units would place a greater burden on town services, but would also give Medfield more control over future development.

Last fall, Medfield and DCAM finally agreed on a reuse plan with 80 acres of open space and the town’s desired mix of 440 units, including single-family homes, condos for people aged 55 and up, and apartments spread out over the hospital’s 80-acre core campus in both new and renovated buildings. (Though nearly 60 percent of the units were to be affordable, under the 40B definition of 80 percent of median income, the package was also designed to minimize the number of schoolchildren.) The proceeds of the land sale, estimated at around \$3.5 million, would have gone to DMH for off-site housing for the mentally ill.

“We felt we had a pretty good package worked out,” says Michael Sullivan, Medfield’s town administrator. “The Department of Mental Health was going to get the money for housing, we were going to get affordable housing units, DCAM was going to be able to market the land.”

And so, in late March, Lida Harkins, a Democratic state representative from Medfield and the House majority whip, filed the required legislation for the land sale. “We really thought we had all come to an agreement,” says Harkins, referring to Medfield’s legislators, town officials, and all the state agencies involved. “Then we got word a few weeks before the session ended that the [mental-health] advocates weren’t satisfied with the amount of housing.”

The Massachusetts Association for Mental Health (MAMH) was alarmed by the vagueness in the Medfield legislation regarding the location of housing for the mentally ill, and wanted 10 percent of the units on the former hospital site set aside for clients of the Department of Mental Health—a ratio the department received in the development of the Metropolitan State Hospital site, which lies in parts of Lexington, Waltham, and Belmont. In mid-June, MAMH brought its concerns to state Rep. Angelo

Scaccia, a longtime ally of mental-health advocacy groups, who relayed them to Harkins. Meanwhile, the Massachusetts chapter of the National Alliance on Mental Illness (NAMI), which represents family members of the mentally ill, communicated its own disapproval of the legislation to DCAM; that group was less concerned about the location of the housing but objected to the lack of explicit language regarding housing subsidies in the bill. Eventually, after meeting with the advocates, DCAM, and Harkins in June, DMH, at a meeting of the Medfield board of selectmen in July, requested that 44 housing units for the mentally ill be incorporated into the reuse plan.

BOTH THE TIMING and the nature of the request angered Medfield officials. “The DMH is going to blow this deal up,” Selectman Paul Rhuda told the *Medfield Press* at the time. “[It] has lied to us from day one.” Although Lester Blumberg, DMH general counsel, says that “it has never been the department’s position that there wouldn’t be a housing presence on the campus,” the other stakeholders maintain that the department’s commissioners have stated for years that the hospital site was poorly suited for housing the mentally ill because of the remote location and the lack of public transportation (or even sidewalks).

Some town officials suspected that the DMH and the advocacy groups were using the impending deadline to wring out a last-minute concession. More to the point, most Medfield officials did not welcome the idea of DMH housing on the site. They were concerned that the department would not provide adequate support services for its clients, and that the town would be left to deal with (and pay for) any problems that may arise as a result.

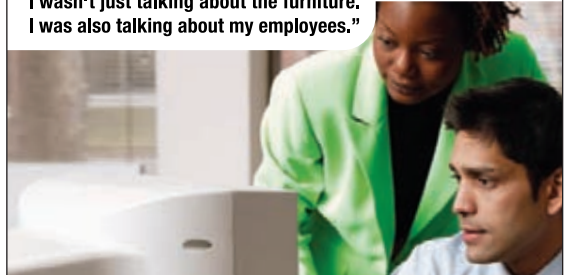
“We had heard from several different sources that this has been a problem,” says Sullivan, “that the Department of Mental Health will put clients in private housing, and then, when there’s a need for support services, will say, ‘They cut our budget, we don’t have the funding.’”

Blumberg dismisses this accusation outright. “The Department of Mental Health provides supporting services to our community clients, wherever they live,” he says. “That’s our job. That’s what we do.”

Despite the town’s misgivings, town officials, DCAM, DMH, and the advocacy groups, in what Sullivan describes as a series of “rapid-fire negotiations” at the State House and in Medfield, agreed on a new compromise: 24 units for the mentally ill would be added to the hospital site, and the developer would be required to provide 20 additional units off-site. DMH also agreed to put in writing—though not in the legislation—a protocol for addressing any unforeseen problems posed by its clients living on the hospital site.

But the legislation never made it to the floor. Scaccia

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did not allow the bill to leave the House Rules Committee, which he chairs, and he has not explained why. (He did not return *CommonWealth's* calls for comment. Nor, as of late August, had he returned calls from DCAM, according to Mary Beth Clancy, a senior project manager at the agency, or from his House colleague Lida Harkins, according to one of her aides.) The only person Scaccia did give an explanation to, apparently, was Timothy O'Leary, a deputy director at MAMH. On the Friday before the legislative session ended, as O'Leary tells it, Scaccia called O'Leary's office and said that he believed he could "get a better deal with a new administration." O'Leary stresses that MAMH supported the last-minute compromise. Of all the stakeholders that took part in those rapid-fire negotiations this summer, it appears now that only NAMI was dissatisfied with the compromise legislation. "There was not a consensus here," says Tobias Fisher, NAMI Massachusetts's executive director, who points out that it was a late-file bill, meaning Scaccia was entitled to hold it in committee. "Not enough time and effort was spent trying to work out the details of this complex legislation."

Other stakeholders, however, were frustrated precisely because a hard-won compromise had been squandered. "A lot of hours and a lot of meetings went into hammering out that agreement," says Harkins, "and it's frustrating that it was derailed at the last minute because people weren't communicating with each other." Peter Norstrand, DCAM's deputy commissioner for real estate, notes that DCAM representatives have visited Medfield more than 50 times for public meetings over the past four years.

"At Metropolitan State, Boston State, Foxborough, Danvers, the hardest thing was to get agreement on what the development would look like," says Norstrand, "and that's why we thought we were so far ahead of the game in Medfield, because we did reach agreement with the town relatively early on."

Though they tend to express it diplomatically, Medfield officials are angriest of all. "It's appalling that one man has the power to stop democracy, which is pretty much what happened," says Thompson. "The people who know how hard we've worked on this are pretty angry that the town has been treated in this manner."

Not everyone in Medfield was dismayed to see the legislation die in committee, however. "It was beneficial to the community not to have the bill come out," says John Harney, a reuse committee member who's been involved in town politics for more than four decades. Harney says that town officials conceded too much by agreeing to the DMH housing. (Sullivan, the town administrator, acknowledges as much, saying, "We basically sort of caved.")

"Perhaps with a new administration and a refiled bill, we'll have a better chance to do right by the mental health

clients, and by the town," says Harney. That's everyone's hope, but the delay has made the future of the redevelopment process far more difficult to predict.

HAD THE LEGISLATURE approved the Medfield State bill, that would still have been just the beginning of the process of marketing and redeveloping the state hospital site. Before a developer could act on the reuse plan, Medfield town meeting would have to rezone the land from business to residential, which requires a two-thirds vote. While town officials and reuse committee members consider the 440-unit reuse plan the best deal Medfield is likely to get, it's not clear that town meeting members would have seen it that way—even without the DMH housing thrown in. And with the DMH housing?

"You wouldn't get a majority on this," scoffs Harney. "It would be laughable. I have spoken to no one who is in favor of this."

To complicate things further, town meeting, contrary to DCAM's initial request, won't vote on the zoning until *after* the legislation is passed—and DCAM has made it clear that it will not market the land until after town meeting changes the zoning, which raises the possibility of an impasse.

If the legislation is refiled and approved, and town meeting subsequently rejects the zoning (and in effect, the reuse plan), it is unclear what the next step would be. DCAM

Scaccia did not allow the bill to leave the committee.

representatives are confident that the agency would be able to work with the board of selectmen to revise the reuse plan until it is acceptable to town meeting. Should that approach fail, however, DCAM could petition the Legislature for the authorization to sell the land on its own terms, which could include anything from a commercial development to a Chapter 40B housing development overriding the town's zoning. In addition, the legislation Harkins filed in March does not mention town meeting or zoning, and would seem to leave open the possibility that DCAM could go ahead with the existing reuse plan even without the zoning change, with the idea that the developer who purchases the land could proceed under Chapter 40B. (Neither DCAM nor the town could confirm that this is an option, however.)

Town officials and reuse committee members speak highly of DCAM, using terms like "marvelous" and "a pleasure" typically not employed to describe dealings with state agencies, but the partnership has always been a practical one. Between July of 2003 and July of 2005, when it

expired, a law was on the books that allowed DCAM to “fast-track” land sales by auctioning surplus state property without the approval of the Legislature, which in Medfield’s case could have led to a 40B scenario of up to 1,500 units, according to one town estimate.

“The people we’ve dealt with from the state were always very professional, very positive, very pleasant,” says Frank Garrison, co-chairman of the reuse committee, “but you never forgot for a moment that they could drop a hammer on you. It was a shotgun wedding: You can pick the cake, and you can pick the band, but put up with it—or it ain’t gonna be pretty.”

That the town and DCAM continued to collaborate on the reuse plan after the fast-track legislation expired is an indication of the good faith on both sides, but it seems that the events of June and July may have damaged the relationship between the town and the state as a whole.

“The scuttlebutt I get from people around town now is, ‘To hell with the state. If this is the way they want to do it, the place can rot,’” says Rhuda, the most outspoken of Medfield’s three selectmen. “Everyone says we’ll refile the legislation at the beginning of the year, but I have a strange feeling that the townspeople are going to say, ‘Nope. We’re not interested anymore. We’re not going back to the

negotiating table.”

With the worst-case scenario in mind, Garrison has even suggested (though only speculatively) that the town dig itself in, by setting aside \$500,000 or \$1 million in a legal fund at town meeting this fall, money which he suggests could be used to fight the state or a developer—or to hire a lobbyist. The idea, which Garrison has shared with Harney, makes “eminent good sense,” says Harney. “This could be tied up for a long, long time.” (If the situation devolves into a standoff, incidentally, it could ultimately prove profitable for the state: Medfield officials predict that many of the hospital buildings won’t make it through another two winters, and if they deteriorate to a point where DCAM and the state historical commission determine they can’t be salvaged, the reuse plan would likely generate higher bids from developers. By the same token, any savings on restoration might allow for more leeway in density and other aspects of the reuse plan, which could benefit the town as well.)

Despite the grumblings in Medfield, Norstrand, the DCAM deputy commissioner, prefers to think positively. “I don’t subscribe to the pessimist approach,” he says. “I have on my bulletin board a quote from Capt. William Clark, when he was on the Missouri River in 1805: ‘I have

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always held it little short of criminality to anticipate evil. I don't anticipate that we wouldn't get the [town meeting] approval. If the leadership of the town is on board, and the program is sound and sensible, then I think the right thing will happen." But even Norstrand acknowledges the impact that a new administration in the State House and the attendant shake-ups could have on the project.

The uncertainty that Medfield had hoped to avoid by signing on to a reuse plan now looms larger than ever. "We don't know what the future will hold," says Sullivan, the town administrator. "We may be back to ground zero—another three years of negotiating with a new administration that may have different opinions." The legislation may be refiled for the new legislative session that begins in January, or it may not. In any event, the town's first step will be to consult its legislative delegation. The last-minute maneuvering at the state level and the bill's demise in committee, Sullivan suggests, has left Medfield officials feeling like bystanders.

"Unfortunately, I think this is an issue that is outside the scope of the town's expertise at this point," says Sullivan. "This has obviously become a political issue. We may understand local politics, but we don't begin to pretend to understand state politics." **CW**

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