



AGENDA
Board of Health Meeting
December 13, 2024
8:30 – 10:30 a.m.
Public Service Administration Building
Charles River Room

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Webinar ID: 886 4667 1382

Passcode: 415177

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	8:30	Welcome & Public Comment Period Attendees are encouraged to inform the Needham Public Health Division of their intent to participate in the public comment period in advance via email (healthdepartment@needhamma.gov), telephone (781) 455-7940, or in person by the end of the business day prior to the meeting. The Chair will first recognize those who have communicated in advance their desire to speak for up to three minutes. If time allows, others wishing to speak will be recognized in an order determined by the Chair for up to three minutes.
1.	8:30	Review of Minutes: November 22, 2024
2.	8:35	PUBLIC HEARING – Article 8 - Proposed Dumpster Regulations - Vote Possible • Tara Gurge, Assistant Public Health Director

3.	8:40	Article 1 - Regulation Affecting Smoking and the Sale and Distribution of Tobacco Products in Needham – Vote Expected - Tara Gurge, Assistant Public Health Director - Sai Palani, Environmental Health Agent
4.	8:45	Article 22 - Regulation for Prohibiting the Manufacturing, Sale, and Distribution of Synthetically Derived Cannabinoids – Vote Expected - Tara Gurge, Assistant Public Health Director - Sai Palani, Environmental Health Agent
5.	8:50	Off-Street Drainage – Belle Lane 5 Lots - Tara Gurge, Assistant Public Health Director - Sai Palani, Environmental Health Agent
6.	9:00	Staff Reports - Public Health Preparedness –Taleb Abdelrahim - Epidemiology – Tiffany Benoit - Nursing – Ginnie Chacon-Lopez, Hanna Burnett & Tiffany Benoit - Environmental Health – Sai Palani & Tara Gurge - Accreditation – Lynn Schoeff & Alison Bodenheimer - Traveling Meals – Rebecca Hall - Substance Use Prevention: Regional – Carol Read & Lydia Cunningham - Substance Use Prevention: Needham – Karen Shannon, Karen Mullen, Monica DeWinter, Angi MacDonnell, Vanessa Wronski - Shared Public Health Services – Kerry Dunnell & Samantha Menard
7.	10:00	Briefing on Public Health Division's Financial Status and FY2026 Budget Timothy McDonald, Director of Health & Human Services
8.	10:15	Other Items - Report – Understanding the Connections Between Children's Mental Health & Housing <i>Science</i> Journal Article: Of the first five U.S. states with food waste bans, Massachusetts alone has reduced landfill waste - Next Meeting Date and Time

(Please note that all times are approximate)

Next Meeting Time – TBD

www.needhamma.gov/health



Board of Health Meeting Minutes DRAFT

Date: November 22, 2024

Location: Public Service Administration Building & via Zoom

Members: Tejal K. Gandhi, MD, MPH Chair (remote); Stephen Epstein, MD, MPP, Member; Robert A. Partridge, MD, MPH, Member; Edward Cosgrove, PhD, Member; Aarti Sawant-Basak, PhD, Member

Staff Present: Timothy Muir McDonald, Director of Health, and Human Services; Tara Gurge, Assistant Director of Public Health; Rebecca Hall; Carol Read; Kerry Dunnell; Ginnie Chacon-Lopez; Karen Shannon; Lydia Cunningham; Sai Palani; Jen Gangadharan; Lynn Schoeff

Welcome & Public Comment Period

Dr. Epstein called the meeting to order at 8:00AM.

According to Chapter 107 of the Acts of 2022, as an act relative to extending certain states of emergency accommodations, as passed by the General Court, and signed into law by Acting Governor Karyn Polito, on July 16, 2022, revised Section 20 of Chapter 20, the Acts of 2021. In so doing, provided modifications to the Massachusetts Open Meeting Law, which allow for flexibility to hold remote only, and hybrid meetings, while preserving public access and, where appropriate, public participation. Currently, that additional flexibility will expire on March 31, 2025, unless additional legislative action occurs. As part of today's hybrid meeting, all votes will occur via a roll call.

Review of Minutes: October 8, 2024

Upon motion duly made by Dr. Cosgrove, and seconded by Dr. Partridge, it was voted to approve the meeting minutes October 8, 2024, as presented. Motion passed unanimously.

Staff Reports

- Substance Use Prevention: Regional – Carol Read & Lydia Cunningham

Ms. Cunningham gave the report.

- Substance Use Prevention: Needham – Karen Shannon, Karen Mullen, Monica DeWinter, Angi MacDonnell, Vanessa Wronski

Ms. Shannon explained that the focus this month included planning for the SPAN fall meeting, SPAN community engagement events, the Needham Board of Health public hearing for Nicotine Free Generation, STOP Act grant deliverables responsible beverage, server training and compliance checks and documentation for the NPHD Accreditation Application. An Alcohol

Compliance check was conducted by Needham Police Department on October 30th. Of the 28 Needham licensed businesses, 25 were checked and two businesses had a sales to minor violation.

- Shared Public Health Services – Kerry Dunnell & Samantha Menard

Ms. Dunnell stated that Shared Services has been working on deliverables for the program. There has been a self-assessment for each of the four towns as a midpoint review of what progress has been made. Those results will help guide the priorities and decisions. An inventory system for all of the supplies is being created as one deliverable. There will be a visit with the Project Coordinator from the State on December 6th, and anyone is welcome to attend.

- Public Health Preparedness –Taleb Abdelrahim

As listed in the written report.

- Epidemiology – Tiffany Benoit

As listed in the written report.

- Nursing – Ginnie Chacon-Lopez, Hanna Burnett & Tiffany Benoit

Ms. Chacon-Lopez stated that a CPR PSA was run by Needham Channel and shared through social/town media. Several flu and vaccine clinics have been held.

- Environmental Health – Sai Palani & Tara Gurge

Mr. Palani stated that there were three in-person Needham Food Establishment Educational Food Safety Forum Trainings held in November. The training was a success overall.

Ms. Gurge reviewed the enforcement actions for Mandarin Cuisine and New Garden.

- Accreditation – Lynn Schoeff & Alison Bodenheimer

As listed in the written report.

- Traveling Meals – Rebecca Hall

Ms. Hall stated that 884 Meals were delivered in October 2024 to 49 clients.

MetroWest Adolescent Health Survey Data Presentation

Karen Shannon, Substance Use Program Coordinator, presented the MetroWest Adolescent Health Survey data.

The Board discussed receiving certain breakouts of the data points for Needham High School.

Mr. McDonald introduced Jen Gangadharan as a Regional Public Health Nurse. He noted that Dover and Sherborn made an offer for a shared Public Health Nurse.

Green Needham

Kathy Raiz made a presentation on Green Needham. She reviewed the plastic crisis and noted that, from a health standpoint, microplastics and the chemicals used to create plastics are harming human health. She explained that Green Needham is proposed a series of five bylaws to reduce single use plastics including a ban on plastic nips bottles, a ban on black plastic, a ban on plastic single-use water bottles, a ban on all plastic beverage bottles under one liter, and a Skip the Stuff campaign.

The Board thanked Ms. Raiz for the presentation.

PUBLIC HEARING – Article 1 - Regulation Affecting Smoking and the Sale and Distribution of Tobacco Products in Needham

Dr. Epstein opened the public hearing at 9:23am.

Mr. McDonald explained that the Board of Health will continue its hearing, begun at the September 5, 2024, Board meeting, of proposed amendments to Article 1: Regulation Affecting Smoking and the Sale and Distribution of Tobacco Products in Needham. The proposed amendments to Article 1 include a number of updates and housekeeping, as well as the incorporation of the Nicotine Free Generation (NFG) policy which would restrict the sale of tobacco products to all persons born after January 1, 2004.

Mr. McDonald stated that the Select Board sent a letter expressing concerns and questions regarding the proposed policy. Ms. Gurge noted that the data from the MetroWest survey should certainly give concern over this topic.

Stephen Helfer, Cambridge Citizens for Smokers' Rights, stated that, this September, the Center for Disease Control reported that teen cigarette smoking is at its lowest on record, teen vaping is at a ten year low, and teen use of nicotine pouches is under 2%. The continued decline in cigarette use among youth is a monumental public health win. The CDC notes on its website that, for every three persons in the US who have ever started smoking, two have quit. When youth and adult tobacco and nicotine consumption is in such decline, burdening store owners with new restrictions seems uncalled for. Many of these owners are immigrants of color who put in long hours and depend on small profit margins. This proposed regulation would hurt and devalue their businesses. Store owners already face \$1,000 fines for selling these products to persons under 21. This proposal is very similar to prohibition because it would mean in several years that a 30 year old combat veteran could not buy a cigar, while 20 year olds would be free to buy alcohol, marijuana, and scratch tickets, as well as vote or serve in the military. To most Americans, he believes this would sound unreasonable. For years, tobacco researchers have warned that it is not the nicotine that is harmful but the tars and other materials in tobacco that cause disease. Nicotine itself is a mild stimulant that does not interfere with driving, create

impaired judgment, or create social problems. This proposed ban needlessly abridges adult liberty and serves no critical public health need. He asked the Board not to pass this policy.

Lynn Schoeff explained that various aspects of public health that she has worked in for almost 45 years. She noted that Nicotine Free Generation feels like overreach. Banning tobacco use for future adults under the guise of protecting youth is de facto prohibition. Considering prohibition at the same time that society is also considering decriminalizing the use of other substances that have previously been prohibited is rather ironic. She asked what the goal of this proposed regulation is. Many people have spoken in favor of Nicotine Free Generation as a means to reducing youth nicotine and tobacco use, but this proposed regulation goes well beyond the goal of preventing underage use of tobacco. This is already addressed in regulations restricting sales to people over 21. Nicotine Free Generation is not about preventing youth from using tobacco, it is about controlling the decisions people will make as adults. The prospect of limiting the choices of a 26 year old or 45 year old in the future does not sit well. Nicotine Free Generation is paternalistic and may be an example of some of the larger criticisms heard about public health in general. In this time of laws and legal decisions based on certain moralities, it is particularly worrisome. There has always been tension within the field of public health, between balancing community benefit and disease prevention, with respecting individual rights. This tension has always been played out in the theater of tobacco control. Whatever decision the Board of Health makes regarding Nicotine Free Generation, she is confident that it will take that balance into consideration.

Dr. Jonathan Winickoff and Dr. Lester Hartman addressed the Board. Dr. Winickoff stated that personal choice and freedom is about someone who is not yet addicted to a substance having the freedom to choose. 95% of tobacco addiction begins before age 21. Once someone is addicted, there is no choice. The adult tobacco industry knows this and thus keeps coming up with new products. This ordinance is about making sure people have the freedom to choose a life of not smoking and not using tobacco products. He and Dr. Hartman has over 100,000 patient visits as pediatricians at Mass General and Boston Children's Hospital. They want to emphasize the effects on mental health that nicotine itself brings. Nicotine itself leads to lasting brain changes and is associated with worsening depression in youth, anxiety, ADHD, and suicidal ideation. When Needham raised the sales age year by year to 21, it saw a 50% reduction in youth tobacco use. The surrounding towns of Newton, Wellesley, Dover, Westwood, Dedham, and Boston will be thrilled that Needham takes this action. These products have brought quite a bit of harm. Tobacco has caused the greatest health detriment of any consumer product in history, causing more annual deaths than AIDS, alcohol, car accidents, illegal drugs, and suicides combined. Tobacco causes more deaths each year in the US than the number of US soldiers who died in all of World War II. Nicotine Free Generation does not take away personal rights or freedoms; it phases out the sale of a dangerous and addictive product over years, just like asbestos, trans fats, etc. Nicotine Free Generation is about protecting the next generation and future generations from the known harms caused by the impact of nicotine dependence on the mental, physical, and financial health of the population and community. The value of this freedom from tobacco dependence will be immeasurable.

Ginny Chadwick, from Columbia MO, stated that Needham helped to bring Tobacco 21 to communities, and she thanked the Board for its efforts and encouraged them to continue. She has

researched tobacco and is the co-author of the *Criminalization of Tobacco Products* document, cosponsored by 45 national and statewide health organizations. This is not about criminalizing the purchaser of tobacco products. This is a phase out by putting the onus on the seller of tobacco products. She noted that plastic cigarette butts are the leading cause of plastic litter.

Kate Silbaugh, co-sponsor of the Brookline bylaw, noted that all of the retailers in Brookline are still open after passage of the bylaw. It did not change anyone's ability to run their business. This bylaw is designed to be very gradual, primarily to be compassionate to people who feel they need to buy nicotine because they already have a dependence on it.

Anthony Chui, Health Director for Melrose, Wakefield, and Stoneham, stated that these towns have already passed this policy. The tobacco industry targets youth, and their goal is to create new customers. The tobacco industry relentlessly creates new products that appeal to younger people. Most people start nicotine addiction and tobacco addiction before 21. This policy is far from prohibition. This policy is a slow phase out to create a gap which will prevent people from getting these products from their social circles. Regarding personal freedoms, addiction is not a choice, it's a compulsion.

Karen Shannon, Substance Use Prevention Coordinator for the Public Health Division, stated that as a public health professional she has been entrusted with the responsibility to support and protect the health and safety of the youth in this community. As a preventionist, she knows that upstream prevention works and limiting access to substances is an effective strategy, in combination with other prevention practices like education about the risk for harm. More than 480,000 people in the United States die each year from tobacco use and exposure to secondhand smoke. As of 2024, 760,000 middle and high school students smoke combustible tobacco products. While data was mentioned that those rates have been on a decline, there is still an extremely high number of young people using these products. The country has a precedent for banning products that are determined harmful to the public, such as lead paint and asbestos. Yet tobacco remains accessible, despite being the leading cause of preventable death in the United States. Needham has been a pioneer with Tobacco 21 and the Nicotine Free Generation policy for Needham would position the community one step closer to the end game of preventing future generations of young people from legal purchase of nicotine products. This is not a prohibition on individual consumer possession or use, nor is it a prohibition of sales for current users. It is a sales driven restriction of 13 products to future customers and future generations. Most people want to protect the health and safety of children. Regarding the impact on personal choice, the first puff for many is known to take away that choice. Science states that nicotine is one of the most addictive substances, comparable to the addictive mechanism of heroin and cocaine. The phased in approach of Nicotine Free Generation as a policy would reduce initiation rates especially among the young whose growing brains are susceptible to addiction. The Board should consider pairing this policy with a commitment to help people quit.

Carol Read stated that research shows that, not only did Tobacco 21 in Needham create a lower youth smoking rates, it reduced smoking among Needham adults. She asked the Board to make the choice to protect youth and adults in Needham by implementing the policy.

Upon motion duly made by Dr. Cosgrove, and seconded by Dr. Partridge, it was voted to pass the Tobacco Free Generation policy.

Discussion:

There was discussion regarding the fine structure that would be used if this policy was approved.

Upon an amended motion duly made by Dr. Cosgrove, and seconded by Dr. Partridge, it was voted to pass the Tobacco Free Generation policy, while noting that there needs to be a cleanup of some language as discussed.

Discussion:

Dr. Epstein noted that there is not yet much data regarding negative health impacts and harm over the age of 25. The Board could decide to approve this, while noting that there will be a mandatory review in five years. Dr. Sawant-Basak stated that she would like to know what type of data Dr. Epstein would be seeking. Dr. Winickoff stated that there is no language within the policy that would disallow the Board's review at any point in the future. The Board can review the regulations at any point in the future and will always have data available to it.

Dr. Gandhi and Dr. Cosgrove exited the meeting at 10:15am.

Mr. Palani stated that part of the regulation speaks to oral nicotine products and how they can only be sold in adult-only retail stores. At the moment, there are no adult retail stores in Town, so this would be a pure prohibition to these products. Dr. Epstein stated that he does not believe this was the intent.

The Board decided not to vote on the motion on the table at this time.

There was discussion that the proposed policy should be cleaned up before being voted on. Also, it was noted that it would be nice for all Board members to be present to vote on the motion. The Board agreed to close this hearing and then deliberate and potentially vote at its next meeting.

Dr. Epstein closed the hearing at 10:23AM.

PUBLIC HEARING – Article 22 “Regulation for Prohibiting the Manufacturing, Sale, and Distribution of Synthetically Derived Cannabinoids”

The Board continued this public hearing to its next meeting.

PUBLIC HEARING – Article 8 – Proposed Dumpster Regulations

The Board continued this public hearing to its next meeting.

Board Deliberations

This agenda item was addressed within other agenda topics.

Other Items

None at this time.

Adjournment

Upon motion duly made by Dr. Sawant-Basak, and seconded by Dr. Partridge, it was voted to adjourn the meeting. Motion passed unanimously.

The meeting was adjourned at 10:28AM.

Attachment:

November 22, 2024, meeting packet

DRAFT



Board of Health

AGENDA FACT SHEET

December 13, 2024

Agenda Item	Public Hearing - Draft Article 8 Dumpster Regulations
Presenter(s)	Tara Gurge, Assistant Public Health Director Sainath Palani, Environmental Health Agent

1.	BRIEF DESCRIPTION OF TOPIC TO BE DISCUSSED
	Staff completed their research on the newly proposed dumpster regulation, which includes excerpts of other surrounding city/town dumpster regulations which we felt would be a good fit for Needham. A revised draft regulation is included for the Board. We have also enclosed a dumpster regulation equity analysis memo in this month's meeting packet.
2.	VOTE REQUIRED BY BOARD OF HEALTH
	Suggested Motion: That the Board of Health vote to approve the new Article 8: Dumpster Regulation.
3.	BACK UP INFORMATION:
	a) Draft Dumpster Regulation b) Dumpster Regulation Equity Analysis Memo



Needham Public Health Division

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Board of Health

Edward Cosgrove, PhD Stephen Epstein, MD, MPP Tejal K. Gandhi, MD, MPH

Robert Partridge, MD, MPH Aarti Sawant-Basak, PhD

ARTICLE 8

Regulation Requiring the Permitting, Maintenance, and Cleanliness of Dumpsters in Needham

SECTION 8.1 PURPOSE

The purpose of this regulation is to protect the residents, businesses, and environment in the Town of Needham from any nuisances caused by dumpsters including but not limited to the prevention of filth and odors and harborage of rodents and pests.

SECTION 8.2 AUTHORITY

These regulations are adopted by the Needham Board of Health, pursuant to its authority under Massachusetts General Laws, Chapter 111 Sections 122 and 150A. Also, in accordance with the authority granted by the General Laws of the Commonwealth of Massachusetts, Chapter 111, Sections 31, and 31B, which states “Boards of Health may make reasonable health regulations.” The Board of Health of the Town of Needham hereby adopts the following rules and regulations relative to the use of dumpsters and containers for storage of solid waste, recyclables and/or compost.

SECTION 8.3 APPLICABILITY

These regulations shall apply to all commercial and residential dumpsters, including composting bins, within the Town of Needham, Massachusetts. All dumpsters utilized

by a permitted food establishments in the Town of Needham shall comply with the regulations outlined herein.

Temporary or construction-style dumpsters utilized in conjunction with building permits overseen by the Town of Needham Building Department shall not fall under the jurisdiction of these regulations, except in those circumstances where the temporary/construction dumpster has become a harborage area or a food source for pests.

SECTION 8.4 DEFINITIONS

Board: The Board of Health or its agent or designee of the Town of Needham, *including staff from the Needham Public Health Division*

Commercial Customers/Generators: shall mean all other property owners and occupants of any commercial, industrial, institutional, municipal, school, or mixed-use building within the Town.

Composting: A process of accelerated biodegradation and stabilization of organic material under controlled conditions yielding a product which can be safely used, as those terms are or may be defined by 310 CMR 19.00: Solid Waste Management.

Dumpster: Any container (other than a conventional trash can with lid) used for the outside storage of solid waste, recyclables, garbage, rubbish, organic matter, offal, scrap or refuse of any sort. This includes 75 gallon rolling toters supplied in lieu of a dumpster, as well as rolling toters used to collect and haul food waste and composting materials. This excludes temporary construction dumpsters overseen by the Town of Needham Building Department, except in those circumstance where the construction-related dumpster has attracted pests.

Dumpster Enclosure: A dumpster enclosure is a fenced-in area where the dumpster container or recycling bin resides, blocking visibility from the public.

Owner: means any person, including a lessee or mortgagee in possession, who alone or severally with others has lawful title to or possession, care, control of any property on

which dumpsters are located or proposed to be located. “Owner also includes any authorized agent of such person.

Recyclables: shall mean materials that are banned from disposal in the Commonwealth of Massachusetts pursuant to 310 CMR 19.017: Waste Bans that are routinely recyclable materials such as ferrous and non-ferrous metals, glass & metal containers, recyclable paper, cardboard and paperboard, and single resin narrow-necked plastics containers.

Residential Customers/Generators: shall mean property owners and occupants of single and multi-family dwellings, condominiums, public housing, and mobile homes within the Town.

Shared Dumpster: When multiple food establishments use the same dumpster and share the cost of servicing and maintenance.

Solid Waste: shall mean useless, unwanted or discarded non-recyclable solid wastes, excluding Waste Banned Materials, Prohibited Materials, and Hazardous Waste as defined herein. All rubbish, trash, garbage, or refuse normally generated, excluding explosives, oil, sludges, highly flammable substances, cesspool or other human wastes, human or animal remains, construction materials, demolition debris, and hazardous refuse of any kind such as crankcase oils, cutting fluids, paints, acids, caustics, poisons, drugs, radioactive materials, fine powdery earth used as filter media, cleaning fluids, and refuse of similar nature.

Town: shall mean the Town of Needham.

SECTION 8.5 DUMPSTER PERMITS

8.5.1 Any Commercial Customers/Generators desiring to secure a dumpster on their property shall obtain a Dumpster Permit from the Public Health Division. The application for these permits shall include the items specified herein.

8.5.2 The applicant shall submit a completed online permit application, link provided by the Public Health Division.

- 8.5.3 The applicant shall submit a non-refundable application fee according to the Board of Health fee schedule.
- 8.5.4 The applicant shall provide supporting documentation including a valid signed/dated permitted waste hauler contract stating the specific number and size dumpsters to be kept on site, i.e. recycling and/or solid waste, which also contains the frequency of service.
- 8.5.5 A site plan must also be uploaded to the online permit application, which shows the locations of the dumpsters, which includes the location of the dumpster enclosures, if applicable. The plan must also indicate whether a grease barrel and a bin used for composting is also located in the dumpster area.
- 8.5.6 Annual permits shall be valid for no more than one (1) year. They will be renewable annually, subject to review and approval by the Board.
- 8.5.7 This permit shall expire on March 31st annually.
- 8.5.8 No permit outlined in these regulations shall be transferable except with the written approval of the Board of Health or its designated agent.
- 8.5.9 Permits will not be renewed unless all fees, fines, and surcharges incurred have been fully paid, if applicable.
- 8.5.10 Agents and employees of the Board of Health reserve the right to reject applications or revoke permits based on inaccurate information, failure to comply with these regulations, or for any reason that would indicate that the Town of Needham's interests would not be served by the issuance of a permit.
- 8.5.11 Agents and employees of the Board of Health reserve the right to impose additional restrictions and conditions upon the permit, including, but not limited to: Change in permitted waste hauler, container size, location, frequency of pick up, mechanical operation, design and sanitary condition.

SECTION 8.6 DUMPSTER REQUIREMENTS

- 8.6.1 The owner of the dumpster shall ensure that each dumpster is located so as to not interfere with the health, safety, or wellbeing of any person.

Each dumpster shall be of sufficient capacity to contain the material accumulated without overflowing and shall be emptied when full.

- 8.6.2 If a dumpster enclosure is utilized, the enclosure doors shall be locked at all times when the dumpsters are not being accessed and appropriate warning signage shall be posted, in order to prevent illegal dumping. In other cases the Board reserves the right to require locks and for illegal dumping warning signage to be added at any time to the enclosure gates, especially if illegal dumping continues to occur.
- 8.6.3 It shall be the responsibility of the owner to maintain the dumpster and the dumpster area free of all nuisances including, but not limited to, flies, insects, rodents, other wildlife, odors, scattered debris, overflowing conditions, missing drain plugs, missing lids/doors, compromised lids/doors due to pests and leaking fluids.
- 8.6.4 The Board of Health and its agents can order the dumpster size changed, for the dumpster to be deodorized, washed and sanitized, additional dumpsters added, additional collections added per week and/or the dumpster removed and/or changed out by the waste hauler when nuisance conditions exist or for repeated violations of these regulations. The Board of Health and its agents can order dumpster locks and dumpster enclosure locks, as well as dumpster drain caps.
- 8.6.5 The Dumpster Permit holder shall have the dumpster and/or the dumpster area deodorized when emptied or if necessary, washed, steamed or sanitized within the time limit specified by the Board of Health or its agents.
- 8.6.6 No person shall do business as a Dumpster Contractor/Permitted Waste Hauler in the Town of Needham without a waste hauler permit from the Board.
- 8.6.7 Each dumpster owned, controlled or serviced by a Contractor/Waste Hauler shall be conspicuously marked with the name and telephone number of the Contractor/Waste Hauler. All other dumpsters shall be conspicuously marked with the name and telephone number of the Owner, along with the name and contact information of the person(s) responsible for maintaining the dumpster and/or that the issued permit or decal is by the dumpster.

- 8.6.8 The Dumpster Permit holder is responsible for ensuring that the dumpsters and the areas around the dumpsters, along with the Dumpster Enclosure areas, are routinely cleaned and maintained and are on a routine cleaning and maintenance schedule as to not pose as a public health nuisance hazard risk or risk attracting pests into the area.
- 8.6.9 Dumpsters must have tight fitting lids and drain plugs and ability to lock. Dumpsters shall be in good physical condition, not rusted through, or have missing, inoperable or damaged doors and be in such condition that the doors easily open and close.
- 8.6.10 Dumpsters must be placed on a smooth, non-porous and easily cleanable surface, such as concrete or asphalt.
- 8.6.11 Unused dumpsters must be picked up from properties within 72 hours after termination of the waste hauler service contract.

SECTION 8.7 INSPECTION

The Board of Health or its designee is authorized to inspect any dumpster in the Town at any time to inspect for compliance with this regulation. If it is found that any portion of these regulations have been violated and that the violation has not been corrected, it shall order the permit holder or persons responsible to correct such violation in a reasonable time period as determined by the Board of Health or its designee.

SECTION 8.8 ENFORCEMENT

Enforcement of this regulation shall be by administrative hearing before Public Health Division staff and in front of the Board of Health, if necessary, or if needed by criminal complaint in the district court and/or non-criminal disposition ticket per M.G.L. Chapter 40, § 21D. Agents of the Board of Health or its designee, the Police Department, and the DPW shall have the power to enforce the provisions of this regulation.

SECTION 8.9 PENALTIES

8.9.1 In the event that a dumpster permit holder fails to follow these regulations, the Board of Health, its designated agents, or other designated Town Dept. staff (i.e. Needham Police, Fire, Building and/or DPW) reserves the right to impose reasonable fines or revoke the permit due to noncompliance, subject to the Appeal Provisions described below.

8.9.2 Violation of this ordinance may also be enforced in the manner provided under Massachusetts General Laws Chapter 40, Section 21D and shall be punishable as follows:

- a. First offense Warning
- b. Second offense \$100 fine
- c. Third offense \$200 fine
- d. Subsequent offenses \$300.00 fine
- e. Each twenty-four-hour period during which a violation exists shall constitute a separate offense, and a separate and additional fine shall be imposed.

8.9.3 Dumpster permits may be suspended, revised, or revoked by the Agents and employees of the Board of Health upon receipt of evidence satisfactory to the Board that the permittee has not conformed with the requirements of these regulations.

SECTION 8.10 APPEAL PROVISIONS

Any Dumpster permit holder cited for a violation of these regulations may appeal such citation by filing a written notice of appeal with the Board of Health within seven (7) days, exclusive of Saturdays, Sundays and legal holidays, from the date of said citation. A hearing will be held within 60 days from the date of the filing of the appeal. Written notice of the hearing date will be delivered to the applicant at least two (2) weeks prior to the scheduled date. The hearing will be conducted in accordance with the established procedures of the Board of Health.

SECTION 8.11 LEGAL PROVISIONS and SEVERABILITY

8.11.1 If any provision, clause, sentence, paragraph or word of this Article or the application thereof to any person, entity or circumstances shall be held invalid, such invalidity shall not affect the other provisions of this article which can be given effect without the invalid provisions or application and to this end the provisions of this Article are declared severable.

8.11.2 All decisions rendered by the Board shall be made in writing and shall be kept on file in the office of the Board of Health.

8.11.3 If any provision of this regulation is declared invalid or unenforceable, the other provisions shall not be affected thereby but shall continue in full force and effect.

SECTION 8.12 EFFECTIVE DATE

This regulation was [rejected/approved] by a [unanimous] vote of the Board of Health on December 13, 2024 and the regulation will take effect on February 1, 2025 such that all dumpster permits will be on the same permit renewal cycle as the Trash/Waste Hauler Permits. Adoption of this regulation occurred following discussion at open meetings on October 8, 2024. Public hearings about this regulation occurred on November 22 and December 13, 2024.

This newly adopted Article #8 replaces the Needham Board of Health's original Article #8 which regulated the practice of massage and massage establishments. That article was adopted in October 1970 and amended in 1988, 1995, and 2002. Needham's Board of Health regulation was rendered obsolete in June 2006 (and later rescinded) when legislation was adopted by the General Court assigning regulation and licensure responsibilities to a newly created state body.



Needham Public Health Division

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MEMORANDUM

To: Needham Board of Health
From: Tara Gurge, Assistant Public Health Director - Env. and Community Health
Sainath Palani, Environmental Health Agent
CC: Timothy McDonald, Director of Health & Human Services
Date: November 26, 2024
Re: Equity Analysis of Draft Dumpster Regulations

Overview:

The proposed dumpster regulation aims to ensure proper waste management, reduce public health risks, and mitigate environmental concerns. This also includes reducing the risk of pests from being attracted to unsanitary dumpsters that are in disrepair and reducing the occurrence of the public witnessing unsanitary conditions and/or odors around dumpsters. This policy was proposed mainly in response to the increase in the number of pest-related complaints fielded by the Needham Public Health Division (NPHD). The number of pest complaints to the NPHD increased from <7 in Fiscal Years 2022 and 2023 to 20 complaints in Fiscal year 2024 and 16 already in Fiscal year 2025. The majority of the recent complaints when investigated related to dumpsters in Town being left in an unsanitary and unmaintained condition.

According to the US Census data, there are 11,312 households¹ in the town of Needham. Approximately 4,100 households in 2024 are contracted with a permitted private waste hauler for both trash and recycling services. There are also 410 commercial dumpsters in town in 2024 per data collected from the NPHD waste hauler permits. Each of these dumpsters, particularly the commercial ones, if left unmaintained has a risk of attracting pests and causing a potential unhealth environment.

This brief analysis evaluates the potential equity implications to ensure fair and just outcomes across all community members. The goal in adopting this regulation is to ensure that those responsible for food establishment and commercial dumpsters take more accountability to ensure that their dumpsters and dumpster areas remain in a clean and sanitary condition at all times. If the dumpster permit holder fails to follow these proposed regulations, strictly enforced penalties can be imposed including the issuance of tickets/fines. Everyone will have to follow the same dumpster regulation

¹ Bureau, U.S. Census. 2022. "2022:ACS 5-Year Estimates Data Profiles, Table DP02." <https://data.census.gov/table/ACSDP5Y2022.DP02?g=160XX00US2544140>.



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requirements, and there will be a consistent enforcement of the regulations based upon complaints received.

This equity analysis assesses how the Board of Health dumpster regulation may impact diverse populations in Needham, using some of the equity assessment questions from the NPHD's Racial and Health Equity policy.

What is the equity impacts of a local dumpster regulation in Needham?

Creating new local dumpster regulations within the Town of Needham does have some implications for equity of health and well-being of residents within Needham that might be impacted by dumpsters being left unmaintained. There are potentially some populations that are most affected by dumpsters more than others.

1. Residents living near Mixed-Use and Commercially Zoned Areas

Many unkempt dumpsters are observed at commercial dumpsters which serve commercial businesses including retail and food establishments. Complaints received from residents are from those abutting or being close to these dumpsters. Mixed used and commercially zoned areas tend to have fewer zoning restrictions compared to residential zoned areas. Fewer zoning restrictions generally also allows for higher density of housing and development of affordable housing and thus tends to have a higher proportion of minority and low income populations.² There might be a correlation and a likelihood that lower income and minority/non-white populations, are most impacted by unsanitary dumpsters. Upon searching, there was no publicly available data to determine if this is the case within the Town of Needham.

Who will benefit from or be burdened by the particular decision?

Benefit:

Less nuisance trash-related and pest complaints: The core of the proposed regulation is to ensure that there is a quicker enforcement mechanism and path to compliance if there are dumpsters being kept in an unsanitary and unmaintained state. The regulation is using a negative reinforcement in the form of ticketing and fining if violations to the regulations are found. Cleaner and well-maintained dumpsters should lead to cleaner neighborhoods and less pest activity within neighborhoods caused by these dumpsters.

Burden:

Economic impact: The implementation of dumpster regulation is likely to have economic implications on those being required to apply and acquire a dumpster permit,

² Rothwell, Jonathan & Massey, Douglas. (2008). The Effect of Density Zoning on Racial Segregation in U.S. Urban Areas. Urban Affairs Review. 44. 10.1177/1078087409334163.



particularly for retail and restaurant food establishments, restaurant property managers, shared dumpster property managers, commercial and private residential properties, along with commercial and residential developers. This will be another fee that needs to be paid and takes time away from other activities that the permit holders might be participating in that could cost them money. Corrections of the orders itself will bear a cost as well. Smaller and/or family run businesses will be more affected by the fees and costs of dumpster maintenance versus dumpster managed by larger corporations and/or shared dumpsters (dumpsters utilized by more than one individual).

Permitting:

This will be another permit that can only be applied for online. Applicants that do not have access or are not literate in using the internet may find this application process to be burdensome.

Are there potential negative impacts or unintended consequences?

The regulation as written applies equally to all dumpsters in town. Education about regulation will be promoted by the Town from multiple offices and feedback will be received throughout the proposal process for the regulation. However, enforcement of the regulation maybe unequal if there is more focus on areas that are more densely populated or area that NPHD already inspects and visits on a regular basis such as Food Establishments.

Education about the dumpster regulations if only performed in English may leave out non-English speakers that manage dumpsters. This can lead to permit holders not knowing what expectations are, leading to increased number of tickets and orders to correct. This can also lead to a lack of report sightings of unsanitary dumpsters to the NPHD by those who are non-English speakers.

Are there strategies to mitigate the unintended consequences?

- 1) Permitted dumpsters will only be cited if there is an associated complaint about the dumpster or a pest related complaint that is caused by a dumpster.
- 2) We are proposing a sliding scale permitting fee schedule based on the size of the dumpster, what type of entity uses the dumpsters and the number of users of the dumpster.
- 3) NPHD staff are willing to work with applicants that have trouble applying for an online permit.
- 4) Education about the proposed dumpster regulations will be spread through different networks and also presented in written materials of other commonly spoken languages within the Town of Needham.



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Adopting a dumpster regulation will allow the NPHD to have stronger enforcement means and should lead to quicker compliance timelines to help maintain dumpsters and the Town of Needham stay sanitary and clean. Unmaintained dumpsters have been witnessed to directly be associated with the increase in the number of rat sightings and complaints in Town. Dumpsters, especially commercial dumpsters that serve food establishments, are more likely to be in mixed use and/or commercially zoned areas that are more likely closer to populations of people that are low-income and identify as non-white. If the regulation is enforced equally and dumpsters are maintained, it should lead to a decrease in the number of rat complaints that were primarily caused by unsanitary dumpsters and likely reduce or slow down the growth of rat populations within the Town of Needham, which, in turn, will promote a healthier and cleaner town and environment.



Board of Health

AGENDA FACT SHEET

December 13, 2024

Agenda Item	Article 1: Regulation Affecting Smoking and the Sale and Distribution of Tobacco Products in Needham
Presenter(s)	Tara Gurge, Assistant Director of Public Health Timothy McDonald, Director of Health & Human Services

1.	BRIEF DESCRIPTION OF TOPIC TO BE DISCUSSED
	The Board of Health will continue its discussion, begun in May 2024, of Article 1. The proposed amendments include revised definitions as well as the Nicotine Free Generation (NFG) policy which would restrict the sale of tobacco products to all persons born after 1/12/2005. This packet includes an Equity Analysis of the proposed regulatory changes, a new practice that the Public Health Division proposed (and the Board of Health supported), to help inform the Board and the staff members' understanding of the possible impact of the changes.
2.	VOTE REQUIRED BY BOARD OF HEALTH
	Vote Expected
3.	BACK UP INFORMATION: Draft Article 1— Regulation Affecting Smoking and Sale and Distribution of Tobacco Products in Needham; Article 1 Equity Analysis Memo.



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Edward Cosgrove, PhD Stephen Epstein, MD, MPP Tejal K. Gandhi, MD, MPH

Robert Partridge, MD, MPH Aarti Sawant-Basak, PhD

ARTICLE 1

Regulation Affecting Smoking and the Sale and Distribution of Tobacco Products in Needham

A. Statement of Purpose:

Whereas, there exists conclusive evidence that tobacco smoking causes cancer, respiratory and cardiac diseases, negative birth outcomes, irritations to the eyes, nose and throat;¹

Whereas, the U.S. Department of Health and Human Services has concluded that nicotine is as addictive as cocaine or heroin² and the Surgeon General found that nicotine exposure during adolescence, a critical window for brain development, may have lasting adverse consequences for brain development,³ and that it is addiction to nicotine that keeps youth smoking past adolescence;⁴

Whereas, a Federal District Court found that Phillip Morris, RJ Reynolds and other leading cigarette manufacturers “spent billions of dollars every year on their marketing activities in order to encourage young people to try and then continue purchasing their cigarette products in order to provide the replacement smokers they need to survive” and that these companies were likely to continue targeting underage smokers;⁵

¹ U.S. Center for Disease Control and Prevention (CDC), *Health Effects of Cigarette Smoking Fact Sheet* (2021), https://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/index.htm.

² CDC, *How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease*, (2010), http://www.cdc.gov/tobacco/data_statistics/sgr/2010/.

³ U.S. Dep’t of Health and Hum. Servs., *The Health Consequences of Smoking – 50 Years of Progress: A Report of the Surgeon General* at 122 (2014), <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/full-report.pdf>.

⁴ *Id.* at 13 (Executive Summary).

⁵ *United States v. Phillip Morris*, 449 F.Supp.2d 1, 1605-07 (D.D.C. 2006).

Whereas, the majority (90%) of smokers begin smoking before the age of 25, and over 5 million youth and young adults (ages 25 and under) smoke;⁶

Whereas, cigars and cigarillos, can be sold in a single “dose,” and enjoy a relatively low tax as compared to cigarettes;⁷

Whereas, spitless tobacco sales have increased from 100,000 units a year in 2018 to over 700,000 units a year by 2023;⁸

Whereas, nicotine use in any form during adolescence can cause addiction and can harm parts of the brain that control attention, learning, memory, mood, and impulse control. Nicotine use may also increase adolescents’ risk of future addiction to other drugs;⁹

Whereas more than 90 percent of all adult smokers begin smoking before the age of 18. In 2023, 22.2% of U.S. middle and high school students reported ever using any tobacco product, corresponding to 6.21 million persons, and 10% or 2.8 million middle and high school students reported current tobacco use;¹⁰

According to the 2021 National Youth Tobacco Survey (NYTS), 17.1% of current youth smokers reported directly purchasing cigarettes from a gas station or convenience store and 7.0% reported directly purchasing cigarettes from a vape shop or tobacco shop;¹¹

Whereas the Institute of Medicine (IOM) concludes that raising the minimum age of legal access to tobacco products to 21 will likely reduce tobacco initiation, particularly among adolescents 15 – 17, which would improve health across the lifespan and save lives;¹²

Whereas the 2023 MetroWest Adolescent Health Survey (MHAWS) results show that 2% of Needham high school students used cigarettes on at least one day of the 30 days before the survey, compared with 3% of students in 2021. And whereas the 2023 MetroWest Adolescent Health Survey (MHAWS) results show that 10% of Needham high school students used cigarettes in their lifetime, compared with 9% of students in 2021;

⁶ Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, *Key substance use and mental health indicators in the United States: Results from the 2020 National Survey on Drug Use and Health* (HHS Publication No. PEP21-07-01-003, NSDUH Series H-56) (2021) (Retrieved from <https://www.samhsa.gov/data/>).

⁷ CDC, *Youth Risk Behavior, Surveillance Summaries* (MMWR 2010: 59, 12, note 5) (2009) (Retrieved from: <http://www.cdc.gov/mmwr/pdf/ss/ss5905.pdf>).

⁸ Massachusetts Dept. of Public Health, *Updated Presentation: Monitoring the Impacts of MA Flavored Tobacco Law* (2024).

⁹ Campaign for Tobacco Free Kids, *The Rise of Products Using Synthetic Nicotine* (2021) (<https://assets.tobaccofreekids.org/factsheets/0420.pdf>)

¹⁰ Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion, CDC; ²Center for Tobacco Products, Food and Drug Administration, Silver Spring, Maryland.

¹¹ 2021 National Youth Survey, <https://www.cdc.gov/mmwr/volumes/71/ss/ss7105a1.htm>

¹² IOM (Institute of Medicine) 2015. *Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products*. Washington DC: The National Academies Press, 2015.

Whereas, data from the 2023 MetroWest Adolescent Health Survey shows 9.6% of Needham High School students and 11.1% of high school students from 24 communities in the Metro West Region used any nicotine products in the past 30 days (cigarettes, smokeless tobacco, cigars, pouches, gum or electronic vapor products);

Whereas use of e-cigarettes among students in Massachusetts is 16%, representing a decrease of 1.5% for highschoolers between 2021 and 2023. Middle school 30-day use remained the same at 4.9 between 2021 and 2023;¹³

Whereas 16% of Massachusetts youth currently use e-cigarettes and 30.4% have tried them¹⁴ and in Needham 8.6% of Needham high school students currently use e-cigarettes and 17% of those students have tried e-cigarettes once in their lifetime, according to the 2023 MetroWest Adolescent Health Survey (MWAHS);¹⁵

Whereas, spitless tobacco, in particular nicotine salt packages, provides a discrete, cheap nicotine delivery system;¹⁶

Whereas, the Surgeon General found that exposure to tobacco marketing in stores and price discounting increase youth smoking;¹⁷

Whereas, the U.S. Food and Drug Administration and the U.S. Surgeon General have stated that flavored tobacco products are “starter” products that help establish smoking habits that can lead to long-term addiction;¹⁸

Whereas, the U.S. Surgeon General recognized in his 2014 report that a complementary strategy to assist in eradicating tobacco-related death and disease is for local governments to ban categories of products from retail sale;¹⁹

Whereas, the Massachusetts Department of Environmental Protection has classified liquid nicotine in any amount as an “acutely hazardous waste;”²⁰

Whereas, research indicates that the density and proximity of tobacco retailers increase smoking behaviors, including number of cigarettes smoked per day, reduced smoking abstinence during a quit attempt, and increased smoking prevalence among youth;²¹

¹³ Massachusetts Department of Public Health, Massachusetts Youth Health Survey (MYHS) 2023

¹⁴ Massachusetts Department of Public Health, 2023 Massachusetts Youth Health Survey (MYHS)

¹⁵ MetroWest Adolescent Health Survey: Needham High School Reports 2023

¹⁶ Ibid.

¹⁷ U.S. Dep’t of Health and Human Servs., *Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General* 508, 530 (2012) (www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/full-report.pdf).

¹⁸ Food and Drug Administration, *Fact Sheet: Flavored Tobacco Products* (2011), www.fda.gov/downloads/TobaccoProducts/ProtectingKidsfromTobacco/FlavoredTobacco/UCM183214.pdf; U.S. Dep’t of Health and Human Services, *Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General*, 508, 539 (2012) (www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/full-report.pdf).

¹⁹ See fn. 3 at p. 85.

²⁰ 310 CMR 30.136

²¹ Ying-Chih Chuang et al., *Effects of neighbourhood socioeconomic status and convenience store concentration on individual level smoking*, 59(7) J. Epidemiol Cmty Health 568 (2005) (doi: 10.1136/jech.2004.029041); Shelley D. Golden et al., *County-level associations between tobacco retailer density and smoking prevalence in the USA, 2012*, 17 (101005) Prev. Med. Rep. (Mar. 2020)

Whereas, the density of tobacco retailers near adolescents' homes has been associated with increased youth smoking rates and initiation of non-cigarette tobacco product use;²²

Whereas, tobacco retailers are more prevalent in underserved communities, especially in neighborhoods with a higher proportion of African American or Hispanic residents;²³

Whereas, policies to reduce tobacco retailer density have been shown to be effective and can reduce or eliminate social and racial inequities in the location and distribution of tobacco retailers;²⁴

Whereas, the Massachusetts Supreme Judicial Court has held that “. . . [t]he right to engage in business must yield to the paramount right of government to protect the public health by any rational means.”²⁵

Now, therefore it is the intention of the Needham Board of Health to regulate the sale of tobacco products.

B. Authority:

This regulation is promulgated pursuant to the authority granted to the Needham Board of Health by Massachusetts General Laws Chapter 111, Section 31 which states that "Boards of health may make reasonable health regulations".

C. Definitions:

For the purpose of this regulation, the following words shall have the following meanings:

(doi: 10.1016/j.pmedr.2019.101005); Eric C. Leas et al., *Place-Based Inequity in Smoking Prevalence in the Largest Cities in the United States*, 179(3) JAMA Intern Med., 442 (2019) (doi: 10.1001/jamainternmed.2018.5990); JG Lee et al., *Associations of tobacco retailer density and proximity with adult tobacco use behaviors and health outcomes: a meta-analysis*. Tobacco Control. Published Online First: 03 September 2021; LR Reitzel et al., *The effect of tobacco outlet density and proximity on smoking cessation*. American Journal of Public Health. 2011, 101(2):315-320; L Henriksen et al., *Is adolescent smoking related to the density and proximity of tobacco retailers and retail cigarette advertising near schools?* Preventive Medicine. 2008, 47(2): 210-4.

²² LJ Finan et al., *Tobacco Outlet Density and Adolescents' Cigarette Smoking: A Meta-Analysis*, 28(1) Tob Control. 27 (2019) (doi: 10.1136/tobaccocontrol-2017-054065); Abdel Magid HS et al., *Tobacco Retail Density and Initiation of Alternative Tobacco Product Use Among Teens*, 66(4) J. Adolescent Health 423 (2020) (doi: 10.1016/j.jadohealth.2019.09.004).

²³ Siahpush M. et al., *Association of availability of tobacco products with socio-economic and racial/ethnic characteristics of neighbourhoods*, 124(9) Pub. Health 525 (2010) (doi: 10.1016/j.puhe.2010.04.010); Lee JG, et al., *Inequalities in tobacco outlet density by race, ethnicity and socioeconomic status, 2012, USA: results from the ASPIRE Study*, 71(5) J. Epidemiol Cmty Health 487 (2017) (doi: 10.1136/jech-2016-208475); D.O. Fakunle et al., *Black, White, or Green? The Effects of Racial Composition and Socioeconomic Status on Neighborhood-Level Tobacco Outlet Density*, Ethn Health. 1 (2019) (doi: 10.1080/13557858.2019.1620178).

²⁴ Ribisl KM, et al., *Reducing Disparities in Tobacco Retailer Density by Banning Tobacco Product Sales Near Schools*, 19(2) Nicotine Tobacco Res. 239 (2017) (doi: 10.1093/ntr/ntw185); HG, Henry et al., *Tobacco Retail Licensing and Density 3 Years After License Regulations in Philadelphia, Pennsylvania (2012-2019)*, 110 (4) Am J. Pub. Health 547 (2020) (doi: 10.2105/AJPH.2019.305512); A.E. Myers et al., *A comparison of three policy approaches for tobacco retailer reduction*, 74 Prev. Med. 67(2015) (doi: 10.1016/j.ypmed.2015.01.025).

²⁵ *Druzik et al v. Board of Health of Haverhill*, 324 Mass. 129 (1949).

Adult-Only Retail Tobacco Store (also known as “Retail Tobacco Store” in G.L. c. 270): An establishment that is not adjoined, that has a separate entrance not used by any other retailer, that does not sell food, beverages or alcohol, that does not have a lottery license, whose only purpose is to sell or offer for retail sale tobacco products and/or tobacco product paraphernalia, in which the entry of persons under the age of 21 is prohibited at all times, and which maintains a valid permit for the retail sale of tobacco products from the Needham Board of Health and applicable state licenses. The entrance to the establishment must be secure so that access to the establishment is restricted to employees and to those 21 years or older. The establishment shall not allow anyone under the age of 21 to work at the establishment. As of the effective date of this regulation, no new adult-only retail tobacco stores shall be located within twenty-five (25) feet of a retailer with a tobacco product sales permit.

Blunt Wrap: Any product made wholly or in part from a tobacco product, manufactured or packaged with loose and removable leaves or section of a leaf, or as a hollow tube, that may be used by the consumer to wrap or contain loose tobacco or other fillers.

Bona Fide Purchaser for Value: A bona fide purchaser is someone who exchanges value for property without any reason to expect irregularities in the transaction.

Business Agent: An individual who has been designated by the owner or operator of any establishment to be the manager or otherwise in charge of said establishment.

Characterizing flavor: A distinguishable taste or aroma, other than the taste or aroma of tobacco, imparted or detectable either prior to or during consumption of a tobacco product or component part thereof, including, but not limited to, tastes or aromas relating to any fruit, chocolate, vanilla, honey, candy, cocoa, dessert, alcoholic beverage, menthol, mint, wintergreen, herb or spice; provided, however, that no tobacco product shall be determined to have a characterizing flavor solely because of the provision of ingredient information or the use of additives or flavorings that do not contribute to the distinguishable taste or aroma of the product.

Child-Resistant Package: Packaging intended to reduce the risk of a child ingesting nicotine and that meets the minimum standards of 16 C.F.R. 1700 *et seq.*, pursuant to 15 U.S.C. 1471 through 1476.

Cigar: Any roll of tobacco that is wrapped in leaf tobacco or in any substance containing tobacco, with or without a tip or mouthpiece, that is in a readily usable state immediately when removed from its packaging without any modification, preparation or assembly required as in a kit or roll-your-own package and is not otherwise defined as a cigarette under G.L. c. 64C, §1, Paragraph 1. Tobacco leaf in kits or roll-your-own packages shall be considered “blunt wraps” for the purpose of this regulation.

Component part: Any element of a tobacco product, including, but not limited to, the tobacco, filter and paper, but not including any constituent.

Constituent: Any ingredient, substance, chemical or compound, other than tobacco, water or reconstituted tobacco sheet, that is added by the manufacturer to a tobacco product during the processing, manufacturing or packaging of the tobacco product.

Coupon: Any card, paper, note, form, statement, ticket or other communication distributed for commercial or promotional purposes to be surrendered to receive an article, service or accommodation without charge or at a discount price.

Distinguishable: Perceivable by either the sense of smell or taste.

Educational Institution: Any public or private college, school, professional school, scientific or technical institution, university or other institution furnishing a program of higher education.

Electronic Nicotine Delivery System: An electronic device, whether for one-time use or reusable, that can be used to deliver nicotine or another substance to a person inhaling from the device including, but not limited to, electronic cigarettes, electronic cigars, electronic cigarillos, electronic pipes, vaping pens, hookah pens and other similar devices that rely on vaporization or aerosolization; provided, however, that “electronic nicotine delivery system” shall also include any noncombustible liquid or gel that is manufactured into a finished product for use in such electronic device; provided further, that “electronic nicotine delivery system” shall also include any component, part or accessory of a device used during the operation of the device even if the part or accessory was sold separately; provided further, that “electronic nicotine delivery system” shall not include a product that has been approved by the United States Food and Drug Administration for the sale of or use as a tobacco cessation product or for other medical purposes and is marketed and sold or prescribed exclusively for that approved purpose.

Employee: Any individual who performs services for an employer.

Employer: Any individual, partnership, association, corporation, trust or other organized group of individuals that uses the services of one (1) or more employees.

Flavored Tobacco Product: Any tobacco product or component part thereof that contains a constituent that has or produces a characterizing flavor. A public statement, claim or indicia made or disseminated by the manufacturer of a tobacco product, or by any person authorized or permitted by the manufacturer to make or disseminate public statements concerning such tobacco product, that such tobacco product has or produces a characterizing flavor shall constitute presumptive evidence that the tobacco product is a Flavored Tobacco Product.

Health Care Institution: An individual, partnership, association, corporation or trust or a person or group of persons who provides health care services and employs health care providers subject to licensing under this chapter; or a retail establishment that sells pharmaceutical goods and services and is subject to regulation by the board of registration in pharmacy. Health care institutions include but are not limited to hospitals, clinics, health centers, pharmacies, drug stores, doctors' offices, and dental offices.

Liquid Nicotine Container: A package:

- (i) from which nicotine in a solution or other form is accessible through normal and foreseeable use by a consumer; and
- (ii) that is used to hold a soluble nicotine in any concentration; provided however, that "liquid nicotine container" shall not include a sealed, prefilled and disposable container of nicotine in a solution or other form in which the container is inserted directly into an electronic cigarette, electronic nicotine delivery system or other similar product if the nicotine or other substance in the container is inaccessible through customary or reasonably foreseeable handling or use, including reasonably foreseeable ingestion or other contact by children.

Listed or non-discounted price: The higher of the price listed for a tobacco product on its package or the price listed on any related shelving, posting, advertising or display at the place where the tobacco product is sold or offered for sale plus all applicable taxes if such taxes are not included in the state price, and before the application of any discounts or coupons.

Manufacturer Documentation: A written document from a manufacturer that certifies which of each of its products is not flavored, as defined under Massachusetts law and these regulations. Manufacturer Documentation shall also mean a written document from a manufacturer that certifies the nicotine content expressed as milligrams per milliliter for each of its Electronic Nicotine Delivery System products. A manufacturer documentation must:

1. Be written by the manufacturer of the product(s).
2. Certify that the product(s) listed in the documentation are neither flavored nor have a characterizing flavor as defined by 105 CMR 665.005.
3. Include an attestation clause indicating that the "letter is true and accurate."
4. State that the "manufacturer will immediately provide an updated letter to correct any inaccuracy."
5. State that the person signing the letter "is authorized on behalf of the manufacturer to sign the letter."

6. Contain a signature of the manufacturer's corporate officer or an owner; and
7. For any Electronic Nicotine Delivery System product, certify that it does not have a nicotine content greater than 35 milligrams per milliliter. The content amount must be in "milligrams per milliliter." If the nicotine content is documented in a separate letter, the above-listed requirements must be included in that separate letter.

Note that a Manufacturer's Documentation IS NOT conclusive evidence that a product is unflavored. A board of health may conduct a smell/taste test to determine if a manufacturer's documentation misrepresents whether a product is flavored.

Non-Residential Roll-Your-Own (RYO) Machine: A mechanical device made available for use (including to an individual who produces cigars, cigarettes, smokeless tobacco, pipe tobacco, or roll-your-own tobacco solely for the individual's own personal consumption or use) that is capable of making cigarettes, cigars or other tobacco products. RYO machines located in private homes used for solely personal consumption are not Non-Residential RYO machines.

Oral Nicotine Pouches: Pre-portioned pouches containing nicotine and other ingredients, intended to be used between the cheek and gum to deliver nicotine.

Permit Holder: Any retailer engaged in the sale or distribution of tobacco products who applies for and receives a tobacco product sales permit or any person who is required to apply for a Tobacco Product Sales Permit pursuant to these regulations, or their business agent.

Retailer: Any person, firm, partnership, association, corporation, company or organization of any kind, including but not limited to, an owner, operator, manager, proprietor or person in charge of any establishment, business or retail store.

Retail Establishment: A physical place of business or a section of a physical place of business in which a tobacco product is offered for sale to consumers.

Rolling Papers: Sheets, rolls, tubes, cones or leaves, that do not contain tobacco, which are used for rolling cigarettes either by hand or with a roll-your-own machine.

Self-Service Display: Any display including an unlocked humidor regardless of size from which customers may select a tobacco product, as defined herein, without assistance from an employee or store personnel.

Schools: Public or private elementary or secondary schools.

Smoking Bar: An establishment that: (i) exclusively occupies an enclosed indoor space and is primarily engaged in the retail sale of tobacco products for consumption by customers on the premises; (ii) derives revenue from the sale of food, alcohol or other beverages that is incidental to the sale of a tobacco product and prohibits entry to a person under 21 years of age; (iii) prohibits a food or beverage not sold directly by the establishment from being consumed on the premises; (iv) maintains a valid permit for the retail sale of a tobacco product as required to be issued by the Town of Needham; and (v) maintains a valid license issued by the department of revenue to operate as a smoking bar. "Smoking bar" shall include, but not be limited to, those establishments that are commonly known as "cigar bars", "hookah-bars" and "vape bars."

Tobacco Product Flavor Enhancer: Any product designed, manufactured, produced, marketed or sold to produce a characterizing flavor when added to any tobacco product. A rolling paper with a characterizing flavor shall be considered a Tobacco Product Flavor Enhancer.

Tobacco Product: A product containing or made or derived from tobacco or nicotine that is intended for human consumption, whether smoked, chewed, absorbed, dissolved, inhaled, snorted, sniffed or ingested by any other means including, but not limited to, cigarettes, cigars, little cigars, chewing tobacco, pipe tobacco, snuff, electronic cigarettes, electronic cigars, electronic pipes, electronic nicotine delivery systems or any other similar products that rely on vaporization or aerosolization regardless of nicotine content in the product; provided, however, that "tobacco product" shall also include any component, part or accessory of a tobacco product; and provided further, that "tobacco product" shall not include a product that has been approved by the United States Food and Drug Administration for the sale of or use as a tobacco cessation product or for other medical purposes and is marketed and sold or prescribed exclusively for the approved purpose.

Vending Machine: Any automated or mechanical self-service device, which upon insertion of money, tokens or any other form of payment, dispenses or makes cigarettes or any other tobacco products, as defined herein.

Workplace: Any enclosed area of a structure, indoor area, facility or a portion thereof at which one (1) or more employees perform services for their employer (including the personal residence of the employer during those hours when used as a place of employment); other enclosed spaces rented to or otherwise used by the public; and where the employer has the right or authority to exercise control over the space. It also includes motor vehicles, employee lounges, restrooms, conference rooms, hallways, stairways and entrance ways, as well as exterior, unenclosed spaces at stairs, ramps, landings, patios, porches, decks, adjacent yards, loading docks and other areas within

twenty (20) feet of the entrance doors or other areas where smoke would migrate into the enclosed area of a structure.

D. No Tobacco Sales to Persons Born on or after January 1, 2005

1. No person shall sell or provide a tobacco product to a person born on or after January 1, 2005.

2. Required Signage:

All retail establishments, including adult-only retail tobacco stores, shall conspicuously post signage, made available from the Needham Board of Health. Such signage shall include: (i) referral information for smoking cessation resources; (ii) a statement that sale of tobacco products, including e-cigarettes, [to someone younger than 21 years of age] or [to a person born on or after January 1, 2005] is prohibited; (iii) health warnings associated with using electronic nicotine delivery systems; and (iv) except in the case of smoking bars, notice to consumers that the sale of flavored tobacco products are prohibited at all times. Such signage shall be posted conspicuously in the retail establishment or other place in such a manner so that it may be readily seen by a person standing at or approaching the cash register. The notice shall directly face the purchaser and shall not be obstructed from view or placed at a height of less than four feet or greater than nine feet from the floor. The signage may be in a form developed and made available by the Massachusetts Department of Public Health.

3. Identification:

Each person selling or distributing tobacco products shall first verify the age of **every** purchaser of tobacco products by means of a valid government-issued photographic identification containing the bearer's date of birth that the purchaser is born on or before January 1, 2005.

E. Tobacco Product Sales Permit:

1. No person shall sell or otherwise distribute tobacco products, as defined herein, within the town of Needham without first obtaining a Tobacco Product Sales Permit issued annually by the Needham Board of Health. Only owners of establishments with a permanent, indoor, non-mobile location in Needham are eligible to apply for a permit and sell tobacco products, as defined herein, at the specified location in Needham.

2. As part of the Tobacco Product Sales Permit application process, the applicant will be provided with the Needham regulation. Each applicant is required to sign a statement declaring that the applicant has read said regulation and that the applicant is responsible for instructing all employees who will be responsible for tobacco product sales regarding federal, state and local laws regarding the sale of tobacco and this regulation.

3. Each applicant who sells tobacco products is required to provide proof of a current Tobacco Retailer License issued by the Massachusetts Department of Revenue, when required by state law, before a Tobacco Product Sales Permit can be issued. Applicant may be asked to provide evidence that a legitimate business transfer or business purchase has taken place.

4. A separate permit, displayed conspicuously, is required for each retail establishment selling tobacco products, as defined herein. The fee for which shall be determined by the Needham Board of Health annually. All required Massachusetts Department of Revenue licenses related to the sale of tobacco products, as defined herein, must also be displayed conspicuously at the retail establishment.

5. As a condition for obtaining and/or renewing a Tobacco Sales Permit, the Needham Board of Health may require tobacco retailers and any employee involved in the sale of tobacco products to participate in training programs provided by, or approved by, the Board regarding compliance with the laws and regulations prohibiting the sale of tobacco products to persons born on or after January 1, 2005.

6. No Tobacco Sales Permit holder shall allow any employee to sell cigarettes or other tobacco products until such employee reads this regulation and state laws regarding the sale of tobacco products and signs a statement, a copy of which will be placed on file in the office of the employer, that the employee has read and understands the regulation and applicable state laws.

7. Issuance of a Tobacco Product Sales Permit shall be conditioned on an applicant's consent to unannounced, periodic inspections of his/her retail establishment to ensure compliance with this regulation. Neither the permit holder nor their employees shall interfere with or obstruct an inspection.

8. A Tobacco Product Sales Permit will not be renewed if the permit holder has failed to pay all fines issued and the time to appeal the fines has expired and/or the permit holder has not satisfied any outstanding permit suspensions.

9. A Tobacco Product Sales Permit will not be renewed if the permit holder has sold a tobacco product to a person born on or after January 1, 2005, three times within the permit year or 4 times within the 36-month period of performance and the time period to appeal has expired. The violator may request a hearing in accordance with the Violations section.

10. Retail Density.

- a. A new Tobacco Product Sales Permit shall not be issued to any new applicant for a retail location within five hundred (500) feet of a public or private elementary or secondary school as measured by a straight line from

- the nearest point of the property line of the school to the nearest point of the property line of the site of the applicant's business premises
- b. A new Tobacco Product Sales Permit shall not be issued to any new applicant for a retail location within 500 feet of an existing retailer with a valid Tobacco Product Sales Permit as measured by a straight line from the nearest point of the property line of the retailer with a valid Tobacco Product Sales Permit to the nearest point of the property line of the site of the applicant's business premises.
 - c. If the purchaser of a business with a valid tobacco sales permit pursuant to Section E.9 or the current holder of tobacco sales permit changes the location of the business, the new location shall be subject to the retail density requirements of Section E.11.
11. Sale of Business.
- a. Notwithstanding a cap on the total number of permit holders, the seller of a business holding a valid tobacco sales permit may transfer said permit to a bona fide purchaser for value of the business, subject to approval by the Board of Health, as required herein.
 - b. The purchaser shall apply for the transfer of the permit no later than (30) calendar days after said purchase. The purchaser shall not sell tobacco product until the **transfer of the permit is approved by the Board of Health**; and
 - c. All fines and suspensions of the previous owner must be satisfied prior to the sale.
12. Maximum Number of Tobacco Product Sales Permits—Retiring Cap

As of the effective date of this regulation, any permit surrendered, revoked or not renewed either because a retailer no longer sells tobacco products, as defined herein, or because a retailer closes the retail business, shall be returned to the Needham Board of Health and shall be permanently retired by the Board of Health.

F. Prohibition of Smoking Bars:

Smoking Bars are prohibited in the Town of Needham.

G. Oral Nicotine Pouches:

The sale or distribution of oral nicotine pouches is restricted to adult only retail tobacco stores.

H. Cigar Sales Regulated:

1. No person shall sell or distribute or cause to be sold or distributed a single cigar unless such cigar is priced for retail sale at two dollars and ninety cents (\$2.90) or more.
2. No person shall sell or distribute or cause to be sold or distributed any original factory-wrapped package of two or more cigars, unless such package is priced for retail sale at five dollars and eighty cents (\$5.80) or more.
3. This Section shall not apply to a person or entity engaged in the business of selling or distributing cigars for commercial purposes to another person or entity engaged in the business of selling or distributing cigars for commercial purposes with the intent to sell or distribute outside the boundaries of Needham.
4. The Needham Board of Health may adjust from time to time the amounts specified in this Section to reflect changes in the applicable Consumer Price Index by amendment of this regulation.

I. Sale of Flavored Tobacco Products Prohibited:

No person, as defined herein, shall possess, hold, keep, sell or distribute or cause to be possessed, held, kept, sold or distributed any flavored tobacco product, as defined herein, or any flavored tobacco product enhancer, as defined herein.

Retailers must obtain manufacturer documentation certifying that all products possessed, held, kept, sold or distributed by the retailer do not meet the definition of a flavored tobacco product or tobacco product flavor enhancer (105 CMR 665.010(E)).

J. Nicotine Content in Electronic Nicotine Delivery Systems:

No person shall sell an electronic nicotine delivery system with nicotine content greater than 35 milligrams per milliliter; provided, however, that this subsection shall not apply to adult-only retail tobacco stores or smoking bars.

Retailers must obtain manufacturer documentation verifying that all electronic nicotine delivery products possessed, held, kept, sold or distributed by the retailer indicating the nicotine content expressed as milligrams per milliliter for each electronic nicotine delivery system to be sold in the retail establishment (105 CMR 665.010(C)).

K. Prohibition of the Sale of Blunt Wraps:

No retailer or person shall sell or distribute blunt wraps in Needham.

L. Free Distribution and Coupon Redemption: No retailer or person shall:

1. Distribute or cause to be distributed, any free samples of tobacco products, as defined herein.

2. Accept or redeem, offer to accept, or redeem, or cause or hire any person to accept or redeem or offer to accept or redeem any coupon that provides any tobacco product, as defined herein, without charge or for less than the listed or non-discounted price; and
3. Sell a tobacco product, as defined herein, through any discount (e.g., "buy-two-get-one-free") if the sale reduces the price of a pack to less than the listed or non-discounted price.

M. Out-of-Package Sales:

1. The sale or distribution of tobacco products, as defined herein, in any form other than an original factory-wrapped package is prohibited, including the repackaging, or dispensing of any tobacco product, as defined herein, for retail sale. No retailer or person, as defined herein, shall possess, hold, keep, sell, or distribute or cause to be possessed, held, kept, sold, or distributed any cigarette package that contains fewer than twenty (20) cigarettes, including single cigarettes.
2. Permit holders who sell Liquid Nicotine Containers must comply with the provisions of 310 CMR 30.000, Massachusetts Hazardous Waste Regulations.
3. All permit holders must comply with 940 CMR 21.05 which reads: "It shall be an unfair or deceptive act or practice for any person to sell or distribute nicotine in a liquid or gel substance in Massachusetts after March 15, 2016 unless the liquid or gel product is contained in a child-resistant package that, at a minimum, meets the standard for special packaging as set forth in 15 U.S.C. §§1471 through 1476 and 16 CFR §1700 *et seq.*"
4. No permit holder shall refill a cartridge that is prefilled with nicotine in a liquid or gel substance and sealed by the manufacturer and not intended to be opened by the consumer or retailer.

N. Self-Service Displays:

All self-service displays of tobacco products, as defined herein, are prohibited. All humidors including, but not limited to, walk-in humidors must be locked.

O. Vending Machines:

All vending machines containing tobacco products, as defined herein, are prohibited.

P. Non-Residential Roll-Your-Own Machines:

All Non-Residential Roll-Your-Own machines are prohibited.

Q. Prohibition of the Sale of Tobacco Products by Health Care Institutions:

No health care institution located in Needham shall sell or cause to be sold tobacco products, as defined herein. No retail establishment that operates or has a health care institution within it, such as a pharmacy, optician/optometrist, or drug store, shall sell or cause to be sold tobacco products, as defined herein.

R. Prohibition of the Sale of Tobacco Products by Educational Institutions:

No educational institution located in Needham shall sell or cause to be sold tobacco products, as defined herein, including by any person or retailer on the property of an educational institution.

S. Incorporation of State Laws and State Regulations:

1. The sale or distribution of tobacco products, as defined herein, must comply with state statutes including but not limited to those provisions found at G.L. c. 270, §§6, 6A, 7, 28, 29 and G.L. c. 112, §61A.
2. The sale or distribution of tobacco products, as defined herein, must comply with state regulations including but not limited to those provisions found at 940 CMR 21.00, Sale and Distribution of Cigarettes, Smokeless Tobacco Products, and Electronic Smoking Devices in Massachusetts, 940 CMR 22.00 Sale and Distribution of Cigars in Massachusetts; and 105 CMR 665.00, Minimum Standards for Retail Sale of Tobacco and Electronic Nicotine Delivery Systems.

T. PROHIBITION ON SMOKING IN PUBLIC PLACES AND WORKPLACES:

1. No person shall smoke or use an e-cigarette nor shall any person having control of the premises upon which smoking is prohibited by this regulation or by M.G.L. c. 270, §22, or the business agent or designee of such person, permit a person to smoke or use an e-cigarette in any of the following places in addition to those prohibited by G.L. c. 270, §22: all outdoor areas of restaurants, bars, taverns, and any other outdoor place where food and/or beverages, and/or non-alcoholic beverages are sold, served, or otherwise consumed or carried, health care facilities, municipal and school buildings, municipal vehicles, public places, public transportation, retail stores, town-owned parks and playgrounds, town-owned athletic fields, town-owned property, conservation land, nursing homes, hotels, motels, inns, bed and breakfast, lodging homes, and adult-only retail tobacco stores.
2. Notwithstanding any other provision of these regulations, smoking may be permitted in the following places and/or under the following circumstances consistent with all applicable state laws:

- a. Private residences except those portions used as a public place, food service establishment, childcare, adult care, or health care office during the hours when operating as such.

U. Violations:

1. It shall be the responsibility of the establishment, permit holder and/or his or her business agent, and not their employees, to ensure compliance with all sections of this regulation. For violations of the sections of this regulation that incorporate G.L. c. 270, §§6, 28, 29 and 105 CMR 665.000, the following penalties apply:
 - a. In the case of a first violation, a fine of one thousand dollars (\$1,000.00) shall be issued and the Tobacco Product Sales Permit shall be suspended for seven (7) consecutive business days.
 - b. In the case of a second violation within thirty-six (36) months of the date of the current violation, a fine of two thousand dollars (\$2,000.00) shall be issued and the Tobacco Product Sales Permit shall be suspended for fourteen (14) consecutive business days.
 - c. In the case of three violations within a thirty-six (36)-month period, a fine of five thousand dollars (\$5,000.00) shall be issued and the Tobacco Product Sales Permit shall be suspended for thirty (30) consecutive business days.
2. For violations of all other sections specific to the Town of Needham, the violator shall receive:
 - a. In the case of a first violation, a fine of one hundred dollars (\$100.00), and the Tobacco Product Sales Permit shall be suspended for seven (7) consecutive business days.
 - b. In the case of a second violation within thirty-six (36) months of the date of the current violation, a fine of two hundred dollars (\$200.00), and the Tobacco Product Sales Permit shall be suspended for fourteen (14) consecutive business days.
 - c. In the case of three violations within a thirty-six (36)-month period, a fine of three hundred dollars (\$300.00), and the Tobacco Product Sales Permit shall be suspended for thirty (30) consecutive business days.

3. List of state laws and local policies:

Policies Subject to State Law Fines

- Tobacco and Vape Sales to persons under the age of 21 (G.L. Ch. 270, §6)
- Flavored Tobacco Product Sales Restrictions (G.L. Ch. 270, §28)

Policies Subject to Local Regulation

- Nicotine Free Generation / Sales to persons born on or after January 1, 2005

- Penalties for sales to a person under the age of 21 of Tobacco/Vape products (105 CMR 665.045)
 - Local Tobacco Sales Permit suspension for a first violation for sales to a person under the age of 21 of Tobacco/Vape products (105 CMR 665.040(d))
 - Required Retailer Signage (105 CMR 665.015)
 - Ban on Free Distribution (105 CMR 665.025)
 - Ban on Self-Service Displays (105 CMR 665.010(B))
 - Ban on Out-Of-Package Sales (105 CMR 665.030)
 - Sales Without a Local Tobacco Product Sales Permit for Smoking Bars and Retail Tobacco Stores only (105 CMR 665.013(A))
 - Failure to Check Identification of Purchaser (105 CMR 665.020)
 - Nicotine Content in Electronic Nicotine Delivery Systems (G.L. Ch. 270, §29)
 - Coupon Redemption (105 CMR 665.025)
 - Child-Proofed Liquid Nicotine Containers Required (105 CMR 665.035)
 - Failure to obtain manufacturer's non-flavored certification (105 CMR 665.010(E))
 - Failure to obtain manufacturer's nicotine content certification (105 CMR 665.010(C))
 - Admitting a person under the age of 21 into an Adult-Only Retail Tobacco Store (105 CMR 665.020(B))
 - Other state policies
 - Prohibition of the Sale of Blunt Wraps
 - Ban on Smoking Bars
 - Cigar Sales Regulated, including minimum sales price regulations.
 - Tobacco Product Sales in Health Care Institutions as more broadly defined than in state law.
 - Tobacco Product Sales in Educational Institutions
 - Non-Residential Roll-Your-Own Machines Ban
 - Display of MA Department of Revenue license(s)
 - No Local Tobacco Sales Permit
 - Retailer Density Minimums
 - Transfer of Permit in Sale of Business
 - Restricting Oral Nicotine Pouches to adult-only retail tobacco stores
 - Other local policies
5. In the case of four violations or repeated, egregious violations of any section of this regulation, as determined by the Board of Health within a thirty-six (36) month period, the Board of Health shall hold a hearing in accordance with this regulation and, after such hearing shall permanently revoke a Tobacco Product Sales Permit.

6. Failure to cooperate or interference with inspections pursuant to this regulation shall result in the suspension of the Tobacco Product Sales Permit for thirty (30) consecutive business days.
7. In addition to the monetary fines set above, any permit holder who engages in the sale or distribution of tobacco products while their permit is suspended shall be subject to the suspension of all Board of Health issued permits for thirty (30) consecutive business days. Multiple suspensions of a Tobacco Product Sales Permit shall not be served concurrently.
8. A permit issued pursuant to this regulation may be suspended, revoked, or not renewed for any of the following reasons:
 - a. Violation of the permit holder of any provision of state or local laws and/or regulations.
 - b. Fraud, misrepresentation, false material statement, concealment, or suppression of facts by the permit holder in connection with an application for a permit or for renewal thereof.
9. The Needham Board of Health shall provide notice of the intent to suspend or revoke a Tobacco Product Sales Permit, which notice shall contain the reasons therefor and establish a time and date for a hearing which date shall be no earlier than seven (7) days after the date of said notice. The permit holder or its business agent shall have an opportunity to be heard at such a hearing and shall be notified of the Board of Health's decision and the reasons therefor in writing. After a hearing, the Needham Board of Health shall impose fines and/or suspend or revoke the Tobacco Product Sales Permit if the Board of Health finds that a violation of this regulation occurred. All tobacco products, as defined herein, shall be removed from the retail establishment upon suspension or revocation of the Tobacco Product Sales Permit. Failure to remove all tobacco products, as defined herein, shall constitute a separate violation of this regulation.
10. For purposes of such fines, the Board of Health shall make the determination notwithstanding any separate criminal or non-criminal proceedings brought in court hereunder or under the Massachusetts General Laws for the same offense.

V. Non-Criminal Disposition:

Whoever violates any provision of this regulation may be penalized by the non-criminal method of disposition as provided in G.L. c. 40, §21D where the penalty calls for a monetary fine not exceeding three hundred (\$300) dollars.

W. Separate Violations:

Each day any violation exists shall be deemed to be a separate offense.

X. Enforcement:

Enforcement of this regulation shall be by the Needham Board of Health, its Director of Health & Human Services, and its designated agents.

The Board of Health may enforce these regulations or enjoin violations thereof through any lawful process, and the election of one remedy by the Board of Health shall not preclude enforcement through any other lawful means.

Any resident who desires to register a complaint pursuant to the regulation may do so by contacting the Needham Board of Health or its designated agent(s) and the Board shall investigate.

Y. Severability:

If any provision of this regulation is declared invalid or unenforceable, the other provisions shall not be affected thereby but shall continue in full force and effect.

Z. Effective Date:

Board of Health discussion about the Nicotine Free Generation (NFG) policy occurred at public meetings on May 10, June 14, and July 12, 2024. A public hearing about the Nicotine Free Generation policy occurred on September 5, 2024, and was continued over until October 8, 2024 and then again until November 22, 2024, where the NFG policy and a draft version of this regulation incorporating NFG were discussed and debated. This regulation was [approved] by a [unanimous] vote of the Needham Board of Health on December 13, 2024 and shall take effect on January 1, 2025.

A notice and summary of the regulation was posted by the Needham Town Clerk, was posted on the Needham Public Health Division's website, and was published in a newspaper in circulation in the Town of Needham. Copies of this regulation have also been filed with the Needham Town Clerk and the Massachusetts Department of Environmental Protection.

The original Needham Board of Health smoking and tobacco regulation was enacted in September 1991. It has been amended extensively over the years, most notably in 2005 with the enactment of the Tobacco 21 policy, which was phased-in over a three-year period. This regulation was amended again in 2009 with the implementation of a prohibition on the sale of tobacco products in pharmacies. A ban on flavored tobacco was incorporated in 2015, the tolling period for violations was revised in 2017, and restrictions on electronic nicotine delivery systems were incorporated in 2018 and 2019. Updates on the number of permits and also the adoption of updated state regulation requirements, along with the adoption of the state fine schedule, took place in 2020 and 2021. An update to the regulation, unanimously approved by the Board of Health on September 23, 2021, included a modification to the definition of "person" on page six

and shall go into effect on October 15, 2021. The Nicotine Free Generation policy was incorporated into the regulation by vote of the Board of Health on December 13, 2024.



Needham Public Health Division

Prevent. Promote. Protect.



MEMORANDUM

To: Needham Board of Health
From: Karen Shannon, Substance Use Prevention Program Coordinator
Monica De Winter, Substance Use Prevention Program Assistant
CC: Tiffany Benoit, Assistant Public Health Director
Date: October 6, 2024
Re: Equity Analysis of Nicotine Free Generation

Overview:

The Nicotine Free Generation is an end-game approach to preventing youth nicotine addiction by prohibiting the sale of nicotine products to individuals born after a specified date. This phased-in policy targets the prevention of future nicotine use while leaving current users unaffected. Given that 99% of smokers begin before age 26 ([2014 Surgeon General Report](#)), this policy aligns with public health goals to reduce smoking rates among future generations.

The Needham Public Health Division (NPHD) is committed to addressing health inequities, particularly those rooted in systemic racism. This equity analysis assesses how the Nicotine Free Generation policy may impact diverse populations in Needham, using equity assessment questions from the NPHD's Racial and Health Equity policy.

What are the racial equity impacts of a Nicotine Free Generation policy in Needham?

Implementing a Nicotine Free Generation policy in Needham has important implications for racial equity, particularly concerning the health and well-being of marginalized communities that have been disproportionately affected by tobacco use and marketing practices.

Targeted marketing to minority groups:

Tobacco companies have historically targeted racial and ethnic minority groups, including American Indian and Alaska Native populations. This predatory marketing has led to higher rates of tobacco use in these communities, exacerbating health disparities.

High smoking rates have had a devastating impact on American Indians, especially those in the Northern Plains region. Of all racial/ethnic groups, American Indian adults have the highest smoking rate in the U.S. and are almost twice as likely as white Americans to die from lung cancer.¹

The tobacco industry has heavily marketed menthol cigarettes and other tobacco products like flavored cigars to Black Americans, particularly youth. This has resulted in

¹ Ahébé, S., (2021), *Sacred tobacco and American Indians, tradition and conflict*, The Pulse, WHYY, <https://whyy.org/segments/keep-it-sacred-smoking-indigenous-people-tradition-and-conflict/>

significant health disparities, with smoking-related illnesses being the leading cause of death in the African American community, surpassing other major health threats. Approximately 45,000 African Americans die annually from smoking-related diseases.²

The National Youth Tobacco Survey indicates that e-cigarettes are the most commonly used tobacco product among African American youth, with 5.6% of high schoolers and 5.7% of middle schoolers reported as current users in 2023. This trend underscores the urgent need for policies that restrict youth access to tobacco products.³

Data from the 2023 MetroWest Adolescent Health Survey shows 2.1% of Needham High School students (29 students) report smoking cigarettes in the past 30 days. Among students who reported smoking cigarettes, the rates for Black and Hispanic & Latino students exceed the overall rate, despite their smaller representation: 3.0% of Black students (1 student), 6.4% of Hispanic/Latino students (8 students), 1.5% of White students (14 students), and 0.8% of Asian students (1 student).^{**}

The 2023 MWAHS survey shows 8.6% of Needham High School students (117 students) report current use of electronic vapor products. Among those who vape, a higher percentage of Black and Hispanic & Latino students report current use compared to White and Asian students, despite their smaller numbers: 24.2% of Black students (9 students), 14.5% of Hispanic & Latino students (26 students), 7.4% of White students (70 students), and 4.5% of Asian students (6 students).^{**}

Disparities in smoking rates among LGBTQ+ community

Smoking among lesbian, gay, and bisexual adults in the United States is much higher than among heterosexual/straight adults. About 1 in 6 (15.3%) of lesbian, gay, and bisexual adults smoke cigarettes, compared with about 1 in 9 (11.4%) of heterosexual or straight adults. Cigarette smoking is also higher among transgender adults (35.5%), than among adults whose gender identity corresponds with their birth sex (cisgender).⁴

The disparities in cigarette use and electronic vapor product use extend to Needham High School students who identify as LGBTQ+. The 2023 MetroWest Adolescent Health Survey reveals: of the 2.1% of students who report current use of cigarettes, 4.5% of students (10 students) who identify as LGBTQ+ report current cigarette use compared to 1.3% who do not identify at LGBTQ+ (14 students). Of the 8.6% of students who report current use electronic vapor products, 12.7% students (29 students) who identify as LGBTQ+ report current use of EVPs compared to 7.6% of students (83 students) who do not identify as LGBTQ+. ^{**}

^{**} The number of students is rounded to nearest whole number.

² *Tobacco Use and Black Americans*, (2021), Campaign for Tobacco Free Kids, <https://www.tobaccofreekids.org/problem/health-disparities>

³ Minosa, M. (2024), *Tobacco Use Among African Americans*, Campaign for Tobacco Free Kids, <https://assets.tobaccofreekids.org/factsheets/0006.pdf>

⁴ *LGBTQ+ People*, (2024), Centers for Disease Control and Prevention, [https://www.cdc.gov/tobacco/campaign/tips/groups/lgbt.html#:~:text=Know%20the%20Facts,%25\)%%20of%20heterosexual/straight%20adults.&text=Cigarette%20smoking%20is%20also%20higher,their%20birth%20sex%20\(cisgender](https://www.cdc.gov/tobacco/campaign/tips/groups/lgbt.html#:~:text=Know%20the%20Facts,%25)%%20of%20heterosexual/straight%20adults.&text=Cigarette%20smoking%20is%20also%20higher,their%20birth%20sex%20(cisgender)

Who will benefit from or be burdened by the particular decision?

Economic impact:

The implementation of a Nicotine Free Generation policy is likely to have economic implications, particularly for retail store owners with Tobacco Product Sales Permits. Understanding these impacts is crucial for planning and transition strategies.

Retailers that rely on sales from nicotine products may experience a decrease in profits as young people become ineligible to purchase these products. This can particularly affect convenience stores where tobacco sales form a portion of revenue.

Fortunately, the policy is designed to phase out sales gradually. This allows retailers adequate time to adjust their business models and providing an opportunity to explore alternative revenue streams. By investing in healthier alternatives or other non-tobacco products, they can mitigate potential losses from reduced nicotine sales.

Data from the National Health Interview Surveys indicates a substantial decline in smoking prevalence among young adults aged 18 to 24 years, dropping from 19.2% in 2011 to 4.9% in 2022. This trend suggests that even without the policy, there is a natural decline in youth smoking rates, potentially mitigating some economic impacts on retailers over time.⁵

In Needham, youth smoking rates have also significantly decreased, from 12.9% in 2006 to just 2.1% in 2023 (MWAHS 2023). This decrease indicates that local efforts to reduce tobacco use are already having a positive impact, suggesting that a transition to a Nicotine Free Generation policy may be less disruptive than anticipated.

Youth benefit:

Almost 90 percent of adult daily smokers started smoking by the age of 18, and about 1,500 youth under 18 smoke their first cigarette every day in the United States. In fact, use of tobacco products, no matter what type, is almost always started and established during adolescence when the developing brain is most vulnerable to nicotine addiction.⁶ By implementing policies that restrict access to nicotine products for youth, communities can significantly reduce initiation rates. Limiting legal access creates a barrier that can help protect young people from starting to use nicotine.

Impact on current nicotine users:

Quitting among populations:

While current nicotine users retain access to nicotine products, they may consider quitting, particularly if cessation medications and programs are readily available. Nearly

⁵ Meza, Rafael, PhD., et al, *Trends in US Adult Smoking Prevalence, 2011 to 2022*, (2023), JAMA Health Forum, <https://jamanetwork.com/journals/jama-health-forum/fullarticle/2812427>

⁶ *Youth and Tobacco*, (2024), U.S. Food & Drug Administration, <https://www.fda.gov/tobacco-products/public-health-education/youth-and-tobacco#:~:text=Almost%2090%20percent%20of%20adult,day%20in%20the%20United%20States.>

70% of smokers say they want to quit. For many smokers, it may take 30 or more quit attempts before successfully quitting smoking.⁷

American Indian and Alaska Native Adults: Only 55.6% express a desire to quit smoking, which is lower compared to other racial and ethnic groups.⁸

In contrast, higher percentages of individuals wanting to quit include 72.8% of African Americans, 69.6% of Asians, 67.5% of Whites, and 67.4% of Hispanics. This discrepancy highlights the unique challenges faced by Indigenous populations regarding tobacco cessation.⁸

Cessation program considerations:

Socioeconomic status and health disparities:

The National Health Interview Survey indicates that focusing cessation efforts on individuals with low socioeconomic status could yield the most significant reductions in smoking-related morbidity and mortality. This group often experiences higher smoking rates and poorer health outcomes, making targeted interventions essential for health equity. (5) Smoking rates among Medicaid enrollees are significantly higher (23.9%) compared to adults with private health insurance (10.5%).⁵

Insurance coverage for cessation:

Massachusetts law (Chapter 176B, Section 4NN) mandates that insurers cover tobacco cessation counseling and products, benefiting MassHealth subscribers. Ensuring access to these resources is vital for supporting individuals in marginalized communities who wish to quit.

The tobacco industry's impact on specific populations highlights the need for culturally specific cessation programs. By focusing on groups with lower quitting intentions and higher smoking rates, public health initiatives can reduce health disparities and improve outcomes.

Ensuring access to culturally specific cessation resources is vital for effectively supporting marginalized groups, including Native American citizens and individuals who identify as LGBTQ+. These communities often face unique challenges and barriers to quitting smoking, making tailored interventions essential.

American Indians and Alaska Natives: As stated earlier in this document, this group has the highest rates of tobacco use in the U.S. It is crucial to differentiate between commercial tobacco use and traditional tobacco practices, which are deeply rooted in cultural and spiritual traditions. Traditional tobacco is often viewed as a sacred element

⁷ *Quitting Tobacco*, (2024), Truth Initiative, https://truthinitiative.org/sites/default/files/media/files/2024/04/Quitting%20Tobacco%20Fact%20Sheet%202024_approved.pdf

⁸ *American Indians/Alaska Natives*, (2020), Truth Initiative, https://truthinitiative.org/sites/default/files/media/files/2022/05/Truth_Race-ethnicity%20Series%20Factsheets-Amer%20Ind_051722.pdf

used in peace, healing, and ceremonial practices, necessitating culturally sensitive cessation programs that respect these traditions.⁹

LGBTQ+ Smoking Rates:

Approximately 66.7% of LGBTQ+ adult smokers express interest in quitting, with 48.4% attempting to quit in the past year. These rates are lower than those of their heterosexual counterparts, indicating a need for targeted support within this community.⁷

Culturally specific programs:

Initiatives like the Queer Tobacco Intervention Project (QueerTIP) provide culturally relevant support for LGBTQ+ individuals, allowing participants to discuss their unique challenges in a safe environment. Such programs demonstrate the effectiveness of addressing cultural contexts in smoking cessation efforts.¹⁰

Funding and resource allocation:

States are projected to collect \$25.9 billion from tobacco settlements and taxes in fiscal year 2024 but plan to allocate only 2.8% (\$728.6 million) to tobacco prevention and cessation programs. This is far below the CDC's recommendations, highlighting the need for greater investment in comprehensive tobacco control programs that can effectively support diverse populations.⁷

Expanding access to digital resources:

The Surgeon General recommends increasing access to digital quitting resources, such as internet and text message interventions. These platforms can be particularly effective for marginalized groups, providing accessible and convenient support for those looking to quit.⁷

Are there strategies to mitigate the unintended consequences?

Positive Community Norms:

The implementation of a Nicotine Free Generation policy can significantly influence community perceptions and behaviors surrounding nicotine use. By creating a clear stance against nicotine consumption among youth, the policy may foster an environment that encourages current users to reconsider their habits.

As the policy takes effect and fewer young people have access to nicotine products, non-use can become the predominant social norm. This shift can encourage current users to quit as they observe a growing number of peers choosing not to use nicotine.

⁹ *Tobacco use in the American Indian/Alaska Native community*, (2020), Truth Initiative, <https://truthinitiative.org/research-resources/targeted-communities/tobacco-use-american-indianalaska-native-community>

¹⁰ Smoking Cessation Interventions in San Francisco's Queer* Communities, Science to Community, <https://prevention.ucsf.edu/sites/prevention.ucsf.edu/files/uploads/pubs/reports/pdf/Q-TIPS2C.pdf>

Friends and family may encourage current users to quit, reducing stigma around seeking help and enhancing access to resources.

Culturally specific cessation programs:

An uptick in the number of current nicotine users expressing interest in quitting can be the impetus for the development and implementation of culturally specific cessation programs.

Cessation programs tailored to specific populations can significantly enhance the effectiveness of smoking cessation efforts, particularly among populations with higher smoking rates. For example, a clinical trial of a youth quit-vaping program using interactive text messaging showed promising results. The study, *This is Quitting*, by Truth Initiative shows 35% of teens are more likely to quit vaping nicotine within seven months compared to those not enrolled in the program.¹¹

Cross-border purchases:

There is a potential concern that youth may cross town lines to purchase nicotine products.

When Needham Massachusetts became the first town to enact Tobacco 21, opponents of the policy made the argument that youth between 18-21 would just buy from the next town over. Yet following the passage of Tobacco 21, Needham experienced more than a 50% decrease in high school smoking, the steepest decline in Needham's youth smoking rates. The percentage of high schoolers who smoked declined at nearly triple the rate in Needham than in surrounding towns that had not adopted the policy (Winickoff 2014; Schneider 2016). Decreasing access to tobacco in even one town has been proven to work.¹²

A Nicotine Free Generation policy presents the opportunity to advance racial and health equity by addressing systemic inequities rooted in tobacco use and the tobacco industry's marketing tactics. With thoughtful implementation that includes culturally sensitive approaches and barrier-free access to cessation programs, a Nicotine Free Generation policy can reduce health disparities and foster a healthier community for all.

¹¹ Text message program from Truth Initiative helps teens quit e-cigarettes, (2024), Truth Initiative, <https://truthinitiative.org/research-resources/quitting-smoking-vaping/text-message-program-truth-initiative-helps-teens-quit-e>

¹² *Savage T., Ishak A., Silbaugh K., Chadwick G., Hartmann L., Gottlieb M., Buzby M., Winickoff J. Nicotine-Free Generation Frequently Asked Questions and Answers. Version 08132024*



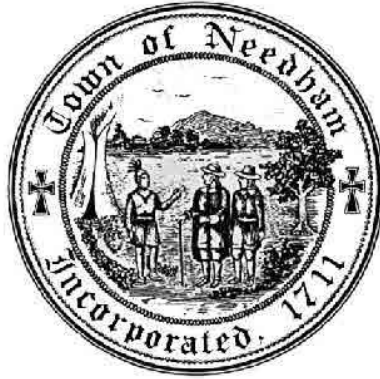
Board of Health

AGENDA FACT SHEET

December 13, 2024

Agenda Item	Article 22 -- Regulation of Synthetic Drugs
Presenter(s)	Tara Gurge, Assistant Public Health Director Sai Palani, Environmental Health Agent

1.	BRIEF DESCRIPTION OF TOPIC TO BE DISCUSSED
	Further deliberation from the Board of Health will occur about a topic first reviewed in March 2024. The amendments to Article 22 were discussed at a public hearing which covered four months, most recently on November 22, 2024. The proposed amendments to Article 22 now focus solely upon synthetic cannabinoids and other drugs. Naturally occurring Kratom is no longer included in the draft amendment language. This packet includes an Equity Analysis of the proposed regulatory changes, a new practice that the Public Health Division proposed (and the Board of Health supported), to help inform the Board and the staff members' understanding of the possible impact of the changes.
2.	VOTE REQUIRED BY BOARD OF HEALTH
	Vote Expected
3.	a) Copy of existing regulation – Article 22 Board of Health regulation entitled 'Regulation for Restriction of Synthetic Drugs' b) Proposed amended regulation – Article 22 'Regulation for Prohibiting the Manufacturing, Sale, and Distribution of Synthetically Derived Cannabinoids and Other Drugs' c) Public Health Division Equity Analysis of Proposed amended Regulation



Board of Health

Edward Cosgrove, PhD
Chair

Stephen Epstein, MD, MPP
Member

Jane Fogg, MD, MPH
Vice Chair

ARTICLE 22

REGULATION FOR RESTRICTION OF SYNTHETIC DRUGS

SECTION 22.1

AUTHORITY

This regulation is promulgated under the authority granted to the Needham Board of Health under Massachusetts General Laws Chapter 111, Section 31 which states that “boards of health may make reasonable health regulations”.

SECTION 22.2

PURPOSE

The Needham Board of Health has found that synthetic marijuana, consisting of plant or other material treated with various chemicals or other synthetic substances not approved for human consumption, may be marketed and sold as herbal incense in the greater Boston area, although they are being used in the same manner and for the same purposes as scheduled drugs. In addition, the use of these products has become particularly popular among teens and young adults.

Based on information and reports from hospitals, emergency room doctors, and police agencies, individuals who use these products experience dangerous side effects including convulsions, hallucinations, and dangerously elevated heart rates. This is evidence that synthetic marijuana products are harmful if inhaled or consumed, and present a significant public health danger. These synthetic compounds and others have a high potential for abuse and lack of any accepted medical use, these dangerous products, while not approved for human consumption, are marketed and sold in a form that allows for such consumption, putting at risk the individuals who come into contact with them.

Therefore, the Needham Board of Health adopts this regulation for the purpose and with the intent to protect the public health and safety of the Town of Needham and its residents from the threat posed by the availability and use of synthetic marijuana, synthetic stimulants,

synthetic hallucinogens, and other dangerous products by prohibiting persons from trafficking in, possessing, and using them within the town.

SECTION 22.3

DEFINITIONS

Unless otherwise indicated, terms used throughout this regulation shall be defined as they are the federal Controlled Substances Act ([21 U.S.C. Chapter 13 § 801et seq.](#)) or in its Massachusetts analog ([M.G.L. Chapter 94C](#)).

Act means the federal Controlled Substances Act ([21 U.S.C. Chapter 13 § 801et seq.](#)).

Board of Health means the Town of Needham Board of Health and its designated agents.

Board of Health Agent means the Director of Public Health and any town employee or contractor designated by the Director, which may include Public Health Department staff, law enforcement officers, fire officials, and code enforcement officials.

Chemical agent means any chemical or organic compound, substance, or agent that is not made, intended and approved for consumption by humans.

Consumable product or material means a product or material, that regardless of packaging disclaimers or disclosures that it is not for human consumption or use, is in a form that readily allows for human consumption by inhalation, ingestion, injection, or application, through means including but not limited to smoking, or ingestion by mouth with or without mixing with food or drink.

Controlled substance means a substance included as a controlled substance in schedules 1 through 5 of the Act or a substance temporarily scheduled or rescheduled as a controlled substance as provided in the Act.

Controlled substance analogue has the same meaning as defined in the Act, which is a substance, the chemical structure of which is substantially similar to that of a controlled substance in schedules 1 and 2 of the Act.

Dangerous product means a consumable product or material containing a dangerous substance, including, but not limited to, cannabinoids, stimulants, psychedelic hallucinogens, and synthetic chemical agents as outlined in the subsequent Prohibitions.

Director means the Director of Public Health

Traffic and trafficking means to manufacture, distribute, dispense, sell, transfer, or possess with intent to manufacture, distribute, dispense, sell, or transfer.

Transfer means to dispose of a dangerous product to another person without consideration and not in furtherance of commercial distribution.

SECTION 22.4

PROHIBITIONS

It shall be unlawful to possess, sell, deliver, transfer, or attempt to possess, sell, or deliver these synthetic drugs within the Town of Needham.

1. A synthetic cannabinoid or any laboratory-created compound that functions similarly to the active ingredient in marijuana, tetrahydrocannabinol (THC), including, but not limited to, any quantity of a synthetic substance, compound, mixture, preparation, or analog (including isomers, esters, ethers, salts, and salts of isomers) containing a cannabinoid receptor agonist. The trade names of such synthetic cannabinoid compounds include, but are not limited to:
 - a) 2NE1;
 - b) 5-bromopentyl-UR-144, 5-bromo-UR-144;
5-chloropentyl-UR-144, 5-chloro-UR-144;
5-fluoropentyl-UR-144, 5-fluoro-UR-144;
 - c) A-796,260; A-834,735; A-836,339; AB-001; AB-034; AKB-48; AM-087; AM-356 (methanandamide); AM-411; AM-630; AM-661; AM-679; AM-694; AM-855; AM-905; AM-906; AM-1220; AM-1221; AM-1235; AM-1241; AM-1248; AM-2201; AM-2232; AM-2233; AM-2389;
 - d) BAY 38-7271;
 - e) Cannabipiperidiethanone; CB-13, SAB-378; CP 47,497 and its homologues; CP 50,556-1 (levonantradol); CP 55,490; CP 55,940; CP 56,667;
 - f) HU-210; HU-211 (dexanabinol); HU-210; HU-211; HU-243; HU-308; HU-331;
 - g) JTE-907;
 - h) JWH cannabinoid compounds from JWH-001 through JWH-424;
 - i) MAM-2201;
 - j) RCS-4, SR-19; RCS-8;
 - k) STS-135;
 - l) UR-144; fluoro-UR-144; 5-fluoro-UR-144; URB-597; URB-602; URB-754; URB-937
 - m) WIN 48,098 (pravadoline); WIN 55,212-2;
 - n) XLR-11.
2. A synthetic stimulant or any compound that mimics the effects of any federally controlled Schedule I substance such as cathinone, methcathinone, MDMA and MDEA, including, but not limited to, any quantity of a natural or synthetic substance, compound, mixture, preparation, or analog (including salts, isomers, and salts of isomers) containing central nervous system stimulants. The trade names of such synthetic stimulants include, but are not limited to:
 - a) 2-diphenylmethylpyrrolidine; 2-DPMP; 2-FMC;
 - b) 3,4-DMMC; 3-FMC;
 - c) 4-EMC; 4-FMC (flephedrone); 4-MBC (benzedrone); 4-MEC; 4-MeMABP;
 - d) Alpha-PBP; alpha-PPP; alpha-PVP; amfepramone, diethylcathinone, or diethylpropion;
 - e) BZ-6378; buphedrone; bk-MBDB (butylone); BZP;

- f) D2PM; dimethocaine; DMBDB, bk-DMBDB, or dibutylone; DMEC; DMMC;
 - g) Ephedrone; ethcathinone; ethylethcathinone; ethylmethcathinone; ethylone; eutylone;
 - h) Fluorococaine; fluoroethcathinone; fluoroisocathinone;
 - i) HMMC;
 - j) Isopentedrone;
 - k) MaPPP, 4-MePPP, or MPPP; MBP; MBZP; MDAI; MDAT; MDDMA; MDMC; MDPBP; MDPPP; MDPV; MDPK; MEC; mephedrone or 4-MMC; metamfepramone or N,N-DMMC; methedrone, bk-PMMA, or PMMC; methylone, bk-MDMA, or MDMC; MOMC; MOPPP; MPBP;
 - l) N-ethyl-N-methylcathinone; NEB; NRG-1 (naphyrone); NRG-2;
 - m) Pentedrone; pentylone.
3. A synthetic psychedelic/hallucinogen or compound that mimics the effects of any federally controlled Schedule I substance, including but not limited to, any quantity of a natural or synthetic material, compound, mixture, preparation, substance and their analog (including salts, isomers, esters, ethers and salts of isomers) containing substances which have a psychedelic/hallucinogenic effect on the central nervous system and/or brain. Trade names of such synthetic hallucinogens include, but are not limited to: 2C-C, 2C-D, 2C-E, 2C-H, 2C-I, 2C-N, 2C-P, 2C-T-2, and 2C-T-4.
 4. Any other substance which mimics the effects of any controlled substance (such as opiates, hallucinogenic substances, methamphetamine, MDMA, cocaine, PCP, cannabinoids, and tetrahydrocannabinols), including, but not limited to, "bath salts," "plant food," "incense," or "insect repellant," but excluding legitimate bath salts containing as the main ingredient the chemicals sodium chloride (sea salt) and/or magnesium sulfate (Epsom salts), or legitimate plant foods or insect repellant, or legitimate incense used as an odor elimination product.
 5. Salvia divinorum or salvinorum A; all parts of the plant presently classified botanically as salvia divinorum, whether growing or not; any extract from any part of such plant, and every compound, manufacture, salts derivative, mixture, or preparation of such plant, its seeds, or extracts.
 6. Any similar substances to the above which when inhaled, or otherwise ingested, may produce intoxication, stupefaction, giddiness, paralysis, irrational behavior, or in any manner, changes, distorts, or disturbs the auditory, visual, or mental process, and which has no other apparent legitimate purpose for consumers.
 7. A product containing a substance that is defined herein, but not limited to the examples of brand names or identifiers listed within Exhibit "A" attached hereto and incorporated herein. Each year, or from time to time as may be required, the list of such substances may be redefined, so as to be representative of any products which may have been altered by the changing nature of chemicals in manufacture, and such lists will be available to the public. This list will be provided by the Director of Public Health in consultation with the Chief of the Needham Police Department (please see Appendix A).

8. Public display for the sale of such dangerous products is unlawful. It shall be unlawful for any store owner, store manager, store purchasing agent or any other person to publicly display for sale any natural or synthetic materials defined in this article. Any dangerous product housed within a facility, shall be assumed for sale, and shall constitute a separate violation of this Board of Health regulation.

SECTION 22.5

DANGEROUS PRODUCT EXEMPTION

The following shall be exempt from section 22.4 herein.

1. A physician, dentist, optometrist, veterinarian, pharmacist, scientific investigator or other person who is licensed, registered, or otherwise lawfully permitted to distribute, dispense, conduct research with respect to, or to administer a dangerous product as defined herein in the course of professional practice or research.
2. A pharmacy, hospital or other institution licensed, registered, or otherwise lawfully permitted to distribute, dispense, conduct research with respect to, or to administer a dangerous product as defined herein in the course of professional practice or research.

SECTION 22.6

RIGHT OF ENTRY

The Chief of Police of the Town of Needham, the Director of Public Health and his designated agents may enter upon any privately owned property, which serves the public, for the purpose of performing their duties under this Board of Health regulation.

SECTION 22.7

ENFORCEMENT

This regulation may be enforced by the Director and his/her designated agents, especially the Chief of Police for the Town of Needham and his law enforcement staff as well as other code enforcement personnel so designated by the Director.

In addition to the restrictions defined herein, the Director and his/her designated agents may consider these items as violations of this section.

- a) Refusal to permit an agent of the Police or Public Health Departments to inspect the facility or any part thereof;
- b) Interference with an agent of the Police or Public Health Departments in the performance of their duty;
- c) A criminal conviction of the facility owner or employee in control of the facility, relating to the operation of the facility;
- d) Failure to pay assessed fines or penalties;
- e) The facility owner, operator, or employee's failure to comply with this ordinance;
- f) Keeping or submitting any misleading or false records, documents, or verbally stating false information related to the possession or sale of dangerous products or paraphernalia.

Any resident who desires to register a complaint pursuant to this Regulation may do so by contacting the Board of Health, the Public Health Department, or the Needham Police Department.

SECTION 22.6 **FINES FOR VIOLATIONS OF ORDERS AND SUSPENSIONS**

Any person or entity violating any term or condition of this Board of Health regulation, shall be subject to a fine of fifty dollars (\$50) for the first violation and a fine of one hundred dollars (\$100) for the second violation, and increasing for each subsequent violation up to the amount of three hundred dollars (\$300). Each day that a violation continues shall constitute a separate and distinct offense.

This regulation shall be enforced pursuant to M.G.L. Chapter 40, section 21D, as a noncriminal offense, or may be punished under M.G.L. Chapter 111, section 31 as a criminal offense in which the criminal fine imposed shall not exceed \$1,000.

SECTION 22.7 **SEVERABILITY**

If any word, clause, phrase, sentence, paragraph, or section of this Board of Health regulation shall be declared invalid for any reason whatsoever, that portion shall be severed and all other provisions of this regulation shall remain in full effect.

SECTION 22.8 **COMMUNITY PARTNERSHIP**

Any police officer, code enforcement officer, physician, nurse, or other concerned individual that has knowledge of the sale or possession of a dangerous product within the Town of Needham may inform the Needham Police Department Business Line (781-455-7570) or the Public Health Department Main Line (781-455-7500 x511) of the location of the dangerous product. Nothing within this subsection shall be enforced herein, but considered goodwill toward the betterment of the community.

SECTION 22.9 **EFFECTIVE DATE**

This regulation was approved by a unanimous vote of the Board of Health on September 9, 2016 and the regulation became effective on October 15, 2016. Adoption of this regulation occurred following open meetings held on May 13, 2016 and on June 17, 2016, and public hearings on July 29, 2016 and September 9, 2016.

Exhibit A

2010		8-Ball
Aztec Gold	Aztec Midnight Wind	Tezcatlipoca
Back Draft	Bad 2 the Bone	Banana Cream Nuke
Bayou Blaster	Black Diamond	Black Magic Salvia
Black Mamba	Blueberry Hayze	Bombay Blue
Buzz	C3	C4 Herbal Incense
Caneff	Cherry Bomb	Chill X
Chronic Spice	Cill Out	Citrus
Colorado Chronic	DaBlock	Dark Night II
Demon	Diamond Spirit	Dragon Spice
D-Rail	Dream	Earthquake
Eruption Spice	Euphoria	exSES
EX-SES Platinum	EX-SES Platinum Blueberry	EX-SES Platinum Cherry
EX-SES Platinum Strawberry	EX-SES Platinum Vanilla	Fire Bird Ultimate Strength Cinnamon
Forest Humus	Freedom	Fully Loaded
Funky Monkey	Funky Monkey XXXX	G Four
G Greenies Caramel Crunch	Genie	Gold Spirit Spice
Green Monkey Chronic Salvia	Greenies Strawberry	Heaven Improved
Heavenscent Suave	Humboldt Gold	Jamaican Gold
K Royal	K1 Gravity	K1 Orbit
K2	K2 (unknown variety)	K2 Amazonian Shelter
K2 Blonde	K2 Blue	K2 Blueberry
K2 Citron	K2 Cloud 9	K2 Kryptonite
K2 Latte	K2 Mellon	K2 Mint
K2 Orisha Black Magic Max	K2 Orisha Max	K2 Orisha Regular
K2 orisha Super	K2 Orisha White Magic Super	K2 Peach
K2 Pina Colada	K2 Pineapple	K2 Pineapple Express
K2 Pink	K2 Pink Panties	K2 Sex
K2 Silver	K2 Solid Sex on the Mountain	K2 Standard
K2 Strawberry	K2 Summit	K2 Summit Coffee Wonk
K2 Thai Dream	K2 Ultra	K2 Watermelon
K3	K3 Blueberry	K3 Cosmic Blend
K3 Dusk	K3 Grape	K3 Heaven Improved
K3 Heaven Legal	K3 Kryptonite	K3 Legal
K3 Legal- Original (Black)	K3 Legal- Earth (silver)	K3 Legal- Sea (silver)
K3 Legal- Sun (Black)	K3 Mango	K3 Original
K3 Original Improved	K3 Strawberry	K3 Sun
K3 Sun Improved	K3 Sun Legal	K3 XXX
K4 Bubble Bubble	K4 Gold	K4 purple Haze
K4 Silver	K4 Summit	K4 Summit Remix
Kind Spice	Legal Eagle	Legal Eagle Apple Pie

Love Potion 69	Love Strawberry	Magic Dragon Platinum
Magic Gold	Magic Silver	Magic Spice
Mega Bomb	Mid-Atlantic Exemplar	Mid-Atlantic Exemplar (K2 Summit)
Midnight Chill	MNGB Almond/Vanilla	MNGB Peppermint
MNGB Pinata Colada	MNGB Spear Mint	MNGB Tropical Thunder
Moe Joe Fire	Mojo	Mr. Smiley's
MTN-787	Mystery	Naughty Nights
New Improved K3	New Improved K3 Cosmic Blend	New Improved K3 Dynamite
New Improved K3 Kryptonite	New K3 Earth	New K3 heaven
New K3 Improved	New K3 Sea Improved	New-Kron Bomb
Nitro	Ocean Blue	P O W
p.e.p. pourri Love Strawberry	p.e.p. pourri Original Spearmint	p.e.p. pourri Twisted Vanilla
p.e.p. pourri X Blueberry	Paradise	Pink Tiger
Potpourri	Potpourri Gold	Pulse
Rasta Citrus Spice	Rebel Spice	Red Bird
S1. S Werve	Samurai Spirit	Sativah
Scope Vanilla	Scope Wildberry	Sence
Shanti Spice	Shanti Spice Blueberry	Silent Black
Skunk	Smoke	Smoke Plus
Space	Spice Artic Synergy	Spice Diamond
Spice Gold	Spice Silver	Spice Tropical Synergy
Spicey Regular XXX Blueberry	Spicey Regular XXX Strawberry	Spicey Ultra Strong XXX Strawberry
Spicylicious	Spike 99	Spike 99 Ultra
Spike 99 Ultra Blueberry	Spike 99 Ultra Cherry	Spike 99 Ultra Strawberry
Spike Diamond	Spike Gold	Spike Maxx
Spike Silver	Stinger	Summer Skyy
Super Kush	Super Summit	Swagger Grape
SYN Chill	SYN Incense LemonLime	SYN Incense Smooth
SYN Incense Spearmint	SYN Lemon Lime	SYN Lemon Lime #2
SYN Smooth	SYN Spearmint	SYN Spearmint #2
SYN Swagg	SYN Vanilla	SYN Vanilla #2
Texas Gold	Time Warp	Tribal Warrior
Ultra Cloud 10	Utopia	Utopia- Blue Berry
Voo Doo Remix (black package)	Voo Doo Remix (orange package)	Voodoo Child
Voodoo Magic	Voodoo Remix	Who Dat
Who Dat Herbal Incense	Wicked X	Winter Boost
Wood Stock	XTREME Spice	Yucatan Fire
Zombie World		



**Needham Public
Health Division**
Prevent. Promote. Protect.

Board of Health

Edward Cosgrove, PhD Stephen Epstein, MD, MPP Tejal K. Gandhi, MD, MPH

Robert Partridge, MD, MPH Aarti Sawant-Basak, PhD

ARTICLE 22 REGULATION FOR PROHIBITING THE MANUFACTURING, SALE, AND DISTRIBUTION OF SYNTHETICALLY DERIVED CANNABINOIDS AND OTHER DRUGS

SECTION 22.1 AUTHORITY

Therefore, in furtherance of its mission to protect, promote, and preserve the health and well-being of its residents, and pursuant to the authority granted to the Needham Board of Health pursuant to G. L. c. 111, § 31, the Board of Health enacts this Regulation Prohibiting the Manufacturing, Sale, and Distribution of Synthetically Derived Cannabinoids and Other Drugs.

SECTION 22.2 PURPOSE

Whereas, hemp is defined as “the plant *Cannabis sativa* L. and any part of that plant, including the seeds thereof and all derivatives, extracts, cannabinoids, isomers, acids, salts, and salts of isomers, whether growing or not, with a Delta-9 tetrahydrocannabinol concentration of not more than 0.3 percent on a dry weight basis.”¹

Whereas, tetrahydrocannabinol (THC) is the chemical responsible for most of marijuana’s psychological effects.²

Whereas, synthetically derived tetrahydrocannabinols remain schedule I controlled substances.³

Whereas, Delta-8, Delta-10, and other forms of THC are isomers of Delta-9 and, except for in trace amounts, are not found naturally in the plant cannabis, but are instead synthetically produced in laboratories.⁴

¹ Implementation of the Agriculture Improvement Act of 2018, 85 Fed. Reg. 51,640 (Aug. 21, 2020).

² Alina Bradford, *What is THC?*, LIVESCIENCE (May 18, 2017), [available at](https://www.livescience.com/24553-what-is-thc.html) <https://www.livescience.com/24553-what-is-thc.html>.

³ Implementation of the Agriculture Improvement Act of 2018, *supra* note 1 at 51,641.

⁴ *See* Kristina Etter, *I Stand Corrected: The Truth About Delta-8 THC*, MEDIUM (March 17, 2021), [available at](https://medium.com/seed-stem/i-stand-corrected-the-truth-about-delta-8-thc-e8085725ed9e) <https://medium.com/seed-stem/i-stand-corrected-the-truth-about-delta-8-thc-e8085725ed9e> (discussing Delta-8 as synthetically produced isomer); Sarah Glinski, *Delta-10 vs. Delta-8: What’s The Difference?*, FORBES (Jan. 2, 2024), [available at](https://www.forbes.com/health/cbd/delta-10-vs-delta-8/) <https://www.forbes.com/health/cbd/delta-10-vs-delta-8/> (discussing Delta-10 as synthetically produced isomer).

Whereas, in Massachusetts, adult-use marijuana is legal, but products containing Delta-8, Delta-10, and other synthetically derived cannabinoids are not.⁵

Whereas, Delta-8 and similar synthetically derived products are psychoactive.⁶

Whereas, the production of synthetic, hemp-derived products like Delta-8 is not regulated by the federal government or in Massachusetts because the manufacture, sale, or distribution of such products is not permitted under state or federal law.⁷

Whereas the United States' Food and Drug Administration (FDA) has not approved psychoactive substances, including both naturally occurring and synthetically manufactured substances, as additives to food products and, despite this, that mushroom-laced candies and chocolates bars have been found for sale in thousands of locations nationwide.

Whereas, the Massachusetts Supreme Judicial Court has held that "[t]he right to engage in business must yield to the paramount right of government to protect public health by any rational means."⁸

SECTION 22.3 DEFINITIONS

For the purposes of this regulation, the following words shall have the following meanings:

Board of Health or Board: The Needham Board of Health and its designated board of health agents.

Board of Health Agent: The Director of Health & Human Services, and any town employee designated by the board of health, which may include board of health and health department staff, law enforcement officers, and code enforcement officers.

Business Agent: An individual who has been designated by the owner or operator of any adult-use marijuana establishment to be the manager or otherwise in charge of said establishment.

Egregious Violation: When a permit holder refuses reasonable access to a designated Board of Health Agent or other Town of Needham official, or when a permit holder continues to operate despite a permit suspension (or operates without a permit after having failed to renew the permit).

Permit Holder: Any person or business who applies for and receives a permit issued by the Board of Health or their agent.

⁵ See MASS. DEPT. OF AGRIC. RES., HEMP IN MASSACHUSETTS: FAQs, available at <https://www.mass.gov/guides/hemp-in-massachusetts-faqs#-is-it-legal-to-manufacture-delta-8-thc-from-hemp?> (last visited April 4, 2024) (discussing illegality of synthetically derived Delta-8).

⁶ See U.S. FOOD & DRUG ADMIN., 5 THINGS TO KNOW ABOUT DELTA-8 TETRAHYDROCANNABINOL – DELTA-8 THC, available at <https://www.fda.gov/consumers/consumer-updates/5-things-know-about-delta-8-tetrahydrocannabinol-delta-8-thc> (last visited April 4, 2024).

⁷ U.S. FOOD & DRUG ADMINISTRATION, FDA ISSUES WARNING LETTERS TO COMPANIES ILLEGALLY SELLING CBD AND DELTA-8 THC PRODUCTS (May 4, 2022), available at <https://fda.gov/news-events/press-announcements/fda-issues-warning-letters-companies-illegally-selling-cbd-and-delta-8-thc-products>; see Letter from Terrance L. Boos, Ph.D., Chief, Drug Enforcement Administration to Donna C. Yeatman, R.Ph., Executive Secretary, Alabama Board of Pharmacy (September 15, 2021), available at <https://albop.com/oodoardu/2021/10/ALBOP-synthetic-delta8-THC-21-7520-signed.pdf> (confirming synthetically derived Delta-8 is a controlled substance under schedule I).

⁸ Druzik v. Bd. of Health of Haverhill, 324 Mass. 129, 139 (1949) (citing Lawrence v. Bd. of Registration in Med., 239 Mass. 424, 428 (1921)).

Person: Any individual, firm, partnership, association, corporation, company, or organization of any kind, including, but not limited to an owner, operator, manager, proprietor, or person in charge of any establishment, business, cultivation property, or retail store.

Psychoactive Substances: Any naturally derived or synthetically manufactured substance used illegally as an additive to food products or dietary supplements including, but not limited to, 4-acetoxy-*N*, *N*-dimethyltryptamine, 4-acetoxy-DMT, also known as O-acetylpsilocin or psilacetin, desmethoxyyangonin, dihydrokavain, kavain, Psilocin, Psilocybin, Pregabalin, mitragynine, and 7-hydroxymitragynine.

Synthetically Derived Cannabinoid: Any cannabinoid that is altered by a chemical reaction that changes the molecular structure of any natural cannabinoid derived from the plant Cannabis to another cannabinoid found naturally in the plant Cannabis. Synthetically Derived Cannabinoids include but are not limited to Delta-8 and Delta-10.

Synthetic Kratom: Any synthetically manufactured or derive product designed to mimic the effects of naturally occurring Kratom leaves, including but not limited to mitragynine and 7-hydroxymitragynine

SECTION 22.4 PROHIBITIONS

No person shall manufacture, distribute, or sell Synthetically Derived Cannabinoids including, but not limited to Delta-8 and Delta-10 products in the Town of Needham. Likewise, no person shall manufacture, distribute, or sell Psychoactive Substances or food products or dietary supplements which contain psychoactive substances including, but not limited to, 4-acetoxy-*N*, *N*-dimethyltryptamine, 4-acetoxy-DMT, also known as O-acetylpsilocin or psilacetin, desmethoxyyangonin, dihydrokavain, kavain, Psilocin, Psilocybin, Pregabalin, and 7-hydroxymitragynine.

No person shall sell Synthetic Kratom, or any synthetically derived variant of naturally occurring Kratom, including but not limited to mitragynine and 7-hydroxymitragynine.

SECTION 22.5 ENFORCEMENT AND PENALTIES

1. Any person or entity charged with violating this regulation shall receive a notice of violation from the Needham Board of Health or its designated agent.
2. It shall be the responsibility of the establishment owner and/or their manager or business agent to ensure compliance with this regulation. In the case of a violation, the violator shall receive:
 - i. In the case of a first violation, a fine of one thousand dollars (\$1,000.00), and a suspension of any permit issued by the Board, including but not limited to a permit to sell tobacco products, for seven (7) consecutive business days;
 - ii. In the case of a second violation within 36 months of a previous violation, a fine of one thousand dollars (\$1,000.00), and a suspension of any permit issued by the

- Board, including but not limited to a permit to sell tobacco products, for fourteen (14) consecutive business days;
- iii. In the case of a third violation within a 36-month period, a fine of one thousand dollars (\$1,000.00), and a suspension of any permit issued by the Board, including but not limited to a permit to sell tobacco products, for thirty (30) consecutive business days;
 - iv. In the case of a fourth violation within a 36-month period, a fine of one thousand dollars (\$1,000.00), and a suspension of any permit issued by the Board, including but not limited to a permit to sell tobacco products, for ninety (90) consecutive business days; and
 - v. In the case of a fifth violation or repeated, egregious violations of this regulation within a 36-month period, a fine of one thousand dollars (\$1,000.00), and the Board of Health shall hold a public hearing and permanently revoke any permit issued by the Board.
3. Every day that a violation exists shall be deemed to be a separate offense. Separate but simultaneous violations shall be treated as separate violations. Multiple permit suspensions may not be served concurrently.
 4. Any person who receives notice of a violation of this regulation may request a hearing before the Board. The request must be made in writing and filed within seven (7) days of the date the violation was received.
 5. The authority to inspect establishments for compliance and to enforce this regulation shall be held by the Needham Board of Health, its agents and designees, and the Needham Police Department.
 6. Any person may register a complaint pursuant to this regulation to initiate an investigation and enforcement with the Needham Board of Health and its designees.
 7. Upon accrual of five (5) violations of this regulation within a thirty-six (36) month period, or upon the commission of two (2) or more egregious violations of this regulation within thirty-six (36) months as determined by the Board of Health, the Board may issue a notice of intent to revoke and shall hold a hearing in accordance with this regulation and, after such hearing, may permanently revoke any permits held by the violator, including any permits to sell tobacco products in Needham.
 8. Before suspending or revoking any permit issued by the Board, including a permit to sell tobacco products, the Board of Health shall provide notice of the intent to suspend or revoke such permit, which notice shall contain the reasons therefor and shall establish a time and date for a hearing, to be held no earlier than seven (7) days from the date of the notice. The permit holder or their designee shall have the opportunity to be heard and shall be notified of the Board's decision and the reasons therefor in writing. If after hearing, the Board of Health finds that a violation of this regulation occurred, the Board shall impose fines and suspend or revoke the subject permit. For purposes of such suspensions or revocations, the Board shall make the determination notwithstanding any separate criminal

or non-criminal proceedings concerning the same offense. Upon suspension or revocation of a permit, all permitted products must be removed from the retail establishment. Failure to remove such products shall constitute a separate violation of this regulation.

9. Failure to comply with the terms of a permit suspension imposed pursuant to this regulation is considered an egregious violation and shall subject the permit holder to an additional suspension of all permits issued by the Board of Health for a further thirty (30) consecutive business days.

SECTION 22.6 SEVERABILITY

If any provision of this regulation is declared invalid or unenforceable, all other provisions shall not be affected thereby but shall be in full force and effect.

SECTION 22.7 COMMUNITY PARTNERSHIP

Any police officer, code enforcement officer, physician, nurse, other concerned individual that has knowledge of the sale or possession of a dangerous product within the Town of Needham may inform the Needham Police Department Business Line (781-455-7570) or the Public Health Department Main line (781-455-7940) of the location of the dangerous product.

SECTION 22.8 EFFECTIVE DATE

This revised regulation was [rejected/approved] by a [unanimous] vote of the Board of Health on December 13, 2024 and the regulation becomes effective on February 1, 2025. Adoption of this regulation occurred following discussion at open meetings on March 8, April 12, May 10, and June 14, 2024. Public hearings about this regulation occurred on July 12, September 5, October 8, and November 22, 2024.

The initial synthetic drug regulation was approved by a unanimous vote of the Needham Board of Health on September 9, 2016, and the regulation became effective on October 15, 2016. Adoption of the initial regulation occurred following open meetings held on May 13, 2016 and on June 17, 2016, and public hearings on July 29, 2016 and September 9, 2016.



Needham Public Health Division

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MEMORANDUM

To: Needham Board of Health
From: Carol Read & Lydia Cunningham, Substance Use Prevention Program Coordinator
CC: Tiffany Zike, Assistant Public Health Director
Date: October 6, 2024
Re: Equity Analysis of Article 22 “Regulation for Prohibiting the Manufacturing, Sale, and Distribution of Synthetically Derived Cannabinoids and Other Drugs”

Needham Public Health Division staff have reviewed the proposed changes to Article 22 “Regulation for Prohibiting the Manufacturing, Sale, and Distribution of Synthetically Derived Cannabinoids” aligned with the procedures detailed in the Needham Department of Health and Human Services Racial and Health Equity Policy, guided by the policy’s five key assessment questions. Needham Public Health Division staff have reviewed local, state, and national data on synthetic cannabinoids and cannabis/marijuana use among adults and youth, as this policy is applicable to Needham residents across the lifespan.

According to the National Institutes of Health¹, the Centers for Disease Control and Prevention², and the Massachusetts Department of Public Health³, there are no known medical benefits to the use of synthetically derived cannabinoids. Health harms found to be associated with synthetic cannabinoids include breathing problems, gastrointestinal problems, heart attack, fast heart rate, high blood pressure, stroke, kidney failure, and muscle damage.

Data Related to Synthetic Cannabinoid Use by Various Characteristics

The 2021 National Survey on Drug Use and Health found that the percentage of people aged 12 or older who used marijuana in the past year was higher among American Indian or Alaska Native (35.0 percent) or Multiracial people (30.7 percent) than among Black (21.3 percent), White (19.5 percent), Hispanic (15.8 percent), or Asian people (8.6 percent).⁴

A New York University publication on synthetic cannabinoid use among high school students from 2015 found that race and sex were significantly correlated with synthetic marijuana use. Compared to females, males were consistently at greater risk for synthetic marijuana use and more frequent use. Black students were 42% less likely to report synthetic marijuana use and

¹ National Institute on Drug Abuse. (2024, May 27). *Synthetic cannabinoids*. National Institutes of Health. <https://nida.nih.gov/research-topics/synthetic-cannabinoids>

² Centers for Disease Control and Prevention. (2021, March 23). *About synthetic cannabinoids*. Centers for Disease Control and Prevention. https://archive.cdc.gov/www_cdc_gov/nceh/hsb/envepi/outbreaks/sc/About.html

³ Massachusetts Department of Public Health. (2024). *Synthetic stimulants and synthetic marijuana*. Mass.gov. <https://www.mass.gov/info-details/synthetic-stimulants-and-synthetic-marijuana>

⁴ *Results from the 2021 National Survey on Drug Use and ...* Substance Abuse and Mental Health Services Administration. (2021). <https://www.samhsa.gov/data/sites/default/files/reports/rpt39443/2021NSDUHFFRRev010323.pdf>



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36% less likely to report more frequent use than white students. The study also found that students who used other substances were more likely to use synthetic cannabinoids. In particular, students who have used alcohol, tobacco, marijuana, or other illicit drugs were more likely to report frequent use of synthetic cannabinoids.⁵

Local youth data from the 2021 and 2023 MetroWest Adolescent Health Survey of Needham students in grades 6-12 identified that students more likely than their peers to report current use (past 30 days) of marijuana self-identified as LGBTQ+, White, having a physical disability, and/or always having lived in the United States.⁶

The National Institute on Drug Abuse shares on their website that individuals have reported using synthetic cannabinoids because they are sometimes cheaper and more accessible alternatives to cannabis and are mostly undetected by routine urine screenings.¹

Findings

Following a review of research, Needham Public Health Division staff identified those who are most likely to be impacted by the health harms of synthetic cannabinoids as being individuals of lower socioeconomic status, youth (particularly those who identify as LGBTQ+ and/or having a physical disability), and individuals of all ages who report poly-substance use.

Key Assessment Questions:

1. What is the policy under consideration? Article 22 “Regulation for Prohibiting the Manufacturing, Sale, and Distribution of Synthetically Derived Cannabinoids.”

a. Desired results and outcomes

The regulation intends to reduce health harms caused by synthetically derived cannabinoids by limiting access and availability.

b. How the proposed policy will change existing racial & other inequities

This regulation will encompass the entirety of the Town of Needham population and continues the Board of Health’s commitment to limiting access and availability to harmful substances for which science has validated no known medical benefits. Those who have been identified as most likely to be impacted by the health harms of synthetic cannabinoids (individuals of lower socioeconomic status, youth [particularly those who identify as LGBTQ+ and/or having a physical disability], and those who report using other substances) are the same groups who are disproportionately impacted by direct marketing and sales of other toxic, illegal and illicit substances. Article 22 will not

⁵ Palamar, J. J., & Acosta, P. (2015b, April 1). *Synthetic cannabinoid use in a nationally representative sample of US High School Seniors*. Drug and alcohol dependence. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4361370/>

⁶ MetroWest Health Foundation. Education Development Center, Inc. (2021 & 2023) *MetroWest Adolescent Health Survey: Needham Students Grades 9-12*.



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change existing racial and other inequities, the regulation will impede access to synthetic cannabinoids.

c. How it will address historic or contemporary inequities

This regulation does not explicitly address historic inequities related to substance marketing and sales, such as increased outlet density in lower socioeconomic areas, increased marketing toward youth, and increased marketing and outlet density towards people of color.⁷⁸ However, the regulation aims to prohibit the manufacturing, sale, and distribution of synthetically derived cannabinoids across the Town of Needham, protecting those who have been historically targeting by substance marketing and outlet density.

2. Who will benefit from or be burdened by the decision?

a. Which racial or ethnic groups may be most affected by and concerned with the issues related to this proposal?

The above data indicates that the percentage of people aged 12 or older who used marijuana in the past year nationwide was higher among American Indian or Alaska Native (35.0 percent) or Multiracial people (30.7 percent) than among Black (21.3 percent), White (19.5 percent), Hispanic (15.8 percent), or Asian people (8.6 percent).⁴ Local youth data from the 2021 MetroWest Adolescent Health Survey found marijuana use to be higher among white students (16 percent) than their non-white peers (11 percent).⁷ Based on this data and the additional above information, the proposed regulation may be more likely to have a greater affect on individuals based on age, sexual orientation and gender, and income status than based on race and ethnicity.

b. Are there potential negative impacts or unintended consequences?

Potential negative impacts or unintended consequences of this regulation could affect two possible groups: those who are currently using or want to use synthetic cannabinoids and will not have access, and the retailers selling or interested in selling these products. Unintended consequences could include individuals of lower socioeconomic status who use synthetic cannabinoids turning toward the use of other illicit and unsafe products, and the possible loss of sales for retailers.

c. Are there strategies to mitigate the unintended consequences?

To mitigate the possible unintended consequences to those who are currently using or want to use synthetic cannabinoids, the Public Health Division's recovery coach could

⁷ Glasser AM, Onnen N, Craigmile PF, Schwartz E, Roberts ME. Associations between disparities in tobacco retailer density and disparities in tobacco use. *Prev Med.* 2022 Jan;154:106910. doi: 10.1016/j.ypmed.2021.106910. Epub 2021 Dec 16. PMID: 34921833; PMCID: PMC8750533.

⁸ Centers for Disease Control and Prevention. (2024, May 15). *Unfair and unjust practices and conditions harm African American people and Drive Health Disparities*. Centers for Disease Control and Prevention. <https://www.cdc.gov/tobacco-health-equity/collection/african-american-unfair-and-unjust.html#:~:text=The%20tobacco%20industry%20targets%20African, and%20make%20health%20problems%20worse.>



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screen for use of synthetic cannabinoids and tailor conversations to and resources to their needs.

The Division could provide educational materials to retailers, store managers, and owners, as well as providing resources to customers. The Public Health Division and the Town of Needham could provide connections to care and share information and educational resources through various channels to reach those who may be unintentionally impacted.

3. Have affected community members or leaders been engaged in the development or vetting of the proposal?

There has been opportunity for public comment on the proposed regulation at multiple BOH meetings.

4. Can the policy be successfully implemented and evaluated for impact?

Yes, upon implementation of the regulation, the Needham Public Health Division can develop an implementation plan to collect data related to the implementation of this policy. Regular review of the data will allow the Division to identify any unanticipated impacts of the regulation and respond accordingly.

Community data that may be useful in the evaluation of the impact of the regulation includes data from the Needham Public Health Division's recovery coach on the number of individuals asking for resources related to synthetic cannabinoids, local police data, and Beth Israel Deaconess Hospital data.



Board of Health

AGENDA FACT SHEET

December 13, 2024

Agenda Item	Belle Lane Subdivision Off-Street Drainage Bond Release
Presenter(s)	Tara Gurge, Assistant Public Health Director Sainath Palani, Environmental Health Agent

1.	BRIEF DESCRIPTION OF TOPIC TO BE DISCUSSED
Environmental health staff received a request from the Planning Board that the developer is looking to release five of the eight off-street drainage bonds at this time, specifically for the following lots/addresses @ \$3,500/lot, for a total amount of \$17,500.00. #27 Belle Lane #45 Belle Lane #65 Belle Lane #87 Belle Lane #119 Belle Lane Board of Health to discuss and vote.	
2.	VOTE REQUIRED BY BOARD OF HEALTH
Suggested Motion: That the Board of Health vote to approve the release of the five Belle Lane off-street drainage bonds, for a total amount of \$17,500.00 or \$3,500/lot.	
3.	BACK UP INFORMATION:
a) Public Health Division Off-street Drainage Bond policy. b) Public Health Memo dated February 7, 2014, with off-street drainage bond surety requirements. c) Planning Board letter dated February 12, 2021. d) Planning Board bond reduction letter dated July 18, 2023. e) Letter from Belle Lane developer requesting release of five lots, dated June 25, 2024. f) Planning Board letter requesting release of off-street drainage bonds dated June 27, 2024.	



NEEDHAM PUBLIC HEALTH



POLICY or PROCEDURE TITLE: Off-Street Drainage Bonds
Number: HHS-PH-EH-110
Policy Type: Environmental Health
Original Date: January 29, 2018
Effective Date: November 1, 2021
Date Reviewed or Revised: October 26, 2021
Essential Public Health Service: Enforce laws and regulations

PURPOSE: To establish procedures for approving the release of off-street drainage bond requests.

POLICY: The Needham Public Health Division approves off-street drainage bond requests submitted by developers according to a standard procedure.

PROCEDURE:

1. The developer submits the request for release of off-street drainage bond to the Planning Department. The request from the developer is accompanied by all owner and abutter contact information, including name, address, and phone number. Abutters include owners of properties that directly touch the lots to be released.
2. The Planning Board forwards the request from the developer to the Public Health Division, along with owner and abutter contact information provided by the developer.
3. The Environmental Health Officer sends a follow-up memo with off-street drainage requirements to the developer. This includes a sample draft letter for requesting off-street drainage release.
4. The developer sends the release request letter by certified mail, return receipt requested, to all lot owners and abutters, and sends a copy to the Public Health Division.
5. The developer sends copies of letters and signed receipt cards to the Public Health Division along with all lot contact names and phone numbers.
6. The Environmental Health Officer contacts all owner-abutters to determine if there have been any standing water or water erosion concerns due to the new construction. The lot owners and abutting lot owners are asked if they have been living in their homes for at least a year to ensure that they have gone through all four seasons without seeing any water drainage or erosion problems due to improper grading.
7. The Environmental Health Officer conducts site visits to investigate any complaints that meet criteria set by the Board of Health, such as erosion or ponding within limits of construction. The Health Officer also contacts each owner-abutter for permission to conduct site visits of each lot.

8. The Environmental Health Officer may investigate additional homes that do not return a signed receipt within the requested two weeks.
9. Depending on the number of complaints received and results of the follow-up investigation, the Board of Health votes on the recommendations of the Public Health Division to approve a full or partial release of off-street drainage bond.
10. The Board of Health notifies the Planning Board of its decision. The Planning Board can then vote on the initial request.

The off-street drainage bond amount is currently set at \$3,500 per lot, according to the current off-street drainage guidelines. The Public Health Division will increase this amount if there are certain unique circumstances such as additional grading requirements due to on-site septic systems, etc., as previously done.

After completion of new homes built on these lots, and after residents have been in the home for at least a year, the builder may be allowed to start the process to request his off-street drainage bond money to be released. (NOTE: Lots to be released must not have any abutting lots that are not completed.) Abutting homeowners must also be in their residences for at least a year before the process to release the off-street drainage bonds can start.

LEGAL AUTHORITY: [MGL 111 §31](#)

Prepared by Lynn Schoeff and Tara Gurge

Approved by:			
(Tara Gurge for Timothy M. McDonald)			10/26/21
_____ Director of Health and Human Services	_____ Date	_____ Assistant Director of Public Health	_____ Date



Needham Public Health Department

1471 Highland Avenue, Needham, MA 02492
www.needhamma.gov/health

781-455-7500 ext. 511
781-455-0892 (fax)



Memo

To: Lee Newman, Planning Department

From: Tara Gurge, Health Department

Date: February 7, 2014

Re: Definitive Subdivision Plans for Charles River St., between 534 and 590 Charles River St.,
Needham, MA (Belle Lane)

This memo is in reference to the subdivision plans entitled, "Definitive Subdivision Plans for Belle Lane, Map 305, Lot 23, Charles River Street, Needham, MA." The plans are dated November 16, 2009 and revised April 5, 2013 prepared by Kelly Engineering Group, Inc. and Hawk Design, Inc. Landscape Architecture. The plans were signed and stamped on January 7, 2014 by Steven M. Horsfall, Professional Land Surveyor.

This definitive subdivision would create eight (8) building lots. All lots will be serviced by municipal water and sewer.

The following off-street drainage requirements are indicated:

- 1) All lots should be graded to the limits of construction as to have no standing water or otherwise create a public health nuisance.
- 2) Grading shall not improperly shed or illegally increase drainage onto adjacent properties.
- 3) All subsequent developers or builders should be notified of the off-street drainage requirements.
- 4) If there are difficult or unusual conditions as determined in the field from the approved grading plan, or other circumstances or objections received from abutters, the Board of Health may require an as-built grading plan for further evaluation.
- 5) Following the Board of Health off-street drainage guidelines for a subdivision, a drainage surety of \$3,500 per lot should be set for each buildable lot or \$28,000 for the eight-lot subdivision, will be required.

Please feel free to contact the Health Department office if you have any additional questions or concerns.

cc: Janice Berns, Health Director



February 12, 2021

Mr. Arthur M. Zweil
Vice President, Commercial Loan Officer
Boston Private Bank and Trust Company
336 Washington Street
Wellesley Hills, MA 02481

Re: Surety – Belle Lane Subdivision

Dear Mr. Zweil:

Please be advised that the Planning Board at its meeting of January 19, 2021 voted to reduce the surety being held for the above-named project by \$75,500.00 from \$123,500.00 to \$48,000.00. A copy of the Certificate of Approval authorizing the release as signed by the Board on February 11, 2021 is enclosed for your records.

The project was secured through surety items as follows: (1) Tripartite Agreement, dated August 13, 2015, by and among Richard J. Gaffey, Trustee of the Belle Lane Realty Trust, Boston Private Bank and Trust Company, and the Planning Board of the Town of Needham, Massachusetts in the amount of \$353,000.00; and (2) Belle Lane Subdivision Agreement, dated August 13, 2015, entered into between the Town of Needham Planning Board and Richard J. Gaffey, Trustee of the Belle Lane Realty Trust. Originally, the Town of Needham held this \$353,000.00 to secure the completion of the Belle Lane Subdivision, which included: \$325,000.00 to be held for roadway improvements in accordance with the recommendations of the Needham Public Works Department and \$28,000.00 to be held for off-street drainage in accordance with the recommendations of the Board of Health.

By Certificate of Approval dated December 9, 2015, the Planning Board released \$229,500.00 in accordance with the recommendations of the Engineering Division. Presently, the Town of Needham holds \$123,500.00; \$95,500.00 for street maintenance purposes and \$28,000.00 for off-street drainage surety for Lots 1, 2, 3, 4, 5, 6, 7 and 8.

With this release, Forty Eight Thousand Dollars and 00/100 cents (\$48,000.00) shall remain in the account; \$20,000.00 for street maintenance purposes and \$28,000.00 for off-street drainage surety for Lots 1, 2, 3, 4, 5, 6, 7 and 8.

Accordingly, please release Seventy Five Thousand Five Hundred Dollars and 00/100 cents (\$75,500.00) to the Belle Lane Realty Trust, 590 Charles River Street, Needham, Massachusetts, as noted in the attached Certificate of Approval, dated February 11, 2021.

Should you have any questions regarding this matter, please feel free to contact me directly.

Very truly yours,

NEEDHAM PLANNING BOARD

Lee Newman

Lee Newman
Director of Planning & Community Development

Cc via email: Chris Heep, Town Counsel
Tony Del Gaizo, Town Engineer
Timothy McDonald, Director, Board of Health
Annemarie von der Goltz, Trustee (*duplicate original Certificate of Approval to be mailed*)
Carys Lustig, Interim Director, DPW
Theodora Eaton, Town Clerk



PLANNING & COMMUNITY DEVELOPMENT
PLANNING DIVISION

July 18, 2023

Veronica Harvey, Town Treasurer
Town of Needham
Town Hall
Needham, MA 02492

Theodora K. Eaton, Town Clerk
Town of Needham
Town Hall
Needham, MA 02492

Re: Surety – Belle Lane - Definitive Subdivision
Bond Reduction

Dear Ms. Poness and Ms. Eaton:

Please be advised that the Planning Board, at its meeting of July, 11, 2023, voted to reduce the surety being held for the above-named project by \$20,000.00 from \$48,000.00 to \$28,000.00 exclusive of interest accrued to date. This reduction was made in accordance with the recommendations of the Engineering Division as contained in a memo to Planning Board Members, dated May 16, 2023. The funds being released were held for roadway improvements in accordance with the recommendations of the Department of Public Works. Presently, the Town of Needham holds \$48,000.00 to secure the completion of the Belle Lane Definitive Subdivision. With this release, \$28,000.00 plus interest accrued to date shall remain in the account as off-street drainage surety for Lots 1, 2, 3, 4, 5, 6, 7 and 8, in accordance with the recommendations of the Board of Health and Condition 22 of the Definitive Subdivision Decision.

The project was secured through surety items transmitted to your office by letter dated May 16, 2023, itemized as follows: (1) SVB Private Bank Cashier's Check No. 183641 in the amount of \$48,596.82 made payable to the Town of Needham; (2) Agreement, dated August 13, 2015 entered into between the Town of Needham Planning Board and Trustee of the Belle Lane Realty Trust; and (3) Agreement Amendment dated May 16, 2023 entered into between the Town of Needham Planning Board and Trustee of the Belle Lane Realty Trust.

Accordingly, please release Twenty Thousand Dollars and 00/100 cents (\$20,000.00) to Annemarie von der Goltz, Trustee of the Belle Lane Realty Trust, 590 Charles River Street, Needham MA 02492.

Should you have any questions regarding this matter, please feel free to contact me directly.

Very truly yours,

NEEDHAM PLANNING BOARD

Lee Newman

Lee Newman
Director of Planning & Community Development

cc: Annemarie von der Goltz, Trustee, Belle Lane Realty Trust *via email*
Carys Lustig, Director, Department of Public Works *via email*
Tom Ryder, Town Engineer *via email*
Tim McDonald, Director, Public Health Division *via email*

Needham Planning Board
1471 Highland Avenue
Needham, MA 02492
Phone: 781-455-7500

June 25, 2024

Dear Needham Planning Board,

My name is Annemarie von der Goltz, I am the trustee of the Belle Lane Trust (the developer of Belle Lane).

I am writing to request the release of the Off-Street Drainage bonds for 5 of the 8 lots on Belle Lane. Lot number 8 (currently 0 Belle Lane) is being developed as I write this letter, so I have to wait on that and the abutting lots (144 and 131 Belle Lane).

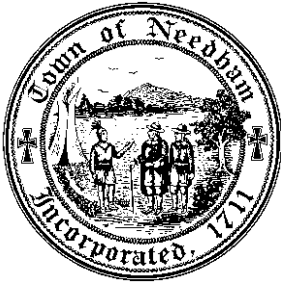
I would like to request the release of the bonds for the other five lots, please see a list below:

- 119 Belle Lane, Needham MA 02492
- 87 Belle Lane, Needham MA 02492
- 65 Belle Lane, Needham MA 02492
- 45 Belle Lane, Needham MA 02492
- 27 Belle Lane, Needham MA 02492

Please also see attached for the list of contact information for the owners and abutters.

I very much appreciate your assistance with this matter; please let me know of any additional information I can provide!

Many thanks,
Annemarie von der Goltz
avondergoltz@gmail.com
203-623-7010



PLANNING & COMMUNITY DEVELOPMENT
PLANNING DIVISION

Memorandum

TO: Tim McDonald - Director, Health and Human Services
Tara Gurge – Assistant Director, Health Division

FROM: Planning Department *AG*

DATE: June 27, 2024

SUBJECT: Surety – Belle Lane - Definitive Subdivision
Request to Release Off-Street Drainage Surety

The Town of Needham currently holds \$28,000.00 for off-street drainage in accordance with the recommendations of the Board of Health. The off-street drainage surety is being held for Lots 1, 2, 3, 4, 5, 6, 7 and 8.

A written request has been received from Annemarie von der Goltz, Trustee, Belle Lane Trust, seeking the release of the off-street drainage bond for 5 of the 8 lots on Belle Lane. Lot number 8 (currently 0 Belle Lane) is being developed at the time of the request, so that lot and the abutting lots (144 and 131 Belle Lane) are not ripe for release yet. Ms. von der Goltz has requested the release of the bonds for the other five lots, as detailed below:

- 119 Belle Lane, Needham MA 02492
- 87 Belle Lane, Needham MA 02492
- 65 Belle Lane, Needham MA 02492
- 45 Belle Lane, Needham MA 02492
- 27 Belle Lane, Needham MA 02492

The surety amount for each lot is set at \$3,500.00. Ms. von der Goltz has requested the release of \$17,500.00 of the off-street drainage bond at this time. Please provide the Planning Board with a recommendation as to the release of the above described off-street drainage surety.

I have attached a copy of Ms. von der Goltz's request as contained in her correspondence directed to my attention dated June 5, 2024.

Thank you for your attention to this matter.

cc: Thomas Ryder, Town Engineer
Annemarie von der Goltz, Trustee, Belle Lane Trust



Board of Health

AGENDA FACT SHEET

December 13, 2024

Agenda Item	November 2024 Staff Reports
Presenter(s)	Public Health Division staff members

1.	BRIEF DESCRIPTION OF TOPIC TO BE DISCUSSED
Each program area within the Public Health Division will give a brief update on current topics, projects, events, accomplishments, and more.	
2.	VOTE REQUIRED BY BOARD OF HEALTH
Discussion only.	
3.	BACK UP INFORMATION:
a) Public Health Preparedness –Taleb Abdelrahim b) Epidemiology – Tiffany Benoit c) Nursing – Ginnie Chacon-Lopez, Hanna Burnett & Tiffany Benoit d) Environmental Health – Sai Palani & Tara Gurge e) Accreditation – Lynn Schoeff & Alison Bodenheimer f) Traveling Meals – Rebecca Hall g) Substance Use Prevention: Regional – Carol Read & Lydia Cunningham h) Substance Use Prevention: Needham – Karen Shannon, Karen Mullen, Monica DeWinter, Angi MacDonnell, Vanessa Wronski i) Shared Public Health Services – Kerry Dunnell & Samantha Menard - j)	



Unit: Emergency Preparedness

Date: November 2024

Staff: Taleb Abdelrahim and Tiffany (Zike) Benoit

Activities and Accomplishments

Activity	Notes
Medical Reserve Corps (MRC)	• Attended the Norfolk County-8 (NC-8) MRC advisory group meeting to discuss updates, share insights, and coordinate efforts for MRC activities. • A new Memorandum of Agreement (MOA) between the American Red Cross and MRCs has been signed to enhance collaboration in disaster assistance, training, and exercises. This opens new opportunities for NC-8 MRC volunteers to engage in impactful activities. • The state is working to improve how MA MRCs track volunteer training by connecting MA Responds and MA Trains systems. This update aims to streamline training program development and management in the future.
Accreditation	• Made minor revisions to the Public Health Emergency Operations Plan. • Conducted review of the final COOP. • Updated FY25 Action Plan Activities. • Participated in a debrief session to analyze the outcomes and lessons learned from the Flu Vaccine clinics.



Unit: Epidemiology

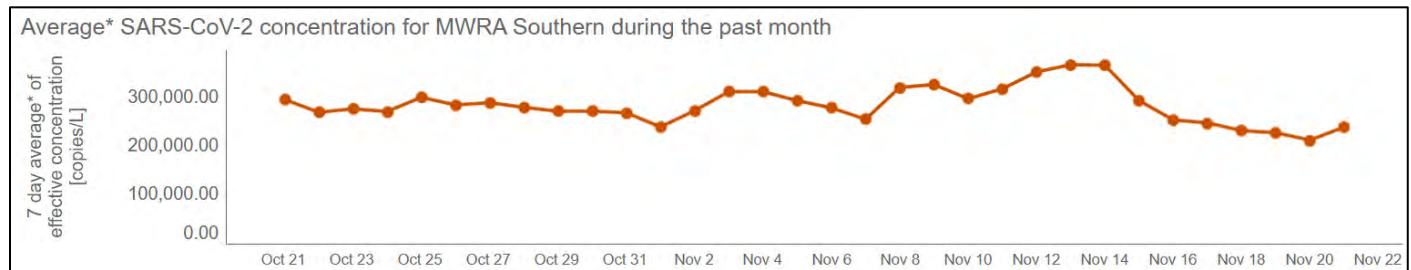
Date: November 2024

Staff: Tiffany Benoit

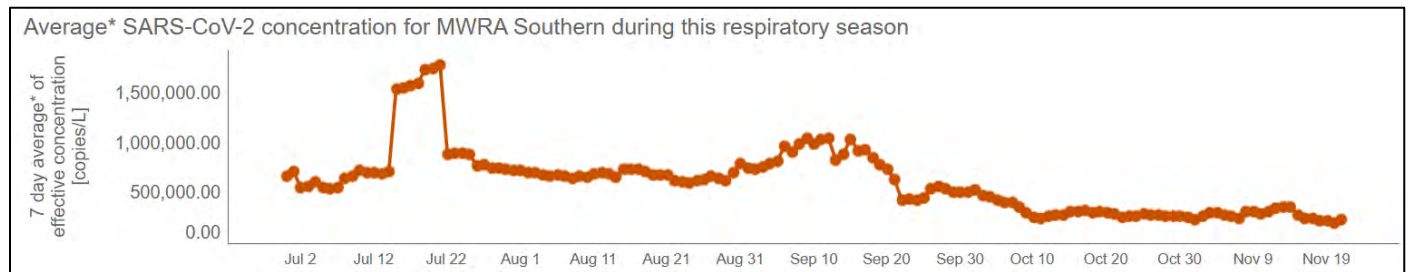
The MDPH [Respiratory Immunizations Dashboard](#) data for the 2024-2025 season is available.

Wastewater Data:

SARS-CoV-2 concentration in wastewater system (Needham covered by MWRA Southern wastewater sampling location) through November 22, 2024. Appears to be a slight uptick at the end of November.



Source: <https://www.mass.gov/info-details/wastewater-surveillance-reporting>



Source: <https://www.mass.gov/info-details/wastewater-surveillance-reporting>

Vaccination Rates for COVID and Influenza in Needham residents:

Needham residents vaccinated against COVID-19 2023-2024 season to date, 6/30/2024 to 11/23/2024			Statewide Percent vaccinated statewide for comparison
Total	Total individuals	31%	16.3%
Age	Under 5 years	21%	8.5%
	5-19 years	22%	8.1%
	20-34 years	20%	8.4%
	35-49 years	24%	12.1%
	50-64 years	31%	15.9%
	65-79 years	59%	41.6%
	80+ years	58%	43.6%
Hispanic ethnicity	Hispanic	19%	7.3%
	Non-Hispanic	30%	16.7%
	Unknown or missing ethnicity	*	*
Race	American Indian or Alaska Native	23%	3.0%
	Asian	21%	12.4%
	Black or African American	17%	8.1%
	Multiracial	30%	10.7%
	Native Hawaiian or Pacific Islander	*	15.9%
	Other race	*	*
	Unknown or missing race	*	*
	White	32%	17.3%
Sex	Female	33%	17.7%
	Male	29%	14.8%
	Other, unknown, or missing sex	*	*

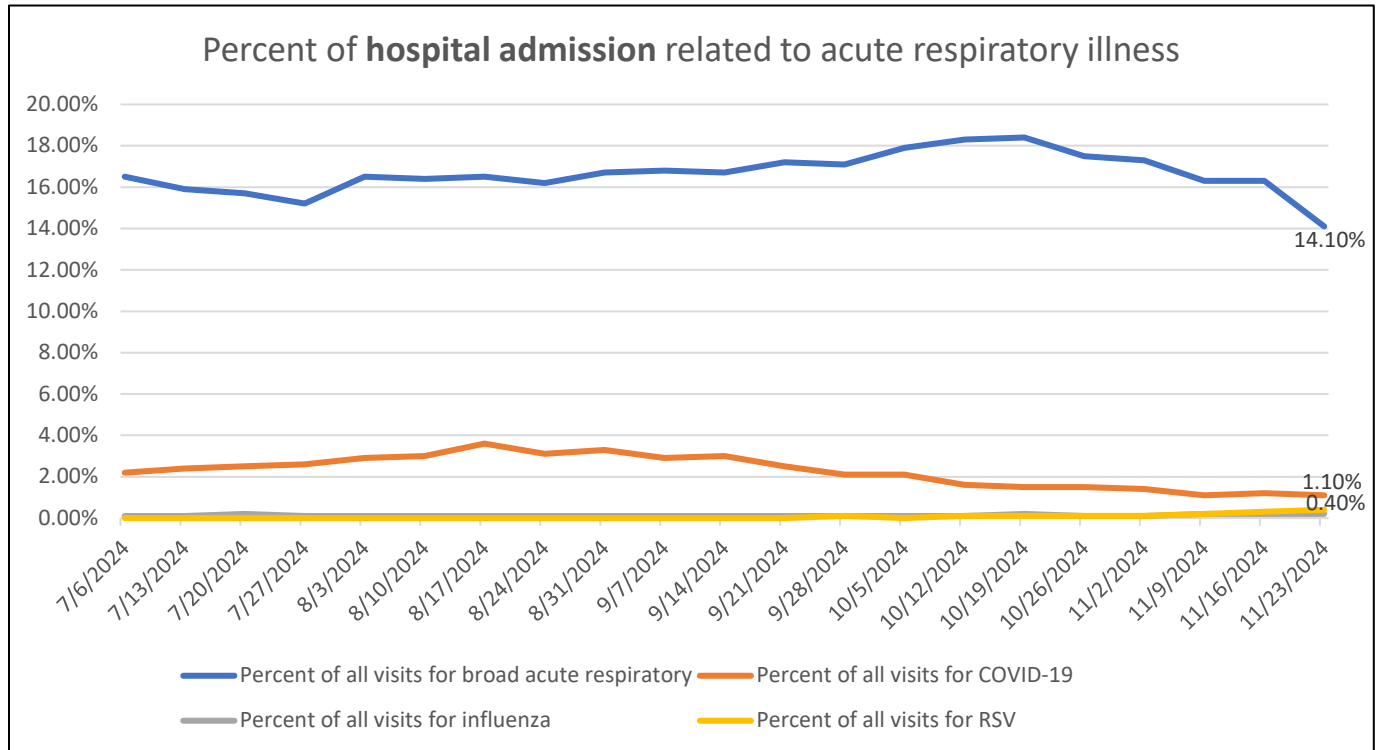
Source: <https://www.mass.gov/info-details/immunizations-for-respiratory-diseases>

Needham residents vaccinated against influenza 2023-2024 season to date, 6/30/2024 to 11/23/2024			Statewide Percent vaccinated statewide for comparison
Total	Total individuals	50%	31.5%
Age	Under 5 years	46%	34.1%
	5-19 years	48%	26.3%
	20-34 years	35%	19.1%
	35-49 years	45%	24.5%
	50-64 years	47%	29.4%
	65-79 years	71%	60.9%
	80+ years	72%	63.8%
Hispanic ethnicity	Hispanic	33%	22.6%
	Non-Hispanic	48%	30.5%
	Unknown or missing ethnicity	*	*
Race	American Indian or Alaska Native	35%	8.9%
	Asian	45%	30.5%
	Black or African American	31%	23.2%
	Multiracial	46%	20.0%
	Native Hawaiian or Pacific Islander	*	45.0%
	Other race	*	*
	Unknown or missing race	*	*
	White	49%	30.8%
Sex	Female	53%	34.9%
	Male	47%	27.8%
	Other, unknown, or missing sex	*	*

Source: <https://www.mass.gov/info-details/immunizations-for-respiratory-diseases>

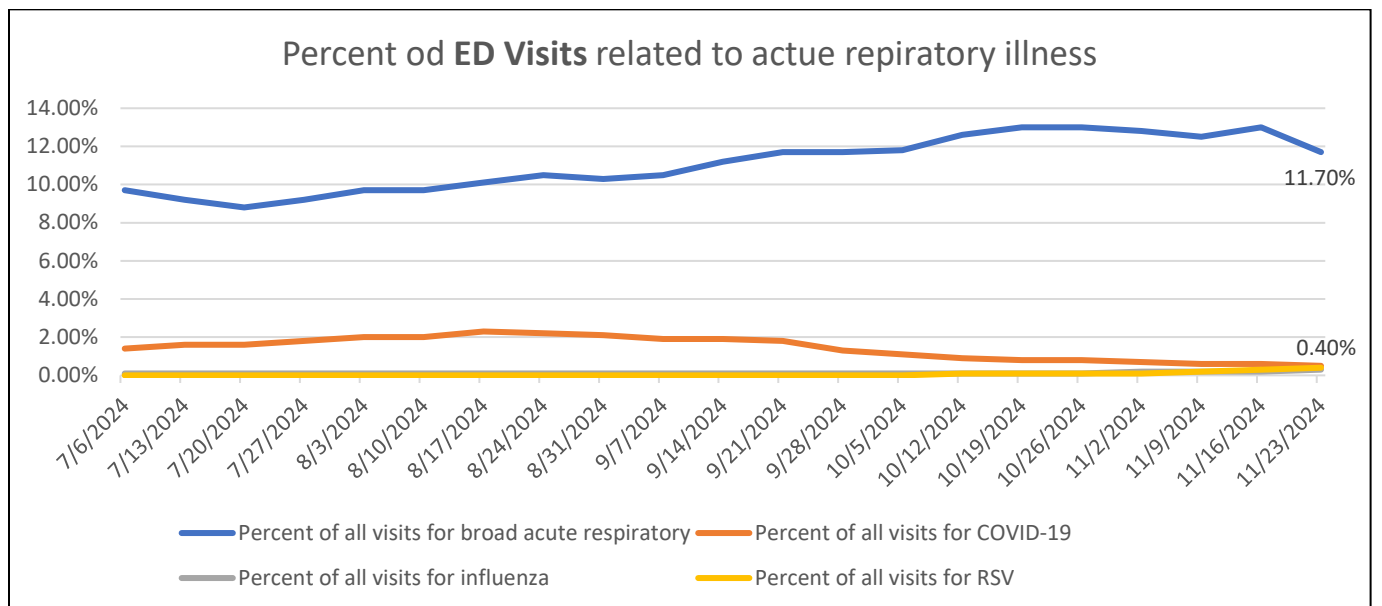
*It appears they have the wrong influenza season but the correct dates on both immunization charts

Acute Respiratory Illness in Hospitals:



Source: <https://www.mass.gov/info-details/respiratory-illness-reporting>

NOTE: 0.20% due to influenza;



Source: <https://www.mass.gov/info-details/respiratory-illness-reporting>

NOTE: 0.30% due to influenza; 0.5% due to COVID



Needham Public Health Division

Prevent. Promote. Protect.



Unit: Public Health Nursing

Date: November 2024

Staff: Hanna Burnett and Ginnie Chacon-Lopez

Activities and Accomplishments

Activity	Notes
Community Outreach	MOB at NHA finished, 5 people attended all classes and graduated. A new class being advertised for January. 2 CPR classes offered, will book more as they fill up.
Vaccine Clinics	Home visits (primarily to senior living/NHA and homebound) and in-office appointments for flu and/or COVID vaccines continued. Olin College flu vaccine clinic held on 11/13.
Education	Hanna: Attended MHOA annual conference x 1 day in Springfield. Ginnie: various webinars and completed the TB Nurse Case Management course through Rutgers University.
HEARTSafe	Hanna, Jonathan Steeves from Needham FIRE & a SCA survivor presented at MHOA conference on "Sudden Cardiac Arrest – why should public health care?" Intent to educate and inspire other communities to look at their survival rates and make changes based on HEARTSafe recommendations. (Lot of positive feedback received afterwards.)
DVAC	Holiday gift to REACH. Angi MacDonnell shared during monthly meeting on peer recovery services. Planning 4 th DV series with Needham Channel. Looking into process of annual funds transfer. Scheduled "DVAC Conversations" with the Rotary club for January.
Additional Notes	

Potential Foodborne Illnesses	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	2025	2024	2023
Calicivirus/Norovirus													0	5	5
Campylobacteriosis															
Confirmed/Probable	<5	<5	<5										<5	10	9
Cryptosporidiosis													0	<5	0
Cyclosporiasis													0	<5	<5
Enterovirus	<5				<5								<5	0	0
Giardiasis													0	0	<5
Salmonellosis		<5											<5	<5	5
Shiga Toxin Producing Organism	<5												<5	<5	<5
Shigellosis		<5											<5	0	0
Vibrio spp													0	<5	<5
Arbovirus	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	2025	2024	2023
Babesiosis													0	<5	<5
HGA/Anaplasmosis			<5	<5									<5	<5	<5
Lyme Disease Suspect	6			<5	<5								9	45	58
Lyme Disease Probable		<5	<5	<5									5	35	19
Other Communicable Illnesses	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	2025	2024	2023
Group B streptococcus													0	<5	<5
Haemophilus influenzae		<5											<5	<5	0
Hepatitis B Confirmed/Probable				<5									<5	5	<5
Hepatitis C Confirmed/Probable	<5	<5											<5	<5	0
Influenza Confirmed			<5	<5	7								9	155	193
Malaria													0	<5	-
Legionellosis													0	<5	<5
Novel Coronavirus Confirmed	24	34	27	13	<5								101	308	980
Novel Coronavirus Probable	14	7	8	7	<5								40	54	188
Pertussis (Bordetella spp.)		<5	<5										<5	0	<5
TB Infection Confirmed	<5	5	<5		<5								12	45	44
TB Infection Contact	<5												<5	<5	-
Varicella					<5								<5	6	<5
Totals	55	55	45	26	19	0	0	0	0	0	0	0	200	690	1519

Immunizations/Injections	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	2024	2024	2023
B12	2	1	1	1	2								7	8	3
Influenza			332	115	76								523	771	719
Tdap													0	0	1
Covid-19				30	31								61	208	461
VFC													0	0	0
Other													0	3	0
Total	2	1	333	146	109	0	0	0	0	0	0	0	2	990	1184

Animal-to-Human Bites	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	2024	2024	2023
Dog													0	3	3
Cat													0	1	0
Bat					1								1	0	0
Total Bites	0	0	0	0	0	0	0	0	0	0	0	0	1	4	3

Assistance Programs	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	2024	2024	2023
Food Pantry													0	0	4
Friends	1												1	0	0
Gift of Warmth		2	1	5	4								12	29	51
GoW Amount		1400	300	2394	1877								5971	16843	25921
Parks & Rec													0	0	0
Self Help													0	2	6

Education	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	2024	2024	2023
CPR Education			88	17	11								116	243	197
Matter of Balance Graduates					5								5	15	34
Narcan	3	69	13	8	9								102	174	25

Donations:	0
Gift Cards Distributed:	0



Needham Public Health Division

Prevent. Promote. Protect.



November 2024

Assist. Health Director - Tara Gurge
Full-time Health Agent – Sainath Palani
Part-time Health Agents – Monica Pancare and Pamela Ross-Kung

Unit: Environmental Health

Date: December 13, 2024

Staff members: Tara Gurge, Sainath Palani, Monica Pancare and Pamela Ross-Kung

Activities and Accomplishments

Activity	Notes
Staff Trainings/ Conferences	Sai attended the annual Massachusetts Health Officers Association (MHOA) annual conference in Springfield, MA on November 13-14th.. Tara and Monica attended the annual Northeast Food and Drug Officials Association (NEFDOA) & FDA Retail Food Protection Seminar in Burlington VT the week of November 12-15th.
Food Safety Excellence Program Updates	The Environmental Team conducted three in-person Needham Food Establishment Educational Food Safety Forum Trainings held at Needham Town Hall in Powers Hall, one on November 6th and two on November 7th. The trainings covered an overview of the Food Safety Excellence Program as well as the revised Food Code Enforcement Policy, along with other helpful food safety information. Berger Food Safety conducted a Spanish virtual version of the training on November 12th. We had a great turnout and had about 140 individuals from 84 food establishments that attended one of our in-person training (115 people) or virtual Spanish trainings (25 people). One of the in-person trainings was recorded by Needham Cable, and we also recorded the Spanish virtual Zoom training, so that these recording links can be posted online. These links, along with the PowerPoint presentation slides, are also in the process of being emailed out to all of the food establishments, so that any food establishment staff that were not able to attend one of the trainings will be able to watch the training. Feedback surveys were collected after the training and our office will be summarizing the feedback to see how the training can be improved upon for next year. Here is the training link which is posted on YouTube: https://youtu.be/1OfGRNOzUAI.

Discussion on new proposed Dumpster Regulation	Staff completed their research on the newly proposed dumpster regulation, which includes excerpts of other surrounding city/town dumpster regulations which we felt would be a good fit for Needham. A revised draft regulation is included for the Board. We have also enclosed a dumpster regulation equity analysis memo in this month's meeting packet.
Pest control Smart Box Deployment	Four Smart boxes from Modern Pest control were deployed in public town parking lots known to have sights of rats. The boxes lure rats using a bait into the box and then once the rats step on a trap inside the box, they get caught, electrocuted and lifted into a separate compartment. The boxes will be serviced as needed as the boxes are wirelessly connected to the pest control operators and the operators can give our office data on which parking lots are still active based on the number of captures made.
Additional Enforcement Actions for Food Establishments by Staff	Mandain Cuisine has had their first routine inspection since their contract with their food consultant had ended. Ricky food safety practices were still being witnessed at this routine inspection including improper cooling. The Farmhouse has hired a reputable food safety consultant to train staff and get their processes done so that food is being prepared in safe manner consistently. Reports detailing the trainings and their observations from their audits are being sent to our office for review.

Other Public Health Division activities this month: (See report below.)

Activities

<i>Activity</i>	<i>Notes</i>
Body Art	0 – Staff are waiting for applicant to reach back out for a reinspection and to review missing materials.
Demo Reviews/ Approvals	3 - Demolition signoffs: -#378 Manning St. (Inspected for pests) -#30 Gibson St. -#40 High St.
Disposal of Sharps Permits	0 – Disposal of Sharps Permits issued to:
Septage/Grease/ Medical Waste Hauler Permits Issued	11 – Septage/Grease & Medical Waste Hauler Permits Issued to: - Wayne's Drains (Septage/grease) - Triumvirate Environmental (Medical) - J. Hockman (Septage/grease) - United Rentals (Septage)

	- Service Pumping & Drain (Septage/Grease) - Stericycle (Medical) - Bay State Sewage Disposal (Septage/Grease) - Action King Disposal (Septage/Grease) - Cape Cod Biofuels (Grease) -John's Sewer & Pipe Cleaning (Septage/Grease) -D.L Atkinson (Septage/Grease)
Trash/Recycling Waste Hauler Permit issued	0 - Trash and Recycling Waste Hauler Permit issued.
Food - Plan reviews/Follow-ups/Pre-operation inspections	1 - Initial Pre-operation inspections conducted. -Kitchen of Oz (Residential Kitchen)
Food – Temporary Food Event Permits issued	5 – Temporary Food event online permit application reviews and permits issued to: - Temple Beth Shalom Christmas Day-Project Ezra (December 25th) - Needham Community Council & Needham Golf Club-Thanksgiving Dinner (November 27th) - Denise Garlick Event at Powers Hall catered by Hearth Pizzeria (December 9th) - Broadmeadow Pasta Dinner-food prepared by Needham Nutritional services (December 4th) - Touchdown Club at Powers Hall, catered by The Common Room (reviewed, event on December 8th)
Food Complaint/ Follow-up	1 – Food Complaints received. -Mandarin Cuisine: Complaint about people experiencing food borne illness symptoms after eating at this establishment. Inspection and investigation was performed at establishment. Potential issues from inspection are being addressed with establishment. People who were ill were advised to seek medical attention and to get tested to determine infectious agent. If positive, it will be reported to the state and then to our office.
Housing - Complaints/Follow-ups, etc.	(0/2) - New Housing Complaints/Follow-ups conducted at: – Saint. Mary's St. (0/0): Health agent will follow up with responsible parties in the month of December. No updates from the month of November. – Chambers St. (Needham Housing Authority/NHA) (0/1) - Update: Occupant had cleared kitchen area and both egress doors to allow entry. There are pathways in the living room as well. An inspection report documenting progress and corrected violations were sent out to NHA and occupant. – Gage St. (0/0) - Update: Occupant requested a few months to work on clearing their home and cleaning and Sai was comfortable granting this due to the progress that had been made to date. Health agent will follow up with the occupant in 2025 and try to get access to the 1st floor and confirm basement and driveway remain clean and clear of items. – Chambers St. (NHA) (0/1) –Update: Public Health attempted another reinspection with NHA in the month of November. Occupant did not allow access and informed

	health agent over the phone they wanted the case dropped and did not want to be bothered. Occupant still does not have a working fridge and NHA is keeping the available working and clean fridge for the occupant in the boiler room in the building. NHA has hired an electrician and repaired the bathroom vent fan and stove and have also repaired the handicap ramp, although some of these items could not be confirmed by our office due to the occupant preventing access. Our office has attempted to work with the occupant and encouraged them to accept the working fridge being provided but it has been to no avail. Final attempts will be performed in December via phone and site visits, and otherwise a letter will be sent closing the case due to a lack of cooperation from the occupant.
Housing Pre-occupancy inspections	0 – Housing pre-occupancy inspections conducted.
Nuisance complaints/Follow-ups	(2/8) – New Nuisance Complaints/Follow-ups: - Highland Terrace. (0/0) - Update: Rat activity had slowed down and was monitored in November. Original complainant had confirmed that they have not been catching any over the last two months. No further action will be taken on this. - Great Plain Ave. (0/0) –Update: Dumpster was swapped. No reports of rats from abutters. Pest control service technician indicates that activity has decreased. - Great Plain Ave./Dedham Ave. (0/1) – Reports of nesting being observed in a parking lot. Staff have worked with multiple entities including the property owner where the rat nests were observed to begin treatment. Update: Property owner has started treatment. Sai ordered dumpsters in the area that had rat activity to install drain plugs. One of the Smart boxes were added to this area. - Central Ave. (0/1) - Autobody paint shop was caught again painting cars and allowed the migration of volatile fumes (VOCs) to migrate offsite and into an adjacent occupied building. A stop work order was issued. Meeting was held with multiple involved parties including the Massachusetts Department of Environmental Protection (MassDEP.) MassDEP said present system is likely non-compliant as there is no venting out or intake of fresh air into the space. MassDEP said it was okay to release the stop work order as long as windows and garage doors are kept closed so fumes do not get released into the environment until it gets treated by the existing recirculating filters. Our office requested Town Fire inspectors to visit the facility, and we are still awaiting the findings from their inspection. Our office has issued orders for Autobody shop to work with the Office of Technical Assistance (OTA), a free consulting service, to look into what technologies might be needed to be added to make the work being done in the facility safe for the workers and to the abutters. Update: MADEP inspector that went to site in September will sending out a Notice of Non-compliance to operator. Our office was sent the report from OTA about their recommendations where they made reference to the possible MADEP violations for improper hazardous waste management practices and gave recommendations for the spray room that was creating the nuisance condition. Additional complaints from neighbors were received about paint odors which occurred after hours and health agents asked the callers to

	report the concerns to the Fire Department to witness the issue if issue occurs after hours, so they can verify VOCs present on their PID meters. - <u>Chestnut St. (0/1)</u> - Health agent had meeting with property owners to address site conditions that are conducive to rats. Property owner added plugs to the drain holes in retaining wall and took other steps to improve site conditions. Area will continue to be monitored, and treatment continues. <u>Update:</u> Sai is starting discussions with property owners to pave over dirt areas where the rats are nesting. The activity levels over the last month have decreased. However, there are new burrows are starting to be seen towards the back of the lot now and along a fence that abuts a residential house. The renters in that home have been informed about the situation and that they should inform their landlord. Due to heavy vegetation and leaf litter it was not possible to see if there were nests on that property. - <u>Valley Rd. (0/1)</u> - Our office had received complaints about significant vegetation overgrowth around the property and that there were pests harboring the vegetation. <u>Update:</u> The town cleared and trimmed back the overgrowth and compliance letter has been issued. The Building Commissioner also conducted a follow-up exterior site visit and has issued the owner a letter. - <u>Mary Chilton (0/1)</u> – Rat nests observed on individual's property. Neighbors copious bird feeding contributed to rats nesting on this property. Several site visits with outreach were performed and property owner has started a treatment plan with a pest control operator. <u>Update:</u> Burrows were collapsed by pest control operator after baiting and burrows not returned. No further action is needed. Neighbor that was feeding birds that might have attracted the rats are being asked to move feeders to their own backyard as to no impact their abutters forcing them to pay for pest control services. - <u>Pilgrim Rd. (0/1)</u> – Multiple reports of dead rats along this road. <u>Update:</u> Outreach and property walk throughs were performed on properties of concern. Properties are by wetlands and no signs of nesting were observed. No further action is needed. - <u>Highland Terrace (1/1)</u> - Reports of dumpsters and waste haulers making noise as early at 4 or 5am while serving dumpsters on abutting commercial properties. Waste haulers for those dumpsters were contacted and they will inform dispatch to remind drivers to wait until 7am to service dumpsters in that area. Home owner will take a video with a time stamp if this continues to occur. - <u>Dedham Ave. (1/1)</u> – Homeowner continues to report seeing rats by their house. Site visit was performed at house and neighboring properties. Outreach was performed and no signs of nesting observed.
Indoor/Outdoor Pool spot check and annual permit renewal inspections	5 – Indoor/Outdoor pool spot check conducted at: - Residence Inn (x2) - Sheraton - Homewood Suites - Goldfish Swim School - The Residences at Wingate

Planning Board Special Permit reviews	6 – Planning Board reviews conducted. - #1450 Highland Ave. – Comments sent. - Belle Lane Subdivision – Developer is looking to release 5 off-street drainage bonds for the following lots/addresses @ \$3,500/lot: - #27 Belle Lane - #45 Belle Lane - #65 Belle Lane - #87 Belle Lane - #119 Belle Lane Board of Health to discuss. Owners/abutters were notified via certified mail. Called owners of each lot and conducted the required site visits. Owners reported no issues on their lots, and they all approved the release of the bonds. The Health Division did not see any issues with standing water or water erosion issues during our site visits.
Septic Certificate of Compliance (COC)	0 – Septic Certificate of Compliance final signoff issued to:
Septic – Construction Repair permit issued	0 – Septic Construction Repair Permits issued.
Septic Failure Letters	0 – Septic system failure letters sent.
Septic Installation inspections	0 – Septic installation inspections conducted at:
Septic Deed Restrictions	1 – Septic Deed Restrictions received. -#18 Brookside Rd.
Septic Installer Exam/Permit Issued	0 - Septic System Installer exam and permits issued.
Septic Addition/Reno. to a Home on a Septic reviews	0 – Addition/Reno. to a Home on a Septic reviews conducted.
Septic Plan Reviews/Approvals issued	2 – Septic Plan reviews conducted/approvals issued for: - #111 Windsor Rd. - #333 Cartwright Rd.
Septic – Soil/Perc Tests	0– Septic Soil/Perc Tests conducted.
Septic Trench permit issued	0 – Septic Trench permit issued.

Septic – Abandonment Forms	0 – Septic abandonment/connection to sewer forms received.
Tobacco Compliance Checks/Hearing Scheduled	6 – Tobacco retail routine compliance checks conducted at all permitted establishments.
Well Permit online plan review	0 – Well permit online application plan review conducted:
Zoning Board of Appeals plan reviews	4 – Zoning Board of Appeals plan reviews conducted for: - #77 Charles St. - #324 Chestnut St. - #250 Highland Ave. - #695 Highland Ave.

FY 25 Priority FBI Risk Violations of Interest

Establishment	Date	Violation(s)	Corrective Action/Follow-up
Bakers Best	November 5, 2024	-There were at least two items (shredded cooked chicken and cooked beans) that were out of temperature that were being cold held (>41f). PIC did not have an explanation for why they were out of temperature.	Out of temperature products were voluntarily discarded by the PIC.
Newman Elementary School	November 6, 2024	-Cantaloupe and prepared pasta salad that was self served to the students were at 45f and 47f. - Sliced American cheese was not properly date labeled. It was unknown when it was sliced and removed from packaging. -Self served foods were out without sneeze guards or any type of protection.	-American cheese that was not properly date marked was discarded. -Items that were out of temperature were put back into the walk in fridge and when put out during self service, trays are put onto ice packs. -Schools are working on moving an older display case from Mitchell with a sneeze guard to hold the exposed foods on self service line.

Roche Brothers	November 9, 2024	-Knives were stored by a handwash sink that were exposed to backsplash. - Food grade sanitizers were not within proper range.	Knives were moved and sanitizers were remade.
McDonalds	November 9, 2024	- Wiping clothes stored in sanitizer was in excess of a safe range. .	-Buckets were remade while onsite.
Panera	November 12, 2024	-Mechanical dishwasher was not dispensing any sanitizer when tested. -Two cold holding units were running warm and were storing time and temperature controlled for safety (TCS) foods.	-Dishware that day were sanitized by dipping in a food grade sanitizer in the 3-bay sink. Dishwasher was serviced later that same day and verified to be working during a reinspection. -TCS were discarded that were in these fridges. During a reinspection both these fridges were not being used to cold hold TCS foods.
Le Petit Four	November 12, 2024	-Cooked tomatoes stored in multiple containers that were cooked over 8 hours prior were warm(>41f). No other items were warm in the fridge, indicating product did not cool correctly.	-These tomatoes were voluntarily discarded (3 large bins). A new process was established to cool the tomatoes and a verification cooling log was sent to our office. PIC was informed they are required to monitor that proper and safe cooling is happening using thermometers.
Avita	November 23, 2024	-Food employee was observed touching ready to eat food without wearing gloves.	-RTE food was discarded and PIC and employee was educated about when gloves and utensils are required to be used to avoid bare hand contact.

The Common Room	November 23, 2024	-Larger dishes that were being washed in the 3-bay sink were not undergoing a sanitizing step. -Multiple foods being hold held were not at proper temperature. This included mashed potatoes and beef chili. -Container of chemicals was stored improperly by clean pots and pans.	-After questioning, dishwasher was adding extra water to the automatically dispensing sanitizer diluting the solution. Dishwasher was new and was not properly trained by PIC. Sanitizer was remade and PIC was informed that they must train dishwashers on how to properly ware wash. -Health agent deduced that hot held products were not being properly reheated to 165f prior to hot holding and staff were putting cold foods directly into unit to reheat. Products were reheated properly on stove and PIC was educated to train staff on this. -Chemical was removed and put into the designated area for them.
French Press	November 23, 2024	-Wiping clothes used to wipe milk frothing wand and other food contact surfaces was stored in a sanitizer bucket that was too weak. -Bags of leafy greens by sandwich preparation units were at room temperature.	-Sanitizer buckets were replenished. PIC was informed to have buckets swapped out more frequently. -Greens were allowed to cool quickly based on the time they were left out.
Eliot Elementary School	November 25, 2024	-Chemical cleaner was stored improperly next to cutting boards and were also stored above the 3-bay sink.	-Area were chemicals were stored was changed and PIC was informed to educate staff to put chemicals back in their designated area after use.
Mandarin Cuisine	November 26, 2024	-Several TCS foods were held at the improper temperature in reach in coolers on cook line. This included the lo mein noodles, chicken wings, BBQ pork. -Fried chickens were held past their use by dates.	-All out of temperature foods were voluntarily discarded. -Chicken held for over 7 days was discarded.

Pollard Middle School	November 26, 2024	-Pizza (115f) and burgers (127f) were not at proper hot holding temperatures on the service line. Pizza in hot holding unit was at 104f.	-Temperatures were just recorded as food was being served. Proper training on heating procedures and hot holding should be reviewed with staff.
Sheraton	November 30, 2024	-Raw ground beef was stored over eggs in multiple fridges.	Items in both fridges were moved so they were stored safely where raw beef was stored below the eggs.

Category	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	FY'25	FY'24	FY'23	FY'22	FY'21	FY '20	FY' 19	FY' 18
Biotech registrations/Plan rev./Insp.	0	0	0	0	0								0	15	3	3	0	1	1	1
Bodywork Estab. Insp.	0	0	0	0	0								0	8	5	5	6	7	14	11
Bodywork Estab. Permits	0	0	0	0	0								0	5	6	5	13	9	9	6
Bodywork Pract. Permits	0	0	0	0	0								0	10	5	8	12	23	21	22
Demo reviews	6	4	6	7	3								26	96	53	89	76	73	104	105
Domestic Animal permits	0	0	0	0	0								0	17	17	15	29	1	21	19
Domestic Animal Inspections	0	0	0	0	0								0	2	1	10	8	3	22	3
Food Service Routine insp.	17	24	17	10	26								94	224	214	194	134	149	200	225
Food Service Pre-oper. Insp.	0	2	5	0	1								8	23	22	22	16	48	12	32
Retail Food Routine insp. Or 6 month check in	0	0	0	0	0								0	4	13	11	12	33	46	60
Residential Kitchen Routine insp.	1	2	0	3	1								7	5	8	5	5	3	6	8
Mobile Routine insp.	0	0	0	0	0								0	5	10	10	10	4	17	13
Food Service Re-insp.	17	19	19	7	2								64	114	37	27	7	21	28	53
Food Establishment Annual/Seasonal Permits	0	1	1	0	44								46	128	130	138	134	155	140	171
Temp. food permits	2	4	6	2	5								19	51	33	37	9	67	134	163
Temp. food inspections	7	2	0	1	1								11	24	16	9	3	10	37	29
Farmers Market permits	1	1	1	0	0								3	15	11	16	15	14	14	14
Farmers Market insp.	10	0	3	0	0								13	65	73	149	124	158	229	127
Food Complaints	3	3	1	0	1								8	25	11	13	7	49	18	20
Follow-up food complaints	3	2	1	0	1								7	18	12	15	8	48	21	21
Food Service Plan Reviews	1	1	2	0	1								5	21	75	13	12	14	20	42
Food Service Admin. Hearings	0	0	0	0	0								0	0	0	2	1	3	0	0
Grease/ Septage Hauler Permits	0	0	0	3	9								12	25	29	22	13	20	21	24
Housing (Chap II Housing) Annual routine inspection	0	0	0	0	0								0	13	9	10	7	7	0	14
Housing Follow-up insp.	0	1	1	2	1								5	26	13	3	2	0	0	5
Housing New Complaint	2	2	2	0	0								6	38	26	41	40	41	22	22
Housing Follow-ups	5	3	5	3	2								18	81	69	65	63	56	28	24

Hotel Annual inspection	0	0	0	0	2								2	3	3	3	3	3	3
Hotel Follow-ups	0	0	0	0	0								0	2	2	0	1	15	0
Nuisance Complaints	5	3	4	8	2								22	53	36	35	45	34	55
Nuisance Follow-ups	7	4	9	11	8								39	89	58	41	60	55	69
Pool inspections	1	6	0	1	5								13	30	14	15	15	13	20
Pool Follow up inspections	0	4	0	0	1								5	6	5	4	5	3	12
Pool permits	0	0	0	0	0								0	14	14	15	17	11	19
Pool plan reviews	0	0	0	0	0								0	0	5	0	5	0	3
Pool variances	0	0	0	0	0								0	5	7	6	5	6	5
Septic Abandonment	0	0	0	0	0								0	4	4	9	17	21	9
Addition to a home on a septic plan rev/approval	0	0	0	0	1								1	1	2	15	5	5	2
Septic Install. Insp.	0	4	0	3	0								7	26	22	19	11	13	21
Septic COC for Component	0	0	0	0	0								0	1	2	3	2	5	3
Septic COC for complete septic system	0	0	1	1	0								2	6	3	4	1	3	4
Septic Info. requests	3	4	3	6	5								21	60	62	64	86	61	62
Septic Soil/Perc Test.	1	1	0	0	0								2	6	6	5	8	1	1
Septic Const. permits	0	0	1	0	0								1	4	5	6	6	6	6
Septic Installer permits	1	0	1	0	0								2	7	16	11	8	6	8
Septic Installer Tests	1	0	0	0	0								1	5	9	4	3	2	5
Septic Deed Restrict.	0	0	0	1	1								2	3	0	0	4	1	1
Septic Plan reviews	0	0	0	1	2								3	13	29	21	14	8	9
Septic Trench permits	1	1	0	0	0								2	9	11	12	-	-	-
Disposal of Sharps permits	0	0	0	1	0								1	10	10	7	8	7	7
Disposal of Sharps Inspections	0	0	0	1	1								2	8	12	8	8	7	7
Rat Nuisance Complaints	1	2	3	10	1								17	20	5	6	2	2	1
RMD	0	0	0	0	0								0	3	2	-	-	-	-
Planning Board Subdivision Sp Permit Plan reviews/Insp. of lots	0	2	2	0	6								10	10	19	21	20	4	1
Subdivision Bond Releases	0	0	0	0	5								5	2	1	0	1	0	1
Special Permit/Zoning	2	1	1	3	4								11	16	19	21	18	17	34
Tobacco permits	0	0	0	0	1								1	6	7	6	7	10	10
Tobacco Routine insp	0	0	0	0	3								3	12	7	12	7	8	14
Tobacco Follow-up insp.	0	0	0	0	0								0	3	0	0	1	8	3
Tobacco Compliance checks	6	0	0	0	6								12	12	6	6	6	30	30

Tobacco complaints	0	0	0	0	0								0	0	6	0	0	2	3	4
Tobacco Compl. follow-ups	1	0	2	0	0								3	0	6	0	0	1	3	4
Trash Hauler permits	0	0	0	0	0								0	16	20	23	16	15	17	14
Medical Waste Hauler permits	0	0	0	2	2								4	6	6	2	2	2	2	1
Well - Plan Reviews, Permission to drill letters, Insp.	0	1	0	0	0								1	11	14	10	11	2	6	2
Well Permits	0	0	0	0	0								0	0	1	4	1	1	1	0



November 18, 2024

Tobacco Compliance Checks

The Needham Public Health Division, in conjunction with the Needham Police Department conducts quarterly tobacco compliance checks in the Town to enforce the Needham Board of Health Tobacco Regulation (Article 1). Under Article 1, no tobacco permit holder in the Town may sell to persons less than 21 years of age. Article 1 § D.3 reads, "Each person selling or distributing tobacco products shall verify the age of the purchaser by means of government-issued photographic identification containing the bearer's date of birth that the purchaser is twenty-one (21) years or older. Verification is required for any person under the age of 27." There are currently six (6) permitted tobacco vendors in the Town. During the compliance checks, the Environmental Health Agent and a Needham Police Officer work with a local student under 21 years of age. The student attempts to buy tobacco products from each tobacco permit holder without an ID. If sales are made to the student, the tobacco permit holder is subject to the following penalties under Article 1 § S.:

- a) In the case of a first violation, a fine of three hundred dollars (\$300.00) and the Tobacco Product Sales Permit shall be suspended for seven (7) consecutive business days.
- b) In the case of a second violation within 36 months of the date of the first violation, a fine of three hundred dollars (\$300.00) and the Tobacco Product Sales Permit shall be suspended for fourteen (14) consecutive business days.
- c) In the case of a third violation within 36 months of the date of the first violation, a fine of three hundred dollars (\$300.00) and the Tobacco Product Sales Permit shall be suspended for thirty (30) consecutive business days.
- d) In the case of a fourth violation within 36 months of the date of the first violation, a fine of three hundred dollars (\$300.00) and the Tobacco Product Sales Permit shall be suspended for ninety (90) consecutive business days.
- e) In the case of a fifth violation or repeated, egregious violations of this regulation within a 36 month period, the Board of Health shall hold a hearing in accordance with subsection 4 of this section and shall permanently revoke a Tobacco Product Sales Permit.

For the November 18, 2024 compliance checks, one underage female volunteer assisted. No sales were made to an underaged buyer. Attached is a complete summary detailing each compliance check.



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Participants – age 18



Establishment:	Speedway #2472
Type of Establishment:	Chain
Style of Establishment:	Gas Mini-Mart
Time:	3:55 pm
Purchaser asked for ID?:	Yes
Purchaser asked for age?:	Yes
Sex of Clerk:	Male
Age of Clerk:	Adult
Type of tobacco asked for:	Juul (Vape)
Outcome:	No sale Made
Notes:	



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Establishment:	7-Eleven #32485B
Type of Establishment:	Chain
Style of Establishment:	Convenience Store
Time:	3:50 pm
Purchaser asked for ID?:	Yes
Purchaser asked for age?:	Yes
Sex of Clerk:	Male
Age of Clerk:	Adult
Type of tobacco asked for:	Tin of Chill Zyn
Outcome:	No Sale Made
Notes:	
Establishment:	Needham Heights Auto. Shell
Type of Establishment:	Chain
Style of Establishment:	Gas Mini-Mart
Time:	3:45 pm
Purchaser asked for ID?:	Yes
Purchaser asked for age?:	Yes
Sex of Clerk:	Male
Age of Clerk:	Adult
Type of tobacco asked for:	Cigarettes
Outcome:	No Sale Made
Notes:	
Establishment:	Needham Center Fine Wine
Type of Establishment:	Independent
Style of Establishment:	Liquor Store
Time:	4:37 pm
Purchaser asked for ID?:	Yes
Purchaser asked for age?:	No
Sex of Clerk:	Male
Age of Clerk:	Adult
Type of tobacco asked for:	Cigarettes
Outcome:	No Sale Made
Notes:	
Establishment:	Great Plain Ave Gas (Exxon Mobil)
Type of Establishment:	Independent
Style of Establishment:	Gas Mini-Mart
Time:	3:23 pm



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Purchaser asked for ID?: No
Purchaser asked for age?: No
Sex of Clerk: Male
Age of Clerk: Older Adult
Type of tobacco asked for: Camel Cigarettes
Outcome: No Sale Made
Notes:

Establishment: Needham Service Center
Type of Establishment: Independent
Style of Establishment: Gas Mini-Mart
Time: 4:30 pm
Purchaser asked for ID?: Yes
Purchaser asked for age?: No
Sex of Clerk: Male
Age of Clerk: Adult
Type of tobacco asked for: Cigarettes
Outcome: No Sale Made
Notes:



Unit: Accreditation

Date: December 3, 2024

Staff: Alison Bodenheimer, Lynn Schoeff

Activity	Notes
Document collection and preparation	- 88% of PHAB required documents have been uploaded to the PHAB site as of December 3. - 4 documents are complete, awaiting review from BME - 10 documents still need work Deadline for submission is Monday, December 9.
Quality Improvement	QI plan finalized for submission to PHAB Implementation of QI projects being written up for submission to PHAB
Performance Management	- Initiated automatic reminders for staff to complete their progress updates for FY25 Q1 (Jul-Sep) on Strategic Plan and CHIP activities in performance management dashboard; followed up and met with staff as needed - Performance Management leads familiarizing ourselves on data visualization options that will be helpful when we have more data points entered into the performance management dashboard - Performance Management leads communicated progress on implementation

	of Strategic Plan objectives to staff and BOH - Performance Management system description finalized for submission to PHAB
Policies	Camp Licenses Continuity of Operations Pool Permits Reportable Diseases Preparation and Application of Daily Labels for Accurate Food Youth Transportation to NPHD events Activating Staff in Emergency Food Samples Offered to the Public Temporary Food Permit Snow Emergency for Traveling Meals Volunteer Guidelines & Liability (Traveling Meals) Nuisance Complaints and Follow-up Information Security



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Unit: Traveling Meals Program

Date: November 2024

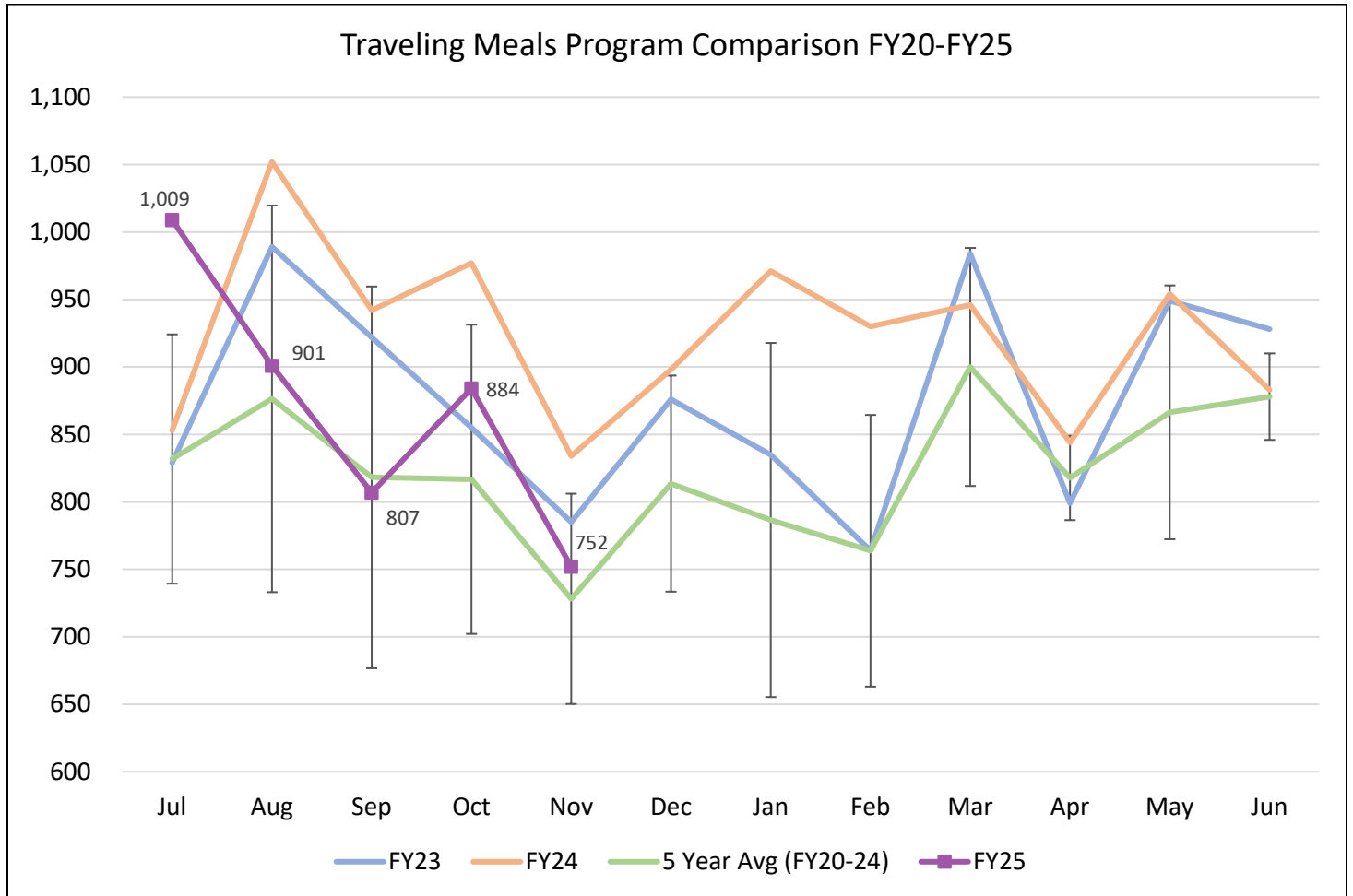
Staff: Rebecca Hall

Activities and Accomplishments

Activity	Notes
<i>Volunteers and Seasonal Drivers delivered meals to homebound Needham residents in need of food.</i>	<i>Meal delivery for month by 29 Volunteer Drivers and Community Partners</i>
<i>752 Meals delivered in November 2024</i> <i>46 Clients at end of November:</i> <i>41 Springwell Consumers</i> <i>5 Private Pay Consumers</i> <i>3 New Clients (3 Springwell)</i> <i>6 Cancelled Program (5 Springwell, 1 Private)</i>	<i>No 911 calls initiated</i>
<i>Included flyers about Thanksgiving Day Meal Sign-Up in meal bags</i>	<i>Thanksgiving Day Meals organized by Needham Community Council and prepared/distributed by Needham Golf Club on 11/27/24</i>

Other Public Health Division activities this month:

Summary overview for the month: **Graph of Meal Deliveries for the month November 2024**





Needham Public Health Division

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Unit: Substance Use Prevention MassCALL3 grant: Dedham, Needham, Walpole, Westwood

Date: November 2024*

Staff members: Carol Read, M.Ed., CAGS, CPS & Lydia Cunningham, MPH, CHES®

Activity	Notes
MassCALL3 Connections Monthly Meeting- 11/5 Public Health Directors, Public Health Nurses, and prevention staff	Presentations by: • Nora Quinn, Youth Programming Coordinator, Norfolk County Sheriff's Office on programs available for youth. • Hannah Walsh, the H.O.P.E. Center Coordinator at the Norfolk County Sheriff's Office, on the H.O.P.E. Center which educates and supports offenders in the correctional facility and post-release on opiates, reentry, and medication assisted options.
Jessica Goldberg, MPH, MSW, Prevention Solutions @EDC- 11/7, 11/20	Discussion: four-town data collection, review and planning related to capacity building across the MassCALL3 cluster, strategic plan implementation and evaluation planning. Review of language and images for MassCALL3 Prevention Partners handout, discussion of iDECIDE strategy and question preparation.
MetroWest Adolescent Health Survey (MWAHS) Data Dashboard Training- 11/14 Shari Kessel Schneider, Education Development Center	Presentation/training: release of MWAHS data dashboard, allowing users to view and compare local middle and high school survey data from 2006-2023 with regional data. Users can filter and search by question, demographic indicator, substance, and other categories.
Westwood Cares- 11/18 Danielle Sutton, Director of Human Services, Town of Westwood & Amanda Decker, Bright Solutions LLC	Initial meeting to reestablish Westwood Cares substance use prevention coalition. Current goals include: 1. Reestablish the coalition (post COVID the coalition has not been meeting on a regular basis) 2. Review local data to determine why young people are using substances in Westwood 3. Create an action plan
Working Together to Build Trust in Public Health: Public Health Communications Collaborative - 11/18 Katy Evans, PhD, Senior Program Officer and Sarah Bounse, MPH, Program Officer, de Beaumont Foundation. Ameena Batada, DrPH, University of	Webinar: • Community-engaged public health communication. • Discussion of tensions in health communication, who are health communicators, how to build relationships, power dynamics, urgency of our work, how we talk about communities.



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North Carolina Asheville, Andy Wessel, Community Health Planner, Douglas County Health Department, Omaha, NE	
Norfolk County Sheriff's Office Prevention Task Force- 11/18 Kathryn Hubley, Community Affairs Coordinator	Presentation by Stephanie Patton, Prevention Coordinator, Town of Stoughton on positive community norms framework, messaging/communication, and data collection.
Needham Public Health Division Staff Meeting- 11/19 Timothy McDonald, Director of Health and Human Services, Tiffany Benoit and Tara Gurge, Assistant Directors of Public Health.	Agenda: Introductions, strategic plan discussion, upcoming Board of Health meeting dates and topics, accreditation, holiday schedule, reminders/recurring items.
Michelle Vaillancourt, Town Accountant & Lisa McDonough, Administrative Analyst, Town of Needham- 11/20	MassCALL3 grant October expense reimbursement submission.
Dedham Organization for Substance Awareness (DOSA)- 11/20 Rachel Smith, Drug-Free Communities Program Director & Tae Averett, Drug Free Communities Program Coordinator	Presentation/discussion: • Recent events: Drug Take Back Day (25,900 lbs collected in MA), Red Ribbon Week, Narcan Training (approx. 40 attendees). • School partnership updates: two lunch visits held with middle schoolers, new 6th grade involvement with PACT group, 84 movement projects • Disability Inclusion certificate training available from Museum of Leo's Art (MOLA) • Upcoming meetings: general coalition meeting January, leadership team meeting December
Charles River Shared Services- 11/21 Kerry Dunnell, Shared Services Manager	Discussion: opioid abatement funds, intermunicipal agreements/funding options. Presentation of opioid toolkit document.
Navigating Public Health and Democracy After the Election- 11/21 Ashish Sinha, Chief of Staff, Institute for Responsive Government, Gnora Mahs, Health & Democracy Coalitions Advisor, Institute for Responsive Government, Spring Schmidt, Executive Director, Missouri Center for Public Health Excellence, & Darlene Huang Briggs, Deputy Director of Special Projects, Network for Public Health Law	Discussion: • Evidence and rationale for how health and democracy are interconnected. • Building systems that increase trust in government and a healthy democracy. • Efforts to improve state public health systems. • Actions government can take to protect and promote the public's health mean for public health and democracy.



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Caroline Grey, Program Manager and Anthony Jannetti, Training Manager, Dept. of Psychiatry, Massachusetts General Hospital Center for Addiction Medicine- 11/21	• Overview: iDECIDE program: science-based alternative to punitive response intervention for students caught violating school substance use policy. • Current involvement of each cluster community. • Best practices for program implementation (implementation roadmap to come). • Markers of successful implementation- self-referrals, use of study blocks/homeroom, funding opportunities.
Needham Board of Health- 11/22 Timothy McDonald, Director, Needham Department of Health and Human Services, Tara Gurge, Assistant Director, Needham Public Health Division	Agenda: Welcome and public comments, review of October meeting minutes, staff reports, MetroWest Adolescent Health Survey data presentation, Green Needham presentation and policy proposals, public hearing: Article 22 “Regulation for Prohibiting the Manufacturing, Sale, and Distribution of Synthetically Derived Cannabinoids,” public hearing: Article 1: “Regulation Affecting Smoking and the Sale and Distribution of Tobacco Products in Needham”
MetroWest Substance Awareness & Prevention Alliance- 11/26 Amy Turncliff, PhD, Rockfern Scientific	Agenda: Welcome & Introductions, Policy Updates: Cannabis Policy- deadline to file new legislation in MA January 17 th , cannabis billboard images, caregivers of loved ones who have been harmed by THC. Psychedelics Ballot Question. Alcohol Policy: American Public Health Association (APHA ATOD) Alcohol Action Network, Reducing Alcohol Use Among US Adults to Prevent Cancer Deaths and Alcohol Policy Implications. Regional collaborative projects/community sharing updates.

NPHD October Report- monthly activities

Time dedicated to in-person collaboration and capacity building in cluster communities

**This report is part of a larger quarterly report to BSAS and is not considered finalized for purposes of the BSAS report. A later version will be available.*

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END



Needham Public Health Division

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Unit: Substance Use Prevention

Date: November 2024

Staff: Karen Shannon, Karen Mullen, Monica De Winter, Angi MacDonnell, Vanessa Wronski

Activities and Accomplishments

Activity	Notes
SPAN Projects & Events	SPAN in the community: SPAN is preparing for the Winter coalition meeting on December 10 and a 3-part parent education series, is “Conversations with Your Middle Schooler: Why You Shouldn’t Wait to Talk About Substance Use.”(see below) SPAN Newsletter, November issue: https://www.spanneedham.org/newsletter/2024/11/22/2024-issue-12 SPAN social media: https://www.facebook.com/SPANNeedham/ SPAN Action Teams- Education Action Team met on November 6 to finalize the action plan for a 3-part parent education series, geared for parents of 5th through 8th graders, that provides tips and tangible strategies for talking with their children about underage drinking and other substances. Mental Health Action Team met on November 13 to plan next steps of the Rethinking Success campaign, including the newsletter posts and the installation of the “What does success mean to you” display launched at the Harvest Fair. Metro West Adolescent Health Survey Data Karen Shannon presented the substance use and mental health data to the Needham Board of Health at their November 22 meeting. <u>Data dashboard:</u> Karen attended an informational session hosted by the Education Development Center to learn about a new data dashboard to access to the Needham MWAHS data. Access includes viewing demographic populations and behaviors by topic. Charts are available and can be filtered for specific data.
Needham Public Health Peer Recovery Coach	During November, Angi MacDonnell, Peer Recovery Coach engaged in the following: 2 new referrals Worked with 6 people (phone, in person, and text contacts) Average Age: 57 Majority: Female Substance of choice: Alcohol Peer Recovery Service work also included: • Coordination with the Elliott House in Needham to launch a Dual Recovery Anonymous Meeting (DRA). The in-person meeting is held at the Center at the Heights every Thursday 12-1PM. DRA is a 12-step self-help program for

	individuals who experience both an addiction and a psychiatric challenge. This mutual support community uses a harm reduction approach towards wellness. Adults recovering from any addiction and any mental health challenge are welcome to attend. DRA meetings are open to the public, family and supporters. • Presentation of Recovery Coach Services to the Domestic Violence Action Committee (11/8)
STOP Act grant	SAMHSA grant: STOPing Underage Access and Use of Alcohol: Codifying Youth, Parent and Retailer Education and Compliance in Needham, MA: Alcohol compliance – Completion of responsible beverage sales and service (RBS) in-person instructor training for Needham: On November 19 and 20, an instructor from ServSafe trained 8 people to become certified instructors in ServSafe Alcohol, a responsible beverage sales and service program. Participants included two Needham Police Officers, two Needham Health and Human Services staff, and four managers from two Needham alcohol- licensed establishments. On December, 16 the newly trained Needham Police Officers will facilitate their first ServSafe RBS training for Needham licensees. This course replaces the TIPS training course.
SALSA	During November, 73 SALSA members contributed 180 hours of service in Needham. This month's highlights included: 21 SALSA members participated in teaching refusal skills to Pollard 8th grade Health classes (60 8th graders trained) 10 SALSA members participated in the Norfolk County DA's Peer Leadership meeting where they learned about the dangers of opioids and how Narcan can save lives. They also learned how to administer Narcan during the virtual training. 7 SALSA leaders and 8 Advisory team members held a SALSA general meeting where members learned about the SALSA action teams and signed up for volunteer opportunities in December/January.
Training Conference	Four Prevention Team staff attended the MHOA conference on Thursday, November 14, in Springfield, MA.

Summary for November 2024: Focus this month included STOP Act grant deliverables for hosting responsible beverage server instructor training, preparation for the SPAN Winter meeting and the SPAN middle school parent education series, and documentation for the NPHD Accreditation Application.

November 2024 Report

Unit: Shared Services Grants – Public Health Excellence and Contact Tracing

Date: 12/3/24

Staff members: Kerry Dunnell, Samantha Menard, Jennifer Casey, Amy McInerney, Jennifer Gangadharan

Activities and Accomplishments

Activity	Notes
Shared Services- Charles River Public Health District (Towns of Dover, Medfield, Needham, and Sherborn)	<u>Staffing</u> All positions filled. Onboarding for Regional Public Health Nurse Jennifer Gangadharan, BSN, continued throughout November. Jenn has been trained on MAVEN and will be able to access all communities' MAVEN records in case a community's existing coverage is unavailable. <u>Continuing Education and Training</u> All 5 shared services collaborative staff attended one or more days of the annual Massachusetts Health Officers Association Conference held in Springfield November 13th-16th. Notable sessions for staff included: Pursuing and Obtaining Small Grants; Hiring with a Racial Equity Lens; Synthetically Derived Intoxicating Hemp & THC Products- where are we with them; a double session entitled Rats, Rats and More Rats; and a tour of a local wastewater treatment facility. Jenn Gangadharan has completed all required online trainings for the Public Health Nursing role. She also completed the CDC course STEADI on fall prevention. Sam attended a 1-hour Webinar hosted by the Massachusetts Environmental Health Association discussing the National Adverse Events Reporting System (NAERS). Speakers included representatives from the Centers for Disease Control (CDC) and MA Department of Public Health (DPH). <u>Community Support & Engagement</u> Jenn Gangadharan organized a meeting with other regional public health nurses for early December. The meeting will provide an opportunity to learn about best practices and lessons learned from other regional public health nurses. <u>Environmental Health Activity</u> <i>Regional environmental health agents support environmental health activities and conduct inspections in all member communities as requested</i> This month Sam Menard, Assistant Manager, and Amy McInerney, Regional Environmental Health Agent,

- 1) conducted food establishment, pool and hotel inspections Needham
- 2) shadowed environmental health staff in Sherborn
- 3) conducted food establishment inspections in Dover

Amy worked with Needham Environmental Health staff in the development of the Needham Annual Food Establishment Training, which was offered November 5th and November 6th. In addition, Amy was a presenter for the Date Marking section of the training.

Amy followed-up with all communities regarding completion of a self-assessment version of the original Capacity Assessment. and responded to assistance requests as needed. The Self-Assessment asks the same questions as the 2022 Capacity Assessment conducted by MA DPH in 2022. Completion allows for comparison with original results. Next steps are to complete an analysis of all data, identify areas for improvement and possible ways to achieve 100%. Then, each community will receive results, and the Advisory Board will consider the methods of improvement to meet each of the minimum workforce standards.

The Environmental Health Working Group met in-person in Needham on November 18th. The group continued discussion of food establishment plan reviews and variance applications. Amy is revising a variance application to reflect group agreement and will present that document to the group at the December meeting.

Amy is finalizing the Charles River Public Health District webpage which will go live in December.

Public Health Nursing Activities

Jenn Gangadharan has begun working on some MAVEN cases in Medfield with the guidance of the Needham nursing staff. She will assume primary responsibility for monitoring MAVEN cases for the Town of Medfield on 12.3.24 while Medfield's public health nurse is on leave

Jenn now has an active Color Vaccination account and has learned how to add patients for covid and flu vaccines.

Jenn attended the monthly DVAC meeting led by Hanna Burnett. She continues to research demographics, staffing, and programming in each of the 4 communities in Charles River Shared Services.

Grant Administration & Finance

Kerry and Jen Casey have been preparing the Term 1 financial and activity reports for the first term (July – October), due Monday December 2.

Funder Coordination

Kerry attended an Office of Local and Regional Health hosted webinar introducing the general plans for assessing shared services collaboratives capacity to deliver the Foundational Public Health Services. The fifty-two shared services coordinators in MA will be points of contact for their collaboratives when the MA FPHS are introduced, and the assessment tool is released for completion.

Shared Services- North Central & MetroWest Local Public Health Training Hub (serving the 40 communities in the Charles River Health District, Greater Boroughs, MetroWest Public Health Coalition, Nashoba Associated Boards of Health, Norfolk County-7 Public Health shared services arrangements)	<u>Staffing</u> Five applications were received for the Environmental Health Agent Trainer position and two qualified applicants for the Trainer position were contacted after the posting closed on November 17. One applicant was interested in moving forward with an interview which took place on Nov. 26th. <u>Continued Education & Training</u> Sam participated in two in-person Tier 3 Housing trainings for trainers November 6th and 25th. These trainings included review of the Office of Local and Regional Health (OLRH) plan for delivery by all training hubs of Tier 3 Housing Inspection Applied Practice. This training will be divided into multiple segments. The first segment consists of case study based small group classroom sessions that teach how to prepare proper and complete documentation for housing cases. Jenn Gangadharan has completed the Tier 1 Housing Training Course and three of the four sessions of the Tier 2 Housing Training. That final class and exam will occur in December. Jenn G. attended a “meet and greet” session with the MA DPH Public Health Training Hub Program Coordinator, Katrina Stanziano-Saeger and MA DPH Central Trainers, Mark Carleo, Katharine Dagle and Jessica Ferreira, to learn more about her role as a housing trainer, the training process and the resources available to all training hubs. Kerry attended a 1.5-day Train the Trainer course to become an approved SERV Safe Alcohol[®] Instructor for the National Restaurant Association. This will allow Kerry to offer instruction in communities that would like to provide SERV Safe Alcohol training to their licensed establishments. <u>Training Hub groups engagement & support</u> Amy is finalizing the Charles River Public Health District webpage which will go live in December. <u>Training Delivery</u> Sam facilitated breakout groups at the in-person Tier 2 Housing training held November 12 in Springfield in advance of the MHOA conference The first Tier 3 food trainee of the NCMW Hub has completed all Tier 3 requirements and will receive a Local Public Health Food Training Program certificate of completion from the MA Department of Public Health.
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Sam continues to work with two other Tier 3 Food trainees MA DPH provides access to a list of Tier 3 candidates. As current trainees complete their requirements new candidates will be contacted to begin their Tier 3 training.

Grant Administration & Finance

Kerry and Jen Casey have been preparing the Term 1 financial and activity reports for the first term (July – October), due Monday December 2.

Funder Coordination

Funder Communication & Collaboration

Kerry and Sam participate each month in work groups as well as two monthly meetings of the ten training hubs led by the Office of Local and Regional Health (OLRH). Workgroups include Evaluation and satisfaction surveys and Assessment tool development. Monthly meetings include discussion of curriculum development and coordination with the Tier 1 and Tier 2 trainings, as well as efforts to align the ten training hubs on job descriptions and communication with Hub communities.



Board of Health

AGENDA FACT SHEET

December 13, 2024

Agenda Item	Briefing on PH Division Financial Status and FY2026 HHS Budget Submission
Presenter(s)	Timothy McDonald, Director of Health & Human Services

1.	BRIEF DESCRIPTION OF TOPIC TO BE DISCUSSED
	Mr. McDonald will provide the Board of Health with an update about the current financial status of the Public Health Division, and then will review with the Board the combined FY2026 Operating, Capital, and Fleet Budget submissions which were submitted in early November 2024.
2.	VOTE REQUIRED BY BOARD OF HEALTH
	Discussion Only.
3.	BACK UP INFORMATION:
	Attached to this fact sheet, please find the following supporting documents: • Memo to Board of Health re: Public Health Division Financial Status • FY2026 HHS Combined Budget Submission - o Operating Budget Submission - o Capital Budget Submission - o Fleet Budget Submission



Needham Public Health Division

Prevent. Promote. Protect.

Memorandum

To: Needham Board of Health
From: Timothy McDonald, Director of Health & Human Services
Date: November 25, 2024
Re: Needham Health & Human Services Financial Status: Public Health Division Budget, Grants, and Other Funding Sources

The Needham Public Health Division (NPHD) is a part of the Needham Health & Human Services Department (HHS). HHS has a FY2025 total budget of \$2,770,929 across all four of its divisions. Public Health is the largest division and consequently has the largest operating budget; in the current fiscal year the Public Health Division has salary line funds \$1,054,024 and expense line funds of \$214,855.

Municipal finance laws in Massachusetts prohibit moving funding “across the line”, which is a way to say that Salary Costs must only be expended from Salary funding lines, and any other costs (for supplies, equipment, services, etc.) must be expended from Expense Lines. Costs can be moved between expense lines (for example, underspending on office supplies can be re-directed to pay for higher than anticipated training costs), but a municipality cannot use salary savings from an unfilled position to fund the purchase of new computers or mobile devices.¹

NPHD makes prudent use of public funds to accomplish its mission “to strive to prevent and control the spread of disease, to address environmental issues, to promote healthy lifestyles, and to protect the public health and social well-being of all Needham’s residents, especially the most vulnerable.” In FY24, the department returned \$348.02 of unspent operating budget funds against a \$2,552,402 budget, a reversion rate of 0.01%. Please see the charts below for a three-year view of NPHD’s operating budget.

Needham Public Health Division Operating Budget – Salary Lines

Spending Category	FY 2024 Budget	FY 2025 Budget (in progress)	FY 2026 Budget (requested)
Permanent Staff Salaries	\$739,082.00	\$826,389.00	\$986,278.00
Temporary & Per Diem Staff Salaries	\$181,580.00	\$210,254.00	\$213,067.00
Overtime	\$3,000.00	\$3,000.00	\$3,000.00
Other Salary Costs	\$5,000.00	\$5,881.00	\$7,500.00
Stipends	\$8,500.00	\$8,500.00	\$8,500.00
Total - Salary	\$937,162.00	\$1,054,004.00	\$1,218,345.00

Needham Public Health Division Operating Budget – Expense Lines

Spending Category	FY 2024 Budget	FY 2025 Budget (in progress)	FY 2026 Budget (requested)
Hardware Maintenance	\$500.00	\$500.00	\$500.00
Other Property Related Services	\$15,500.00	\$15,500.00	\$15,500.00
Professional Technical Support	\$28,000.00	\$28,000.00	\$125,500.00
Seminars & Trainings	\$5,000.00	\$5,000.00	\$6,000.00
Software Licenses & Fees	\$9,720.00	\$11,000.00	\$12,500.00
Licensed Professional Consultant	\$96,500.00	\$96,500.00	\$0.00
Advertising	\$4,250.00	\$4,250.00	\$3,000.00
Communications	\$6,000.00	\$6,000.00	\$4,000.00
Postage	\$1,000.00	\$1,000.00	\$750.00
Wireless Charges	\$9,500.00	\$11,000.00	\$12,250.00
Printing & Mailing	\$4,250.00	\$4,250.00	\$4,000.00
Legal Notices	\$3,500.00	\$3,500.00	\$3,250.00
Other Purchased Services	\$1,000.00	\$1,000.00	\$1,000.00
Office Supplies	\$5,000.00	\$5,000.00	\$5,000.00
Food & Service Supplies	\$4,000.00	\$0	\$0.00
Medical Supplies	\$2,750.00	\$3,000.00	\$3,000.00
Other Supplies	\$2,300.00	\$2,300.00	\$2,300.00
Computer Supplies & Equipment	\$0.00	\$0.00	\$4,500.00
Governmental Charges	\$300.00	\$300.00	\$750.00
Conferences In-State	\$2,800.00	\$2,800.00	\$2,000.00
Mileage	\$3,850.00	\$3,850.00	\$4,000.00
Conferences Out-of-State	\$7,000.00	\$7,000.00	\$7,000.00
Dues & Memberships	\$3,105.00	\$3,105.00	\$3,500.00
Total - Expenses	\$251,825.00	\$215,855.00	\$220,300.00

The Needham Public Health Division receives support from non-profit, foundation, state, and federal sources. The Public Health Division has received more than \$1.4M in FY25 to support local and regional substance use prevention, communicable disease control, environmental health training, and shared public health service activities.

Grant/Grantor	Type	Amount
Community Benefits / BID-Lahey Needham Hospital	Non-Profit	\$6,000.00
Case Investigation & Contact Tracing / MA DPH BIDLS	State Government	\$140,000.00
MassCALL3 / MA DPH BSAS	State Government	\$250,000.00
Regional Field Training Hub/ MA DPH OLRH	State Government	\$549,700.00
Shared (Public Health) Services / MA DPH OLRH	State Government	\$325,000.00
RISE / NACCHO	Professional Association	\$15,000.00
ORA / NACCHO	Professional Association	\$10,000.00
NEHA/FDA	Professional Association	\$10,000.00
STOP Act / SAMHSA	Federal Government	\$50,000.00
Total		\$1,445,700.00

Approximately half of the Public Health Division's funding comes from its operating budget. The other 50% is supported by grants, donations, other accounts. NPHD relies upon other types of accounts – donation accounts, revolving funds, trust funds, financial warrant articles – to support smaller programs or very targeted activities. These accounts, by virtue of crossing fiscal years, are often more flexible than operating budget dollars which have a defined time period in which they must be spent.

- **Donation Accounts** support services or activities to supplement Town-funded programs or charitable activities where the expenditure of public funds would be inappropriate. For example, the Gift of Warmth program pays a portion of a needy resident's utility bills to avoid a utility shut-off. The program is supported by community donations and has been in place for more than three decades.
- **Revolving Funds** are the most extensively used of these funds and there are two primary revolving funds used by Needham Public Health – Traveling Meals and Immunization. As revolving funds, these programs are intended to be funded by charges for particular services. So, for example, the Immunization revolving account supports the cost of purchasing flu vaccine and paying per diem nurse to hold vaccination clinics. When NPHD receives reimbursement from health insurers and state and federal governments for vaccine administration, those proceeds are deposited into the revolving fund and support future charges (like additional vaccine purchases and more nurse time).
- **Trust Funds** support two particular activities – the Tolman Trust provides funding for behavioral health programs and activities, and the Bigwood Sisters Trust provides an annual funding disbursement to support the annual activities of NPHD's Domestic Violence Action Committee.
- **Warrant Articles** are funded from a variety of sources but are special accounts created by the Annual Town Meeting for a specific purpose. Needham's most recent Warrant Articles are for Scientific Expertise and Opioid Settlement-related programs and services.

As of November 25, 2024 the balances in these accounts are:

Account	Type of Account	Balance 11/15/2023	Balance 11/25/2024
Domestic Violence Prevention	Donation	\$17,000.00	\$22,532.17
Domestic Violence Prevention (Bigwood)	Trust	\$6,250.00	\$490.33
Gift of Warmth	Donation	\$15,000.00	\$11,992.00
Immunization	Revolving	\$345,000.00	\$318,596.00
Mental Health Promotion	Donation	\$35,500.00	\$5,000.00
Mental & Behavioral Health (Tolman)	Trust	\$3,000.00	\$3,000.00
Opioid Settlement	Warrant Article	\$145,000.00	\$105,067.00
Children's Hospital Mental Health	Warrant Article	\$386,619.36	\$198,542.40

Other Accounts continued:

Account	Type of Account	Balance 11/15/2023	Balance 11/25/2024
Scientific Expertise	Warrant Article	\$0.00	\$50,000.00
Substance Use Prevention	Donation	\$14,500.000	\$15,747.00
Suicide Prevention	Donation	\$6,300.00	\$6,300.00
Traveling Meals	Revolving	\$69,000.00	\$97,950.00
Traveling Meals (Friends)	Donation – 501(C)(3) Partner	\$129,000.00	\$112,567.54

Of particular concern at the moment is the lagging rate of donations/fundraising for the Domestic Violence Action Committee's donation account, the Gift of Warmth account, the substance use prevention donation account, and the Traveling Meals Program. The effects of the COVID-19 pandemic continue to be felt in this area—requests for financial support from individuals facing a utility shut-off have accelerated since late 2020 and the primary source for donations have historically been religious congregations and faith communities. Those communities have been hard hit in recent years with the closure of the Presbyterian Church in 2020, the First Baptist Church in 2023, and the Grace Lutheran Church in 2024, as well as the consolidation of Saint Bartholmew's Parish (Catholic) into Saint Joseph's Parish in 2024. For example, the Gift of Warmth account has run a deficit in four of the last five years.

Year	Donations	Expenses	Yearly Change
FY21	\$26,703.97	\$21,996.89	\$4,707.08
FY22	\$1,350.00	\$15,693.61	(\$14,343.61)
FY23	\$5,774.50	\$29,789.30	(\$24,014.80)
FY24	\$13,278.00	\$20,869.48	(\$7,591.48)
FY25 (11/25/24)	\$1,225.00	\$6,701.85	(\$5,467.85)

In the near-to-medium term, NPHD will need to work with community partners and supporting organizations to determine whether its Donation Accounts are viable long-term in the current financial climate.

Thank you for your consideration of this memorandum. Please let me know if you have any questions or concerns, or if I may provide additional information.

Sincerely,



Timothy Muir McDonald
Director of Health & Human Services

ⁱ Note: Absent a vote to amend the budget by Town Meeting, which is the legislative body of the town.

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Department	Health & Human Services
Department Mission	
The Needham Department of Health & Human Services (HHS) provides programs and services that support and enhance the quality of life in Needham. HHS includes the following divisions: Aging Services, Public Health, Veterans' Services, and Youth & Family Services. Its mission is to protect, preserve, and promote the health, wellness, and social and emotional well-being of all Needham residents ***** Aging Services Division <u>Mission:</u> The mission of Aging Services is to respond to the needs of Needham's older residents by providing a welcoming, inclusive, and safe environment with programs, services, and resources that enhance their quality of life and provide opportunities for growth. The Center at the Heights serves as a focal point for supporting aging in the community. <u>On the Horizon:</u> The Aging Services Division continues to offer a wide variety of programs and services to older adults and their families through both in-person and hybrid platforms. Services include daily meals (both at CATH and delivered to residents' homes); health benefits counseling; creative and social classes; special events and trips; case management and counseling services; transportation; entertainment; information and referral services; educational programs; the fitness center; health and wellness programming; and volunteer opportunities. The Aging Services Division provides the resources and supports in Needham that are essential to healthy aging. Reducing socialization continues to be a top priority of the Aging Services Division. In the last FY the Aging Services team received a grant from the Executive Office of Elder Affairs to support hybrid programming, which including funding for our valuable programming staff as well as for the purchase of electronic tablets to be distributed at no charge in the community. The Aging Services Division has also prioritized mental health needs of older adults in the community by offering a free short-term counseling program, in addition to continuing to provide ongoing case management and information and referral services. Common topics of support include housing, public benefits counseling, home safety, long term care planning, and more. In addition to providing mental health and psychosocial supports essential to healthy aging, Aging Services is committed to addressing a broad array of needs relating to aging. The SHINE (Serving Health Insurance Needs of Everyone) program provides free health insurance counseling to Medicare beneficiaries and their families. Last FY, with additional state earmark funding, the SHINE program was able to do a substantial outreach campaign, which in turn has now increased demand for this valuable program. The Programming Department is another true asset to our division. Offering an array of both in-person, hybrid, and remote programming provides valuable connections and opportunities for engagement for older adults. The Programming Department has begun offering more exciting new trips and excursions, providing a variety of programs both based out of the Center and in the broader community. Providing opportunities for older adults to stay connected and engaged in the community remains a high priority for the Division.	

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The Transportation Department continues to thrive, utilizing a fleet of four vehicles. The Aging Services Division recently completed a grant funded partnership with a local taxi company to enable transportation to and from the Center, shopping trips, and medical appointments within an 8-mile radius. A new grant through the Massachusetts Council on Aging Association is allowing the Aging Services Division to continue this service through rideshare agencies. Transportation continues to be a priority amongst older adults surveyed in the community. The breadth of services provided by the Aging Services Division illuminates the Town's commitment to supporting healthy aging for its residents. The Aging Services Division is committed to continuing to meet the needs of older adults in the community and serving as a beacon for supporting goals related to healthy aging.

Budget Statement:

This year's budget submission for Aging Services Division reflects reductions in five spending categories, reflective of the move towards more hybrid meeting and remote service options available in the community. Spending increase requests are reflective of increased service and programming offerings, as well as overall utilization of the CATH, particularly an increase in demands for excursions with transportation, as well as events serving food.

Line	Division	Description	Change from FY2024	Comments
Other Expenses	Aging Services	EZ Pass Tolls	\$150	Increase reflects increased consumer desire for programming trips and excursions.
Wireless Communication	Aging Services	Cellular Device Service Charges	\$425	Slight increase to accommodate increases in monthly charges.
Printing & Mailing	Aging Services	Printing & Mailing	(\$250)	Reduction reflects the reduced cost of printing and production of flyers. and educational materials due to more availability of online platforms for outreach
Vehicle Supplies	Aging Services	Supplies related to van utilization	\$250	Increase in anticipation of new tires needed for COA van/s.
Gasoline/Diesel	Aging Services	Fuel for COA Vans	(\$101)	Small reduction in total budget for gasoline, reflects increased cost per gallon but reduction in total mileage projected.
Food & Service Supplies	Aging Services	Food and supplies related to direct programming costs	\$1,000	Increase reflects higher than anticipated attendance at food related events. Aging Services seeks to hold more DEI, community, and wellness events.
Computer Supplies & Equipment	Aging Services	Replacement technologies including monitors, wireless	\$3,000	NEW Category – Departments are now charged with budgeting for some replacement technology items including monitors, keyboards, mice, other

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		keyboards, other peripherals, and smart phones		peripherals, and smart phones. Based on a division of 20 employees (not FTE), one-fifth of the monitors and other desktop items are planned for replacement each year. Aging Services has six staff members with smart phones (not including grant-funded staff members), and one-third of the smart phones are planned for replacement each year. Anticipated costs are \$400 per monitor, \$100 per wireless keyboard and mice combo, and \$250 per smart phone.
Line	Division	Description	Change from FY2024	Comments
Office Supplies	Aging Services	Office Supplies	(\$250)	Decrease reflects greater staff reliance on remote and internet-based software for daily tasks.
Mileage	Aging Services	Mileage reimbursements for work related travel	(\$250)	Increased utilization of remote platforms for conferences and meetings with consumers has reduced the need to physically travel to meetings
Dues & Memberships	Aging Services	Professional Association Dues	(\$110)	Reduction to reflect lower than anticipated spending in prior years

There are no DSR4 or DSR5 budget requests for the Aging Services Division. For the overall HHS Department in FY2024, underspending of 0.02% of salary costs and 0.00% of expense line costs occurred. In total, \$348.02 dollars were unspent and will roll into Free Cash. That represents a return of 0.01% of the allocated FY2024 funding.

Accomplishments & Activities:

Programming:

- The Programming Unit continues to embrace a hybrid model for programming. This model is more popular per surveying and allows staff to reach a wider base of consumers. Programs include, community meals, health and wellness classes, educational lectures, card games, music programs, and more. This calendar year, Aging Services has logged nearly 6,000 duplicated check ins for programing. On average the programming department organizes between 25-30 programs a day, including at least one program unique to that day only.
- In partnership with Springwell Elder Services, the Aging Services Division continues to provide home delivered meals program in addition to serving as a congregate meal site. With the help of dedicated staff and volunteers, the Aging Services Division delivers an average of 50-60 meals per day. This number often increases in the winter. Consumers

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are also able to opt to eat their meal in-house at CATH.

Social Services:

- The Social Services Unit continues to provide case management, information and referral services, and counseling to older adults in Needham. Social Workers offer in-person individual and group support services, both in the office as well as in the homes of homebound older adults. The Social Work Unit is now also offering walk-in appointments once a week at the Needham Community Council's food pantry. In FY2024, the Social Work Unit served 376 individuals and logged 4,445 interactions.
- The Social Services Unit continues to offer short-term counseling services to residents over 60 as a supplemental support for those struggling with mental health concerns. This service is free of charge.

Transportation:

- Our Transportation Department provides essential rides to older adults in Needham to and from the Center, on shopping excursions, and trips. A grant from MassDevelopment allowed the Aging Services Division to resume its medical taxi ride program, offering free transportation to medical appointments within an 8-mile radius for older adults in Needham. This program will transition to a rideshare services sponsored by a grant through the Massachusetts Council on Aging Association.
- Last FY, the Aging Services Division provided approximately 4,700 rides to over 200 consumers through our fleet of vans. This excludes those who utilized medical transportation through our taxi program.

Volunteers:

- 37 volunteers supported the Aging Services Division in FY24, providing 1,477 hours of service. Volunteers provide vital in-person support including assisting in the Boutique, delivering meals, managing the front desk, and helping serve food in the Café.

SHINE:

- SHINE (Serving Health Insurance Needs of Everyone) is a free service that provides health insurance counseling for Medicare beneficiaries and their caregivers. Last FY the MetroWest SHINE Program had a 42% increase in group outreach efforts, and a 7.9% increase in contacts.
- The MetroWest SHINE Program documented a \$4,717,903.62 savings in medical costs through assisting consumers in registering for the right plan for them.
-

In FY 2024, the Aging Services Division received the following grants:

Grantor	Amount	Comments
EEOA - SHINE	\$73,000	SHINE Counselors
EEOA – SHINE Earmark	\$238,234.67	Legislative Earmark
EEOA - Formula	\$113,106	General statewide population-based funding for programs and services

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EOEA-Hybrid Programming	\$39,160	A grant to fund Aging Services Programming staff and distribute a number of electronic tablets to older adults in Needham at no cost.	
MCOA	\$9,999	A grant to fund medical transportation for older adults over the age of 60 in Needham through Rideshare services.	
NCOA	\$10,000	COVID-19/Influenza Vaccine Initiatives	
Aging Total	\$383,499.67		

On the Horizon

Public Health Division

Mission:

The Needham Public Health Division is empowered through the Needham Board of Health by the Massachusetts General Laws to enforce state and local public health and environmental regulations.

The mission of the Division is to prevent disease, promote health, and protect the public health and the social well-being of Needham residents, especially those who are most vulnerable. Public Health staff work toward fulfilling this mission through collaboration with state and local agencies and community partners. The work largely consists of promoting health practices based on research and evidence, enforcing local and state regulations, and advocating for policy and regulatory changes that promote health and well-being.

One the Horizon:

Public health staff completed a busy year in FY2024, and a number of critical plans and reports were developed and finalized last year including the Community Health Assessment (CHA) and the Community Health Improvement Plan (CHIP), and a Five-Year Opioid Strategic Plan.

Like last year, some of the key needs and issues that are increasing and are forecasted to continue to increase include continuing vaccination clinics (and requests for new vaccinations like RSV); acquiring funding to address ongoing and emerging concerns about domestic violence, hoarding, and homelessness; and mental health and substance use prevention. Some of the ongoing needs for the public health division include reviewing, and updating policies, procedures, and regulations and pursuing public health accreditation with a final application due in mid-November 2024.

Budget Statement:

This year's base budget submission for the Public Health Division reflects increases in some lines to accurately reflect the costs of certain services and equipment which have escalated rapidly in the last three years. The largest actual increase is requested in the Computer Supplies & Equipment line and reflects the Town's new requirement that departments and divisions budget

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for the costs of replacing monitors, wireless keyboards and mice, other peripherals, and smart phones. The budget chart below also reflects the move of \$96,500 for Professional/Technical – Licensed Professionals funding line to the Professional/Technical – General funding line to more appropriately reflect the spending category that is used each year.				
Line	Division	Description	Change for FY2024	Comments
Professional/Technical	Public Health	Contracts	\$97,500	Contract costs have increased modestly (\$1K). There is also a transfer from the Licensed Prof/Technical line to more accurately reflect the proper category of the spending
Professional/ Technical – Seminars & Trainings	Public Health	Trainings for staff members	\$1,000	Costs of trainings have increased, as well as the size of the staff of the division
Professional/ Technical – Software License Fees	Public Health	Annual license costs for inspection and other software	\$1,500	Slight increase to account for increased license costs, expenditures exceeded budget by more than \$5K in FY2024
Licensed Professional & Technical	Public Health	Contracts	(\$96,500)	Moving funding across lines – the nature of the PH Division contracts is that most of them do not involved licensed environmental professionals and should be more appropriately classified in Professional/Technical overall.
Advertising	Public Health	Advertising of job postings	(\$1,250)	Budgeted funds were reduced due to less spending in previous fiscal years.
Communications	Public Health	Communication	(\$2,000)	There has been significant underspending in this line, and it is now reduced by one-third to reflect the history of recent expenditures.
Communications – Postage	Public Health	Postage/Mailing Costs	(\$250)	Funds were reduced based on prior year expenditures which were

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				well below budget
Line	Division	Description	Change for FY2024	Comments
Wireless Communications	Public Health	Phones, iPad monthly charges	\$1,250	Staff size has increased with the need for phones and iPads for inspectors
Printing & Mailing	Public Health	Printing and mailing of documents	(\$250)	Budgeted funds were reduced due to less spending in previous fiscal years, as well as increased use of email and online distribution of notices
Legal Notices	Public Health	Legal Notices for proposed changes in Board of Health regulations	(\$250)	A small reduction to reflect the reduced frequency with which legal notices have been utilized over the last three FYs
Mileage	Public Health	Mileage	(\$100)	Decrease in driving distances
Computer Supplies & Equipment	Public Health	Replacement technologies including monitors, wireless keyboards, other peripherals, and smart phones	\$4,500	NEW Category – Departments are now charged with budgeting for some replacement technology items including monitors, keyboards, mice, other peripherals, and smart phones. Based on a division of 31 employees (not FTE), one-fifth of the monitors and other desktop items are planned for replacement each year. Public Health has 18 staff members with smart phones (not including grant-funded staff members), and one-third of the smart phones are planned for replacement each year. Anticipated costs are \$400 per monitor, \$100 per wireless keyboard and mice combo, and \$250 per smart phone.

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Governmental Charges	Public Health	Licenses & State Certifications for staff	\$450	The cost of some of renewing various credentials and licensures from MA DPH and the Boards of Registration
Conference In-State	Public Health	In-state travel for conferences	(\$800)	More out-of-state conferences
Mileage	Public Health	Mileage	\$150	Increased staff and increased staff driving
Dues & Memberships	Public Health	Dues & Memberships	\$395	More staff and additional memberships

There are no DSR4 or DSR5 budget requests for the Public Health Division. For the overall HHS Department in FY2024, underspending of 0.02% of salary costs and 0.00% of expense line costs occurred. In total, \$348.02 dollars were unspent and will roll into Free Cash. That represents a return of 0.01% of the allocated FY2024 funding.

Accomplishments & Activities:

Environmental Team Accomplishments and Activities:

- The highest priority of the Environmental Health Unit is to protect the public's health through implementation and enforcement of State and Federal regulations and local Board of Health ordinances to ensure compliance with environmental health and safety standards.
- The Environmental Health team monitors and regulates a wide range of business establishments, facilities and activities, including, but not limited to: food service establishments; tobacco retail vendors; Medical Marijuana Treatment Center; Biotech companies; residential housing; construction activities (demolition, septic system and well installations); waste hauling; bodywork; public and semi-public swimming pools; and many other activities. We review online permit applications and issue permits through the Town's ViewPoint Cloud permitting website. These permit reviews have become more frequent now that building projects, including septic system installations, have ramped back up again. We are also seeing an uptick in pest nuisance complaints throughout town, which we are investigating and sending out pest control information and working in conjunction with owners and pest control operators as issues arise, on a case-by-case basis. We developed a pest control brochure to educate the public on how to prevent the risk of pests.
- Our team continues to provide outreach/education to the community about environmental health issues and current food safety topics. We conduct 4 annual Food Safety Forum trainings (which includes one bilingual Spanish training) to all our permitted food establishment owners, managers, and staff. We have adopted FDA Voluntary National Retail Food Regulatory Program Standard 6, where we revised our Board of Health approved Food Code Enforcement Policy, which strengthens our food safety standards and encourages our permitted food establishments to be more proactive with their food safety practices, with having a strict disciplinary structure, which includes fining for ongoing repeat critical food safety violations. We will also be rolling out our Food Establishment Excellence Program inspection report scoring initiative, which scores reports on a scale of 1 – 100, which we hope will also help incentivize ongoing compliance with the FDA Food Code. Our food establishment inspection reports have also been posted online for

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the public to view and download. These initiatives have been revised after feedback received by our food establishment owner/managers, along with our inspection team, after the conclusion of our six-month pilot program, which wrapped up last spring. • In 2024, the Public Health Division Environmental Team was awarded the following combined base and travel/training grant from the National Environmental Health Association (NEHA) and U.S. Food and Drug Administration (FDA), specifically from the FDA Retail Flexible Funding Model (RFFM) Grant Program, to adopt and maintain additional FDA Voluntary National Retail Food Regulatory Program Standards and to allow staff to attend conferences. The following grants were received: - NEHA-FDA Development Base Projects and Staff Trainings Award: \$10,000.00 to enable us to continue to complete and meet the requirements for adopting additional FDA Standards, specifically our last standard, FDA Standard 8 -Program Support and Resources,. And this funding will also enable us to re-assess and maintain our existing standards. This award will also allow staff to travel to food safety national and local conferences and seminars to keep our staff apprised of the latest updates in the field of Environmental food safety and health and to satisfy requirements for FDA Standard 2- Standardization of Inspection Staff. The goal with this grant was to allow us to hire a consultant to audit our FDA Standard 8, which our summer intern assisted us with, however, we learned we will need to take more time to adopt due to the amount of data that is still needed to satisfy this standard, which will require additional staffing help to accomplish. This grant funding also enabled us to hire a food safety consultant to help us maintain our FDA Standard 7- Industry and Community Relations, to assist us with our annual permitted Food Establishment educational forum trainings, specifically to translate our PowerPoint slides and to hold our virtual bilingual Spanish forum training coming up in November. • This NEHA-FDA grant funding allows us to continue our progressive work on adopting and maintaining the nine U.S. Food and Drug Administration's Voluntary National Retail Food Regulatory Program Standards. In mid-October 2024, the Public Health Division applied for additional NEHA/FDA grant funds to pursue the adoption of additional Voluntary National Retail Food Regulatory Program Standards during FY 2025, and we were awarded \$10,000.00. Our goal is to finish meeting the requirements of Standard 8-Program Support and Resources, and to continue work on maintaining our already adopted standards. The FDA Standards that we are looking to maintain in the coming year are FDA Standard 1 – Adoption of 2022 FDA Food Code; FDA Standard 2- Standardization of Inspection Staff; Standard 5- Foodborne Illness and Food Defense Preparedness and Response; and Standard 7- Industry and Community Relations. We will also continue to follow the practices in our already adopted FDA Standard 6- Compliance and Enforcement, by revising our Food Code policy as needed, and also our FDA Standard 9- Program Assessment – Risk-based inspection program, by increasing the risk levels of food establishments, which would allow us to increase the number of routine inspections, as needed. • We have been very successful in receiving grant money from the FDA for the past <u>seven years</u>. These FDA grants are and continue to be a critical source of funding and allow the Division to continue to hold these annual permitted food establishment mandatory forum trainings in order to train more than 80% of Needham's 130+ food service establishments on the current Food Code requirements and to review our the most frequently cited Food Code violations that are documented during our inspections. This year for our four upcoming trainings in November, we are focusing on our revised Food Safety Excellence Program, which encompasses our newly	

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revised Board of Health approved Food Code Enforcement Policy and our revised Food Establishment Inspection Report Scoring initiative, and we will also provide up to date information about safe food handling practices and requirements; as a result, re-training our permitted food establishment owners and management staff on an annual basis has proved to be a significant step towards improving food safety compliance in Needham. We are happy to continue to provide these free trainings and hope to expand them in the future.

Accreditation -

During FY24 and continuing into FY25, the Needham Public Health Division focused on applying for full public health accreditation. The application was completed and submitted in mid-December 2024. We are awaiting feedback from the Public Health Accreditation Board to learn if the submission requires editing. Next, will be a site visit and then the decision about whether Needham Public Health Division will be accredited.

The accreditation process has identified some areas, such as quality improvement, performance management, and workforce development, that will require ongoing work. If we achieve accreditation, Needham will apply for reaccreditation in five years.

The Traveling Meals Program -

The successful Traveling Meals program continued to provide meals to the most vulnerable home bound population in town, especially those Needham residents living alone with cognitive or physical limitations that impair meal preparation abilities, with an average of 924 meals delivered to 53 clients per month in FY24. We have up to 28 volunteers delivering meals for nine months out of the year and an average of four paid part-time staff working during the summer months, to continue providing the nutritionally balanced two-meal packages year-round to our clients.

FY 2024 and FY 2025 continued to see increases in activities such as CPR training to the community, vaccinations, and the need for more substance use prevention, harm reduction, and mental health resources. There continues to be an increased need for financial assistance, food access, and other educational needs.

Nursing

During FY 2025 the Public Health Nursing team continued to provide influenza and COVID-19 vaccinations as needed and continued to adjust to the changing climate. The Public Health Nursing team is working to provide the Foundational Public Health Services that the Massachusetts Department of Public Health is working to roll out to each town and city, as levels of services to provide to every resident in Massachusetts. The Public Health Nurses have been working to develop a mother-baby check-in program for every new mother in Needham.

Epidemiology

The data analyst/epidemiologist who has been able to provide data driven analyses to help inform the Public Health team's work. Providing more informed decisions-based data driven outcomes has allowed the Public Health team to better inform the community and find new ways to reach the most needed residents and increase the response to public health concerns. The data analyst/epidemiologist has been working across departments with teams such as the Schools, Sustainability Manager, and the Fire Dept. on projects that include sustainability, climate change, informational data development, and data sharing needs.

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Substance Use Prevention The Substance Use Prevention Teams continue to provide services and education to Needham residents and its shared services partners. Some of the key services include the MetroWest Adolescent Health Survey data that continues to be a source of data and information to help decrease substance use in adolescents. Peer Recovery Coaching and community outreach has been another important piece for FY 2025 that has reached many new residents who are curious about recovery and families who would like to help loved ones with recovery. Opioid education, harm reduction, and program development have been another large piece of the Substance Use Prevention team's work. Public Health Preparedness In FY 2025 Public Health Emergency Team has been working to develop new plans and updating old ones for emergency operation needs. They have worked to provide education and training to the Medical Reserve Corp and to develop emergency materials that are available and culturally appropriate including all languages for all Needham residents	
Budget Statement	
Veterans Services Division <u>Mission:</u> The mission of the Veterans Services Division is to provide services determined by Massachusetts law including: the administration of benefits for veterans and their families who meet eligibility criteria; the care of veterans' graves, ensuring the burial of indigent veterans and their eligible family members; the ceremonial observance of national and state holidays dedicated to veterans and patriotic purposes; to take such actions as may be necessary to ensure the well-being of Needham's veterans; and to actively pursue available federal benefits for veterans and their families. Needham is a member of the West Suburban Veterans District, which was established in fiscal year 2010. The District also includes Wayland, Wellesley, Weston, and Westwood. The district includes a Veterans Director (interim VSO) and a Deputy Director (currently vacant) to work with each community. <u>On the Horizon:</u> Partnerships and Outreach continue to grow within the Veteran Services Division, enhancing the Division's ability to provide necessary services to not only low-income Veterans and their families, but also to assist widows and family members with VA applications and to provide resources to assist in the care of their loved ones. One such partnership that is growing rapidly is the joined forces with SSVF (Supportive Services for Veteran Families). The core Concepts of SSVF are Housing First, Crisis Response and Choice. "Choice" refers to the "powerful engagement tool and one that is critical to the success of the Housing First model. Empowered participants are more likely to remain involved in activities after their placement, particularly if these activities have been mutually identified, with their case managers, as supporting their housing stability". <u>Budget Statement:</u>	

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As a member of the West Suburban Veterans District (WSVD), Needham receives dedicated support for the administration of benefits and services to veterans and their families. The vast majority of the Veterans Services budget is consumed with those two cost categories (veterans' benefits and district administration costs), and funding for Memorial Day ceremony, flags and grave markers, Purple Heart Day Ceremony, Veterans Day remembrance and Vietnam Veterans Day. Some of the funds spent on veterans' benefits and other services are eligible for up to 75% reimbursement from the Commonwealth. The presumption based on previous budgets and previous years' expenditures is that \$75,000 is an appropriate estimate.

This budget was developed based on the best estimate of the FY 2024 WSVD assessment, the surplus that was available in FY 2024 from the two primary funding lines (Governmental Charges and Veterans' Benefits) and the projected spending levels in FY 2025. Overall, the budget shows an increase in Governmental Charges from \$67,000 to \$75,000 and a reduction in Veterans Benefit costs from \$25,000 to \$17,500. The difference between the FY 2025 budget and the FY 2026 request is \$8,000 in Governmental Charges line and an increase of \$2,000 in supplies & equipment as the cost for flags and other supplies for ceremonies have increased.

Line	Division	Description	Change from FY2024	Comments
Other Property Related Services	Veterans Services	Other Services	(\$500)	Repairs and maintenance services related to care of graves has decreased
Communications	Veterans Services	Postage	(\$10)	Reduced spending on postage due to reduced mailings
Office Supplies	Veterans Services	Office Supplies	(\$10)	More functions are performed electronically, so there is reduced need for office supplies
Food & Service Supply	Veterans Services	Food Service	\$500	Costs for food at Veterans and Memorial Day Observances has increased
Other Supplies & Equipment	Veterans Services	Other Supplies & Equipment	\$3,000	The costs of flags for Veteran graves has increased significantly for the third year in a row, despite efforts to find alternate suppliers
Governmental Charges	Veterans Services	Governmental Charges	\$2,500	The FY2026 budget for the West Suburban Veterans' District has not yet been set, although an increase is seen as highly likely as the WSVD re-hires after significant staff departures.

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There are no DSR4 or DSR5 budget requests for the Veterans Services Division. For the overall HHS Department in FY2024, underspending of 0.02% of salary costs and 0.00% of expense line costs occurred. In total, \$348.02 dollars were unspent and will roll into Free Cash. That represents a return of 0.01% of the allocated FY2024 funding.	
Accomplishments and Activities	
Youth & Family Services Division <u>Mission:</u> To provide leadership in developing a community focus on youth and family issues, and to promote community wellness by: advocating for youth and family interests; developing and implementing quality wellness programs and clinical services; educating and communicating with the public regarding youth and family issues; identifying and addressing youth and family needs; and partnering with agencies that serve youth and families. <u>On the Horizon:</u> The mental health of our youth is a pressing concern, exacerbated by recent societal challenges, including the COVID-19 pandemic. As we seek to bolster mental health support for our youth, it is imperative to address the alarming statistics that highlight the urgency of this need. Recent data indicates a significant rise in mental health issues among youth in Needham. According to the MetroWest Adolescent Health Survey, 35% of high school students and 23% of middle school students report feeling nervous, anxious, or on edge at least half the days in the past 2 weeks (prior to the survey) and 28% of high school students and 16% of middle school students report feeling unable to stop or control worrying. 22% of high school youth and 13% of middle school youth reported depressive symptoms over the past 12 months, and 12% of high school youth and 8% of middle school youth reported engaging in intentional self-injury in the past 12 months. 9% of high school youth and 12% of middle school youth seriously considered suicide in the past 12 months; and 2% of high school youth and 3% of middle school youth attempted suicide in this time. In response to this escalating need, Needham Youth and Family Services has proactively increased its capacity to address the heightened demand for mental health support. Part of the difficulty is that other mental health organizations in the area are experiencing similar volumes, making it hard for anyone to receive services. The Youth & Family Services team has expanded and have specialized staff trained to manage higher levels of need and acuity among our youth population. In addition, Youth & Family Services continues to host two graduate level interns to help with the increase in mental health needs. This increase in staffing not only allows us to serve more individuals but also to provide tailored interventions for those experiencing more severe mental health challenges. As in years past, Youth & Family Services is going to provide robust clinical support through individual, family, and group therapy sessions. Our licensed therapists employ evidence-based practices tailored to the unique challenges faced by youth and their families. These therapeutic interventions address issues such as anxiety, depression, substance misuse, suicidality, social struggles and behavioral challenges, fostering resilience and healthier coping strategies. We have been able to significantly increase our capacity for clinical services with our full-time	

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additional staff member. The division staff also understand that mental health crises can arise unexpectedly and in response we offer crisis response services to provide immediate support. Our trained staff are equipped to handle urgent situations, ensuring that youth and families receive timely care and guidance during critical moments. Staff continue to attend training courses and explore strategies to best support the community when it comes to crisis situations. In addition, we believe that effective mental health support extends beyond clinical settings. Our outreach initiatives engage with families and youth throughout the community, raising awareness about mental health resources and promoting positive mental health practices. We host workshops, informational sessions, and community events to connect with families and ensure they know how to access our services. Youth & Family Services staff are meeting regularly to ensure that the overall mental health needs of the community are being met and are creating innovative programs to address these needs. Staff are constantly outreaching the community to get input on programming from community providers, school personnel and residents. Staff have been involved in various committees and coalitions to ensure that information is shared across divisions and organizations. Youth & Family Services is partnering with community-based organizations for funding support and outreach possibilities. Last year we created a very important partnership with some local organizations including the Needham Community Council and the Becca Schmill Foundation to create and implement a workshop series to raise awareness around mental health, providing concrete interventions and education so that parents, caregivers, and community members are better able to manage themselves and their loved ones as it relates to mental health. This partnership will continue to grow this year to provide additional support to the community. Youth & Family Services will continue to offer various enrichment programs designed to enhance social skills, build self-esteem, and promote healthy relationships. These programs include life skills workshops, social-emotional learning sessions, and recreational activities that provide youth with opportunities to explore their interests and develop new competencies. One of our continued growth efforts is our volunteer programs. We encourage youth to engage in community service as a way to foster a sense of responsibility and connection to their community. Through organized service projects, young people can contribute positively while gaining valuable experiences that enhance their empathy and social skills. One of the bigger initiatives that started last year and will continue this year is the roll out of teen Mental Health First Aid. Mental Health First Aid is a course that teaches people how to identify, understand and respond to mental illnesses and substance use disorders. The training gives people the skills needed to reach out and provide initial help and support to someone who may be developing a mental health or substance use problem or experiencing a crisis. This class not only teaches skills, but also helps to eliminate the stigma of mental health, helping people to be less resistant to seeking treatment. Over the past couple of years, Youth & Family Services has been involved in implementing Youth Mental Health First Aid which equips adults with skills on how to respond to youth experiencing difficulties. This year, Youth & Family Services is working closely with the Needham Resiliency Network to train leaders in the community. In addition, this past academic year staff instructed the entire 10th grade of Needham High School in the teen version of this course, which teaches students how to respond to their peers experiencing a mental health challenge. This required 90 hours of training at the high school. This year, staff will continue this initiative, which will result in approximately 50% of the students at Needham High School having information about how to respond to a mental health challenge or crisis. Two staff members are also working on getting certified to teach Adult Mental Health	

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First Aid with a focus on training more community members and town staff. Another certification training that staff will be offering to community members this year is Question, Persuade, Refer (QPR), which is a suicide prevention model to reduce suicidal behaviors and save lives by providing innovative, practical and evidence-based instruction.

In addition to the community training initiatives, our Youth & Family Services staff are deeply committed to enhancing their clinical expertise. Given the pressing clinical needs within our community, our team prioritizes ongoing education in the latest modalities and interventions. This year, we aim to advance our training efforts, ensuring that all staff are equipped with the skills necessary to address a diverse range of mental health challenges and crises effectively. One of the bigger initiatives that the division is trying to incorporate into treatment is Supportive Parenting for Anxious Children (SPACE). The training is evidence-based and extremely impactful but also fairly intensive as it requires staff to attend a two-day training and ongoing consultation.

Through our comprehensive range of services, Youth & Family Services is dedicated to fostering a supportive environment for youth and families in our community. By offering strong clinical therapy, community outreach, enrichment programs, and advocacy, we aim to enhance the mental health and overall well-being of our community members. As a division, we strive to create a healthier, more resilient future for our youth.

Budget Statement:

This year's base budget submission for the Youth & Family Services Division reflects a modest increase in spending. We are recommending increasing funds for professional and technical so that staff can attend quality training to best serve the community with an increase of \$1,500. We believe that training is essential to mental health treatment as the needs are ever changing and knowledge of effective interventions are needed to provide the best possible treatment. Secondly, we would like to increase funding for programming as staff are providing a broader range of services than in the past, and prices for materials have increased. Lastly, we are asking for an increase of \$100 to cover all cell phone usage by staff. Youth & Family Services has a decrease in funds for postage due to the continued increase in virtual platforms and a decrease in mileage for staff as many meetings are held virtually. The overall increase is fairly modest given the increase in cost for various items and services.

Line	Division	Description	Change from FY2024	Comments
Professional and technical Seminars and trainings	Youth & Family	Seminars and trainings for staff to enhance clinical expertise	\$1,500	Training of professional staff is essential for skill development and there has been an increase cost for trainings.
Postage	Youth & Family	Postage for mailings	(\$100)	Decreased need for postage due to an increase in virtual platforms.
Wireless communication	Youth & Family	Cell phones for staff	\$100	Increased cost for cell phones.
Other Supplies and Equipment	Youth & Family	Various supplies for	\$750	Y&FS has increased programming which has increased the need for

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		programming		supplies.
Computer Supplies & Equipment	Youth & Family	Replacement technologies including monitors, wireless keyboards, other peripherals, and smart phones	\$1,500	NEW Category – Departments are now charged with budgeting for some replacement technology items including monitors, keyboards, mice, other peripherals, and smart phones. Based on a division of 8 employees (not FTE), one-quarter of the monitors and other desktop items are planned for replacement each year. Youth & Family Services has six staff members with smart phones (not including grant-funded staff members), and one-third of the smart phones are planned for replacement each year. Anticipated costs are \$400 per monitor, \$100 per wireless keyboard and mice combo, and \$250 per smart phone
Mileage	Youth & Family	Mileage for staff	(\$300)	Slight decrease in the need for this due to virtual meetings and trainings.

There are no DSR4 or DSR5 budget requests for the Aging Services Division. For the overall HHS Department in FY2024, underspending of 0.02% of salary costs and 0.00% of expense line costs occurred. In total, \$348.02 dollars were unspent and will roll into Free Cash. That represents a return of 0.01% of the allocated FY2024 funding.

Accomplishments & Activities:

Over the past year, Youth & Family Services has offered an extensive array of clinical support, programs, and workshops. We are dedicated to ensuring that our initiatives and community engagement make a meaningful impact on both the individual and community levels.

- One of the priorities of the division is to ensure that community members have access to direct clinical services, including individual, family and group therapy. This past year staff have continued to provide these crucial services, expanding the group therapy program drastically and providing therapy not only in the office but also in the community. Staff have also implemented an evidence-based substance misuse treatment program called IDECIDE, which has been incorporated into the Substance Awareness Program that the division currently offers.
- Over the past year, Youth & Family Services has engaged in extensive community outreach and has provided vital support during numerous crisis situations. Needham has faced critical youth issues, including suicide, loss, self-injury, depression, and anxiety. In response, Youth & Family Services has offered clinical support, raised community awareness and discourse, and implemented effective crisis management strategies. Our efforts have fostered partnerships with various organizations to enhance our support

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initiatives. On a more individualized level, crisis and case management services have grown significantly. Our staff have been dedicated to assisting countless individuals and families navigating challenges such as homelessness, domestic violence, trauma, loss, and mental health issues. Through our support, we not only provide clinical services but also connect these individuals and families to a network of additional resources in the community.

- Youth & Family Services has continued to run various enrichment programs including the Peer Tutor Program and the VIP Peer Mentor Program. This past year staff also started SHOP (Students Helping Older People), which pairs high school students with older adults to help them with their grocery shopping. Not only does this program have a concrete goal of helping with the task of shopping, but it also helps to build a meaningful mentorship and connection between an older adult and a youth. This program started on a smaller scale, and we hope to grow it this year.
- The Volunteers Around Needham program is a longstanding enrichment program that organizes youth in various volunteer opportunities around Needham. This program has grown over the years as we have increased the number of opportunities to run over the summer and February and April school vacations. In addition, Youth & Family Services has fostered a new volunteer relationship with Newbridge on Charles in Dedham, a senior living facility. In this partnership, Youth & Family Services hosts groups of volunteers to provide an orientation where they learn about Newbridge on Charles and services that are offered and ways they can volunteer for the organization on an ongoing basis. This has helped connect many youth to the organization for ongoing opportunities.
- Needham Unplugged was a huge success this year. Unplugged is a joint effort between Youth & Family Services, the Charles River YMCA, Needham Park and Recreation, the Needham Free Public Library, and Needham Public Schools to create a calendar of activities in the month of March that encourage people to disconnect from electronics and spend more time enhancing face-to-face interaction and overall wellness.
- Youth & Family Services continues to host two Family Nights per year. This is an evening event that provides the opportunity for community members to connect with each other and other families, meet the Youth & Family Services staff and enjoy a night of food and fun.
- Family Playgroups is a program that has grown this past year. Youth & Family Services worked closely with Family Access Community Connections on a playgroup for caregivers and their babies (ages 0-1). The purpose of the playgroup is to provide a space for new parents to connect and have the support of clinical staff to discuss stressors and coping as depression can be significant when a new baby is born. It also helps to create a social environment for young children.
- Youth & Family Services has continued a relationship with a local expressive art therapist Tova Speter, LMHC, who has provided art therapy workshops for the community. This past year the division has helped to support a larger scale project that engaged Needham teens and community members in a collaborative art project culminating in the creation of two beautiful mosaic planters displayed on Haddock McLeod Plaza. Youth & Family Services also hosted a Self-Care Workshop for Parents during Mental Health Awareness Month in May. The goal of the workshop was to offer a therapeutic space for parents to relax, exhale, and find some creative respite during challenging times. Youth & Family Services will continue to work with Ms. Speter on offering future programming.
- Youth & Family Services has partnered with the Needham Community Council and the Becca Schmill Foundation to create a speaker series to help support the community called Mindful Community Lecture Services: Talking About Mental Health. Youth & Family

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Services organized the following presentations for this initiative: On November 8th, 2024, Dr. Lisa Damour presented on her book, <i>The Emotional Lives of Teenagers</i>. This workshop focused on helping parents understand their teenager's intense emotional lives and how to support them through this. On January 31st, 2024, Kimberly Martin, Assistant Vice President of Children and Family Services at Riverside Community Care presented <i>Navigating the Child and Teen Mental Health System</i> and spoke on strategies to help families navigate the behavioral health system to access services. On March 13th, 2024, Dr. Robert Brooks spoke on <i>Nurturing Hope and Resilience in Children and Teens During Troubled Times</i>. Lastly, on May 9th, 2024, Youth & Family Services hosted nationally recognized anxiety expert Lynn Lyons, LICSW who presented <i>Modeling Matters: What Parents Need to Know (and Do) to Decrease Stress, Worry, and Anxiety</i>. This workshop focused on helping parents with strategies to help their children manage their anxiety, moods and social pressures. Lynn is an author and contributor to many publications as well as hosting a very popular podcast <i>Flusterclux</i>. • The Patrick and Patricia Forde Good Person Memorial Award was awarded to this year's nominee, as this is an opportunity to recognize a community member who significantly gave back to the Needham community in unique ways. This year's recipient was Dan Brownridge, who has been actively involved in volunteer coaching and a supporter of the Positive Coaching Alliance (PCA), an organization whose mission is "to change the culture of youth sports so that every child, regardless of social or economic circumstance, has access to a positive youth sports experience." Additionally, Dan is a coordinator for the Holiday Dreams Foundation, where he recruits families to purchase gifts to fulfill wish lists for specific children of limited means. Over the years Dan has spent a significant amount of time collecting and distributing hundreds of gifts to ensure that families in need are supported around the holidays. Also, through Mass Athlete Performance, Dan also works to support Needham Goes Purple for Alzheimer's and the MAP Passback Program which collects and donates soccer gear to kids in impoverished countries including Antigua and Uganda. Dan's work is admirable as he is someone that inspires others to give back and to make the community a better place. • Youth & Family Services has a number of staff members who are certified trainers in Youth Mental Health First Aid. These trainings have continued over the past year, teaching community participants how to recognize and respond to the signs and symptoms that suggest a potential mental health challenge, how to listen nonjudgmentally and give reassurance to a youth who may be experiencing a mental health challenge, and how to refer a person to appropriate professional support and services. This past year, staff at Needham Public Schools as well as all staff at the Needham Community Council and the Needham Housing Authority were trained. There has been a huge increase in interest in this training as the mental health needs of the community are growing. In addition, staff were certified to be teen Mental Health First Aid trainers which instructs teens on how to help their peers experiencing a mental health challenge. The class not only demonstrates skills to the students but helps to eliminate barriers to treatment (including stigma and access) and will help identify students in need. This year staff were teaching Needham High School sophomores for a total of 90 hours to ensure the whole grade received the curriculum. The goal is to continue this partnership moving forward. • Youth & Family Services organizes an employment program that helps connect residents to students who are looking to do various residential jobs such as lawn care, snow shoveling, babysitting and odd jobs, as well as connecting youth to flexible employment and community service opportunities.	

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- Youth & Family Services maintains membership in several community groups including the Youth Resource Network and the Community Crisis Intervention Team. Other groups include the Domestic Violence Action Committee, the Homelessness Prevention Committee, the Online Safety Coalition, the Community Health Resource Group, International Overdose Awareness Day Committee, Chapter 84, and the Substance Prevention Alliance of Needham, where Division staff sit on the steering committee and action committees. - Youth & Family Services continues to monitor the Crisis Donation Fund that was created a couple years ago. This fund assists individuals or families who have significant needs in the midst of crisis and are in need of some financial support. This past year, the fund has been able to help people avoid homelessness, provide clothing and supplies, as well as a number of basic needs.			
Spending Request Recap			
Description	Base Request DSR2	Additional Request DSR4	Total (DSR2 + DSR4)
a) Salary and Wages	\$2,595,592	\$0	\$2,595,592
b) Expenses	\$477,245	\$0	\$477,245
c) Capital			
d) TOTAL	\$3,072,837	\$0	\$3,072,837
e) Total DSR2 & DSR4 Request (a through d)	\$3,072,837		\$3,072,837
V2026			

Department Expenditure Detail DSR2																	
Department				Health & Human Services													
Object				Description								Amount					
DSR2A																	
Permanent Personnel	Last Year (FY2024)			Current Year (FY2025)			Next Year (FY2026)										
	FT Head Count	PT Head Count	Full Time Equivalent (FTE)	FT Head Count	PT Head Count	Full Time Equivalent (FTE)	FT Head Count	PT Head Count	Full Time Equivalent (FTE)	FT Head Count	PT Head Count	Full Time Equivalent (FTE)					
	17	3	18.67	20	3	21.67	20	3	21.67								
Non-Budget Personnel: Will the department rely on grant/revolving fund positions to provide services?						Yes	No	FT Head Count		PT Head Count							
						X		10									
Union Positions:		BCTI A		Fire A		Fire C		ITW A	X	NIPE A		Police		Police Superior		NA	
1. Salary and Wage Permanent Positions.																	
a.	PRD1 Salary and Wages Base												\$3,109,207				
b.	PRD1 Other Regular Compensation (Conditions, Longevity, Requirements, Shifts) 5110												\$2,200				
c.	PRD1 Education (5192)																
d.	PRD1 Other Compensation (Stipends, Snow, POST, Vehicle) 5197												\$10,500				
e.	PRD1 Budget Adjustments												(\$1,042,478)				
										PRD1 Sub Total		\$2,079,429					
j.	DSR3 Other Compensation																
										Sub Total 1							
2. Salary and Wage Seasonal & Temporary Positions (Itemized Below)																	
a.	Aging Services Division – Recording Secretary for 145 hrs/yr plus DSR3 costs listed below												\$3,289				
b.	Public Health Division – Recording Secretary for 145 hrs/yr plus DSR3 costs listed below												\$3,289				
c.	Youth & Family Services Division – Recording Secretary for 145 hrs/yr plus DSR3 costs listed below												\$3,289				
d.																	
f.																	
g.	DSR3 Total												\$470,156				
										Sub Total 2		\$480,023					
3. Salary and Wage Overtime (Itemized Below)																	
a.	Scheduled Overtime (contractually obligated)												\$5,000				
b.	Training and Development																
c.																	
d.																	
e.	DSR3 Total																
										Sub Total 3		\$5,000					
4. Other Salary and Wage Expenses – (Itemized Below)																	
a.	Incentive Programs																
b.	Pay In Lieu of Accrued Leave												\$17,500				
c.	Program Stipend												\$13,640				
d.	Tuition Reimbursement																
e.	Working Out of Grade																

Department Expenditure Detail DSR2			
Department		Health & Human Services	
f.			
g.			
h.	DSR3 Other Compensation		
Sub Total 4			\$31,140
5. Total Salary and Wages (1+2+3+4)			\$2,595,592
DSR2B			
Object		Description	Amount
Energy (521x)			
Repairs & Maintenance Services (524x – 525x)		5245 – Maintenance @ \$500) Maintenance and Calibrations on Monitoring Equipment for Environmental Health Inspections needed every other year. Half of the equipment is budgeted for calibration each fiscal year. (PH)	\$500
Rental & Leases (527X)			
Other Property Related Services (529x)		5290 – Pest Control @ \$15,500 (PH) Property Services @ \$500 (Veterans)	\$16,000
Professional & Technical Services (530x – 531x)		5300 – Professional & Technical @ \$125,500 for technical consultant and other contracts (Interface/Riverside, mental health referral, Fuss & O’Neil for environmental sampling, etc.) (PH) Professional & Technical @ \$9,750 for clinical consultation for mental health staff (Aging) Professional & Technical @ \$12,000 for clinical consultation for mental health staff (Youth) 5303 – Seminars & Trainings @ \$6,000 (PH). Seminars & Trainings @ \$2,000 (Aging) Seminars & Training @ \$5,300 (Youth) 5305 – Software License Fee @ \$12,500 for Food Code Pro & Housing Code Pro inspection software for all EH & PHN staff (PH) 5305 – Software License Fees @ \$3,500 for clinician case notes software (Youth) 5311 – Advertising of flu clinics, public health forums, healthy notes @ \$3,000 (PH)	\$179,550

**Department Expenditure Detail
DSR2**

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Communications (534x)	5340 – Graphic Design @ \$4,000 to support the design of community education materials and public health awareness campaigns (PH) 5341 – Postage @ \$750 because of reduced need to mail permits and licenses and renewal applications on account of permitting software (PH) Postage @ \$1,000 for targeted mailing amid increasing use of electronic newsletters for CATH patrons (Aging) Postage @ \$40 (Vet) Postage @ \$500 to reflect reduce cost of postage for community updates (Youth) 5344 – Wireless Communications @ \$12,250 to cover wireless costs for staff smart phones, data-plan enabled iPads for inspections, and mobile hot spots for use at off-site vaccination clinics (PH) Wireless Communications @ \$6,965 to cover costs of smart phones and data plan for Director, all social workers, and three of four vans (Aging) Wireless Communications @ \$3,300 to cover costs of smart phones and data plans for mental health clinicians (Youth) 5345 – Mailing, Printing, and Photocopying @ \$4,000 for both internal (photocopier) and external printing (includes copying of inspection forms, business cards, and posters). (PH) Mailing, Printing, and Photocopying @ \$750 for external printing, includes printing of certain program flyers or materials that cannot be produced “in-house” as well as business cards. Reduction due to assessment of previous years’ spending patterns (Aging) Mailing, Printing, and Photocopying @ \$300 for external printing of brochures and program flyers or materials that cannot be produced “in-house” as well as business cards. Reduction due to assessment of previous years’ spending patterns (Youth) \$37,105

**Department Expenditure Detail
DSR2**

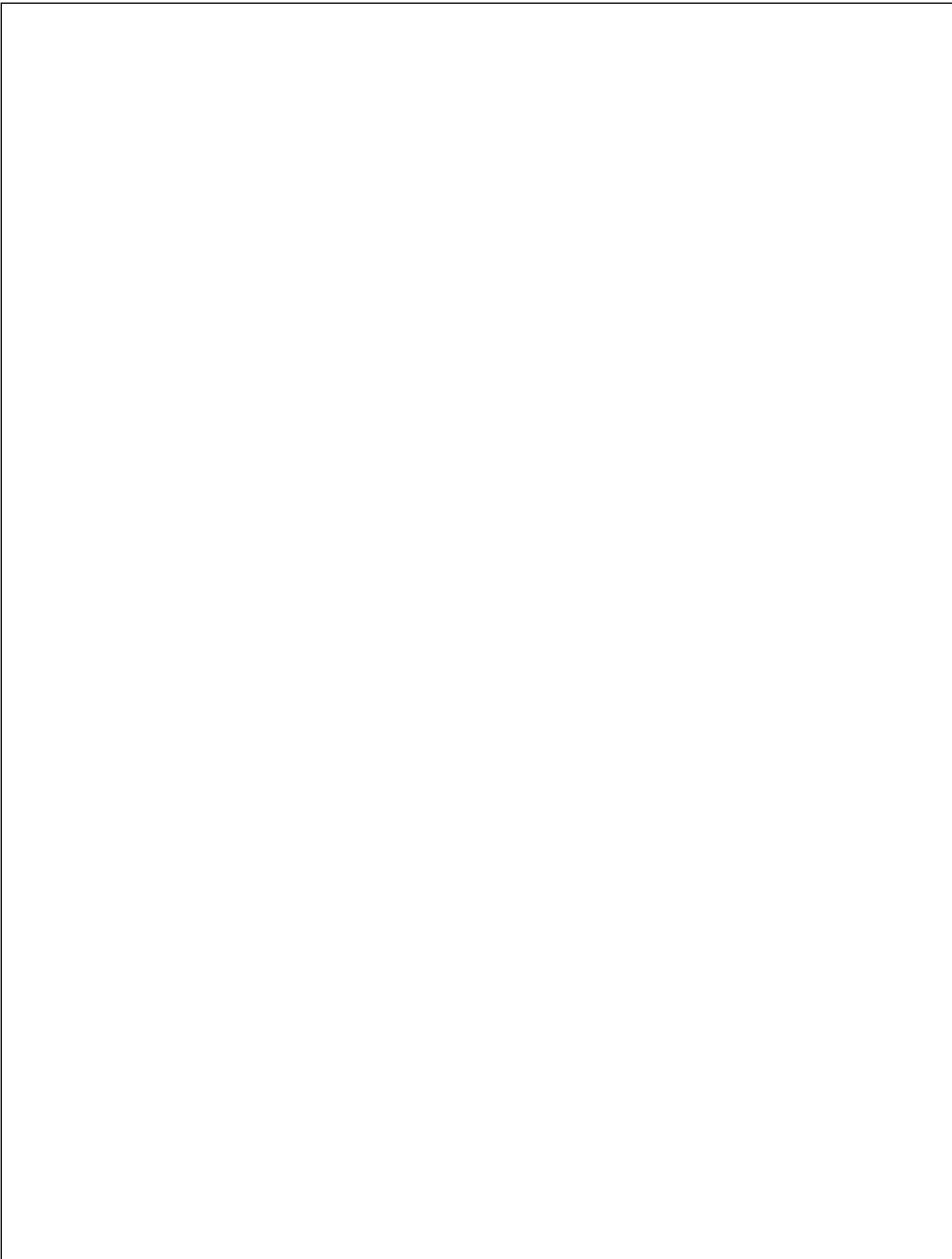
Department	Health & Human Services	
	5347 - Legal Notices @\$3,250 for mandated posting of Board of Health regulations...everytime the BOH adopts a new regulation or revises an existing regulation there is a two-week public notice period pre-hearing and at least a one week posting period post hearing, which costs at least \$600 to post in the Hometown Weekly. (PH)	
Recreational & Cultural Services (535x)	Program instructors, vendors, and partial costs for Fitness Program at CATH @ \$52,000 (Aging)	\$52,000
Other Purchased Services (538x)	5380 – Nuisance Abatement @ \$1,000 (PH)	\$1,000
Office Supplies (542x)	5420 – Office Supplies and equipment for full time, part-time regular, and part-time/per diem employees, as well as for three committees – Domestic Violence Action Committee, Coalition for Suicide Prevention, and Substance Prevention Alliance of Needham @ \$5,000 (PH) Supplies and equipment necessary for the program and service delivery such as but not limited to paper, pens, files, labels @ \$2,750 (Aging) To purchase basic office supplies --- paper, pens, folders, mailers, etc @ \$800 (Youth) Office Supplies @ \$40 (Vet)	\$8,590
Building & Equipment Supplies (543x)		
Custodial Supplies (545x)		
Grounds Keeping Supplies (546x)		
Vehicular Supplies (548x)	5480 – Parts such as tires, brakes, batteries, inspection stickers for Aging Vans @ \$2,500 (Aging)	\$2,500
Gasoline and Diesel Fuel (5481)	5481 – Gasoline for the Aging Vans @ \$11,000; this represents a decrease to reflect better estimates of costs based on FY 2024 usage and projected usage in FY 2025 (Aging)	\$11,000

Department Expenditure Detail DSR2			
Department	Health & Human Services		
Food and Service Supplies (549x)	5490 – Supplies related to program operation @ \$4,000 Aging and @ \$2,200 Youth and @ \$1,000 for Veterans		\$7,200
Medical Supplies (550x)	5500 – Medical Supplies and health materials, largely for public health nursing purposes @ \$3,000 (PH) Supplies related to medical purposes such as first aid kits \$250 (Aging)		\$3,250
Public Works Supplies (553x)			
Other Supplies & Equipment (558x)	5580 – Other Supplies & Equipment @ \$19,300 Other Supplies & Equipment @ \$2,300, unchanged, for Wellness Supplies (examples include Stress Balls, Hand Sanitizer Kits) and unexpected expenses like the purchase of Sharps Disposal Containers to be provided free of charge for residents with limited resources and the purchase of water bottles as gift to sports coaches that attended a concussion training offered by the Public Health Department. (PH) Special Event and Public Recognition Expenses @ \$6,750 (Aging) For a variety of expenses including program materials, off-site printing, etc. To purchase books, manuals, and literature regarding youth/family issues and treatment @ \$5,000 (Youth) Flags and Holders @ \$9,000, a \$3,000 increase to reflect the sharp rise in costs for flags and other decorations on Veterans and Memorial Days (Vet)		\$23,050
Governmental Charges (569x)	5690 – Governmental Charges for the annual cost for Environmental Health Agent licensure for MA Division of Professional Licensure for Environmental Health Agent and for Public Health Specialist @ \$750 (PH) West Suburban Veterans District Assessment @ \$77,500. New level of assessment cost based on anticipated budget increase. West Suburban		\$78,950

Department Expenditure Detail DSR2		
Department	Health & Human Services	
	Veterans District budget for FY2025 has not yet been established. (Vet) Licensure for Social Workers @ \$700 (Youth)	
Travel & Mileage (571x – 572x)	5710 – In-State Travel Expenses @ \$2,000 for in-state registration fees (PH) In-State Travel Expenses @ \$1,000 for in-state registration fees (Aging) In-State Travel Expenses @ \$1,500 for in-state registration fees (Youth) 5711 – Mileage @ \$4,000 (PH) Mileage @ \$500 (Aging) Mileage @ \$700, a decrease of \$300 (Youth) Mileage @ \$50 (Vet) 5720 – Out-of-State Travel Expenses @ \$7,000 for the cost of attendance for one staff member at regional or national events and trainings such as National Association of County and City Health Officials (NACCHO) Annual Meeting or the CADCA Leadership Institute in Washington D.C (PH) Out-of-State Travel Expenses @ \$3,000 for the cost of attendance for one staff member at regional or national event such as training (Youth)	\$19,750
Dues & Subscriptions (573X)	5730 – Dues & Subscriptions for Departmental and staff membership in professional associations and organizations, including the MA Environmental Health Association, the National Association of Local Boards of Health, the MA Health Officers Association, and the Community Anti-Drug Coalitions of America @ \$3,500 (PH)	\$9,650

Department Expenditure Detail DSR2				
Department	Health & Human Services			
	Professional Subscriptions such as National Association of Social Workers \$5,100 (Aging)			
	Veterans' Association @ \$50, a decrease of \$10 (Vet)			
	Professional Subscriptions and NASW Membership @ \$1,000 (Youth)			
Other Expenses (574 X – 579x)	5770 – Veterans Benefits @ \$17,500 (Vets)			\$18,150
	5780 – \$650 for Transponder charges for COA Vans (Aging)			
6. Total Expenses				\$477,245
DSR2C				
Capital Equipment Replacement (587X)				\$0
7. Total Operating Budget Capital				\$0
8. Total Base Request (Line 5 + Line 6 + Line 7)				\$3,072,837
Does the Department depend on any Federal or State grants to provide services?	YES	☒ X	NO	☐
Did the Department submit any requests for the replacement or upgrade of technology hardware or software to the Information Technology Services (ITS) and/or include funding request for hardware or software with the budget submission?	YES	☒ X	NO	☐
Did the Department submit any requests to the Department of Public Works to improve or upgrade a public building or facility?	YES	☒ X	NO	☐
Did the Department meet with Human Resources prior to submitting any request for new or additional personnel resources?	YES	☒ X	NO	☐
V2025				

Department Personnel Supplement DSR3							
Department		Health & Human Services					
	Description	Amount	Amount Reflected DSR2A Section				
			1	2	3	4	
1	Aging Services Division – Building Monitor II for 1,016 hrs/yr	\$21,976		X			
2	Aging Services Division – Program Support Assistant III (Evenings) for 1,033 hrs/yr	\$31,528		X			
3	Aging Services Division – Program Support Assistant II (Weekends) for 520 hrs/yr	\$12,818		X			
4	Aging Services Division – Part-time Clinician for 1,033 hrs/yr	\$38,221		X			
5	Aging Services - Front Desk Support (Admin/Office Support Specialist 1) for 1,033 hours/yr	\$23,429		X			
6	Aging Services Division – Van Drivers for 3,436 hrs/yr	\$79,200		X			
7							
8	Public Health Division – Temporary Office Coverage (PSA2) for 155 hrs/yr	\$3,821		X			
9	Public Health Division – Professional/Technical Support III for 1,075 hrs/yr	\$45,913		X			
10	Public Health Division – Traveling Meals Summer Drivers for 610 hrs/yr	\$12,066		X			
11	Public Health Division – Per Diem & Substitute Nurses for 1,800 hrs/yr	\$76,500		X			
12	Public Health Division – Environmental Health Inspectors (after-hours and weekends) for 940 hrs/yr	\$39,950		X			
13	Public Health Division – Substance Prevention Alliance of Needham (SPAN) program support for 1,033 hrs/yr	\$31,528		X			
14							
15	Youth & Family Servies Division – Part-time and Per Diem Clinicians for 1,438 hrs/yr	\$53,206		X			
V1							
6							
17							
18							
19							
20							
21							
22							
23							
24							
25							
I	Total	\$470,156					
Sections							
	Amount Reported Under DSR2A Section 1						
	Amount Reported Under DSR2A Section 2						
	Amount Reported Under DSR2A Section 3						
	Amount Reported Under DSR2A Section 4						
II	Total						



Health and Human Services Department	FY2026 DSR2 Request	BASE \$ Change from Current Year	BASE % Change	FY2026 DSR4 Request	FY2026 Total Request	Total \$ Change from Current Year	Total % Change	Budget 2025	Expenditures 2024	Expenditures 2023	Expenditures 2022	Expenditures 2021
Salary and Wage	2,595,592.00	213,779.00	8.98%	0.00	2,595,592.00	213,779.00	8.98%	2,381,813.00	2,074,130.32	1,978,085.43	1,864,780.20	1,815,796.83
Expenses	477,245.00	18,239.00	3.97%	0.00	477,245.00	18,239.00	3.97%	459,006.00	477,923.66	403,069.65	375,012.89	359,367.89
Total	3,072,837.00	232,018.00	8.17%	0.00	3,072,837.00	232,018.00	8.17%	2,840,819.00	2,552,053.98	2,381,155.08	2,239,793.09	2,175,164.72

Health and Human Services Department	FY2026 DSR2 Request	BASE \$ Change from Current	BASE % Change	FY2026 DSR4 Request	FY2026 Total Request	Total \$ Change from Current	Total % Change	Budget 2025	Expenditures 2024	Expenditures 2023	Expenditures 2022	Expenditures 2021
HEALTH SALARIES REGULAR	\$986,278.00	132,550.00	15.53%		986,278.00	132,550.00	15.53%	\$853,728.00	729,021.41	676,155.33	706,820.21	692,130.14
AGING SERVICES SALARIES REGULAR	\$643,788.00	20,921.00	3.36%		643,788.00	20,921.00	3.36%	\$622,867.00	587,137.31	530,397.08	510,243.63	524,726.21
YOUTH AND FAMILY SERVICES SALARIES REGULAR	\$449,363.00	53,168.00	13.42%		449,363.00	53,168.00	13.42%	\$396,195.00	345,493.78	302,259.05	266,412.13	324,239.51
VETERANS' SVCS SALARIES REGULAR												
HEALTH SALARIES TEMPORARY	\$213,067.00	(3,495.00)	-1.61%		213,067.00	(3,495.00)	-1.61%	\$216,562.00	217,634.43	220,254.87	136,529.97	116,543.50
AGING SERVICES SALARIES TEMPORARY	\$210,461.00	3,504.00	1.69%		210,461.00	3,504.00	1.69%	\$206,957.00	142,872.87	180,814.45	144,554.28	113,790.99
YOUTH AND FAMILY SERVICES SALARIES TEMPORARY	\$56,495.00	3,366.00	6.34%		56,495.00	3,366.00	6.34%	\$53,129.00	32,081.57	41,859.76	40,006.63	18,103.92
VETERANS' SVCS SALARIES TEMPORARY												
HEALTH SALARIES OVERTIME	\$3,000.00				3,000.00			\$3,000.00	1,292.88	1,404.31	2,550.30	5,366.38
AGING SERVICES SALARIES OVERTIME									129.14	121.08	352.02	
YOUTH AND FAMILY SERVICES SALARIES OVERTIME	\$1,500.00	1,500.00			1,500.00	1,500.00			1,372.51	1,284.83		839.79
VETERANS' SVCS SALARIES OVERTIME	\$500.00				500.00			\$500.00				
HEALTH SALARIES REGULAR Other	\$7,500.00	1,619.00	27.53%		7,500.00	1,619.00	27.53%	\$5,881.00	5,428.42	7,606.33	29,345.51	4,942.62
AGING SERVICES SALARIES Other	\$5,000.00	338.00	7.25%		5,000.00	338.00	7.25%	\$4,662.00		4,125.32	15,251.06	5,613.77
YOUTH AND FAMILY SERVICES SALARIES Other	\$5,000.00	308.00	6.56%		5,000.00	308.00	6.56%	\$4,692.00			3,000.00	
VETERANS' SVCS SALARIES REGULAR Other												
HEALTH TUITION REIMBURSEMENT												
AGING SERVICES TUITION REIMBURSEMENT										150.00	600.00	
HEALTH SALARIES STIPENDS	\$8,500.00				8,500.00			\$8,500.00	7,000.00	7,000.00	5,000.00	5,000.00
AGING SERVICES SALARIES STIPENDS												
YOUTH AND FAMILY SERVICES SALARIES STIPENDS	\$2,000.00				2,000.00			\$2,000.00	2,000.00	2,000.00	2,000.00	2,000.00
VETERANS' SVCS SALARIES STIPEND	\$3,140.00				3,140.00			\$3,140.00	2,666.00	2,653.02	2,114.46	2,500.00
	2,595,592.00	213,779.00	8.98%		2,595,592.00	213,779.00	8.98%	2,381,813.00	2,074,130.32	1,978,085.43	1,864,780.20	1,815,796.83

Health and Human Services Department	FY2026 DSR2 Request	BASE \$ Change from Current	BASE % Change	FY2026 DSR4 Request	FY2026 Total Request	Total \$ Change from Current	Total % Change	Budget 2025	Expenditures 2024	Expenditures 2023	Expenditures 2022	Expenditures 2021
HEALTH ENERGY												
AGING SERVICES ENERGY												
YOUTH AND FAMILY SERVICES ENERGY												
VETERANS' SVCS ENERGY												
HEALTH ELECTRIC												
AGING SERVICES ELECTRIC												
YOUTH AND FAMILY SERVICES ELECTRIC												
VETERANS' SVCS ELECTRIC												
HEALTH OIL												
AGING SERVICES OIL												
YOUTH AND FAMILY SERVICES OIL												
VETERANS' SVCS OIL												
HEALTH NATURAL GAS												
AGING SERVICES NATURAL GAS												
YOUTH AND FAMILY SERVICES NATURAL GAS												
VETERANS' SVCS NATURAL GAS												
HEALTH NON-ENERGY UTILITIES												
AGING SERVICES NON-ENERGY UTILITIES												
YOUTH AND FAMILY SERVICES NON- ENERGY UTILITIES												
VETERANS' SVCS NON-ENERGY UTILITIES												
HEALTH REPAIRS & MAINTENANCE												
AGING SERVICES REPAIRS & MAINTENANCE										927.31	477.44	
YOUTH AND FAMILY SERVICES REPAIRS & MAINTENANCE												
VETERANS' SVCS REPAIRS & MAINT												
HEALTH R&M BUILDING												
AGING SERVICES R&M BUILDING												2,260.00
YOUTH AND FAMILY SERVICES R&M BUILDING												
VETERANS' SVCS R&M BUILDING												
HEALTH R&M MEP												

Health and Human Services Department	FY2026 DSR2 Request	BASE \$ Change from Current	BASE % Change	FY2026 DSR4 Request	FY2026 Total Request	Total \$ Change from Current	Total % Change	Budget 2025	Expenditures 2024	Expenditures 2023	Expenditures 2022	Expenditures 2021
AGING SERVICES R&M MEP												
YOUTH AND FAMILY SERVICES R&M MEP												
VETERANS' SVCS R&M MEP												
HEALTH HARDWARE MAINT AGREEMENTS	\$500.00				500.00			\$500.00				
AGING SERVICES HARDWARE MAINTENANCE AGREEMENTS												
YOUTH AND FAMILY SERVICES HARDWARE MAINT AGREE												
VETERANS' SVCS HRDWR MAINT AGREE												
HEALTH R&M EQUIP												
AGING SERVICES R&M EQUIP												
YOUTH AND FAMILY SERVICES R&M EQUIP												
VETERANS' SVCS R&M EQUIP												
HEALTH R&M VEHICLES												
AGING SERVICES R&M VEHICLES										1,120.57	7,769.76	725.00
YOUTH AND FAMILY SERVICES R&M VEHICLES												
VETERANS' SVCS R&M VEHICLES												
HEALTH RENTALS & LEASES												
AGING SERVICES RENTAL & LEASES												
YOUTH AND FAMILY SERVICES RENTAL & LEASES												
VETERANS' SVCS RENTAL & LEASES												
HEALTH SOFTWARE LIC & USER FEES												216.00
HEALTH OTHER PROP REL SERVICES	\$15,500.00				15,500.00			\$15,500.00	8,783.00	5,813.00	300.00	1,629.27
AGING SERVICES OTHER PROPERTY RELATED SERVICES												
YOUTH AND FAMILY SERVICES OTHR PROP REL SVCS												
VETERANS' SVCS OTHR PROP REL SVCS	\$500.00	(500.00)	-50.00%		500.00	(500.00)	-50.00%	\$1,000.00			75.00	
HEALTH SOLID WASTE DISPOSAL												
AGING SERVICES SOLID WASTE DISPOSAL												
YOUTH AND FAMILY SERVICES SOLID WASTE DISPOSAL												
VETERANS' SVCS SOLID WASTE DISPOSAL												
HEALTH PROFESSIONAL & TECHNICAL	\$125,500.00	97,500.00	348.21%		125,500.00	97,500.00	348.21%	\$28,000.00	188,298.89	69,498.85	26,834.60	35,682.80

Health and Human Services Department	FY2026 DSR2 Request	BASE \$ Change from Current	BASE % Change	FY2026 DSR4 Request	FY2026 Total Request	Total \$ Change from Current	Total % Change	Budget 2025	Expenditures 2024	Expenditures 2023	Expenditures 2022	Expenditures 2021
AGING SERVICES PROFESSIONAL & TECHNICAL	\$9,750.00				9,750.00			\$9,750.00	8,481.00	21,179.23	8,255.00	29,324.50
YOUTH AND FAMILY SERVICES PROFESSIONAL & TECHNICAL	\$12,000.00				12,000.00			\$12,000.00	14,827.00	14,112.00	6,360.00	6,340.00
VETERANS' SVCS PROF & TECH												
HEALTH P&T SEM & TRAIN	\$6,000.00	1,000.00	20.00%		6,000.00	1,000.00	20.00%	\$5,000.00	11,890.20	12,559.97	16,237.00	6,503.15
AGING SERVICES P&T SEM & TRAIN	\$2,000.00				2,000.00			\$2,000.00	2,999.99	829.99	961.60	995.00
YOUTH AND FAMILY SERVICES P&T SEM & TRAIN	\$5,300.00	1,500.00	39.47%		5,300.00	1,500.00	39.47%	\$3,800.00	3,585.15	11,816.95	5,097.99	1,179.98
VETERANS' SVCS P&T SEM & TRAIN												
HEALTH P&T SFTWR LIC FEE	\$12,500.00	1,500.00	13.64%		12,500.00	1,500.00	13.64%	\$11,000.00	16,024.92	13,219.39	7,604.00	822.98
AGING SERVICES P&T SFTWR LIC FEE									5,841.60		990.00	2,398.42
YOUTH AND FAMILY SERVICES P&T SFTWR LIC FEE	\$3,500.00				3,500.00			\$3,500.00	1,001.00	932.86	907.86	1,136.85
VETERANS' SVCS P&T SFTWR LIC FEE												
HEALTH P&T LIC PROF		(96,500.00)	-100.00%			(96,500.00)	-100.00%	\$96,500.00			21,130.00	
AGING SERVICES P&T LIC PROF										5,000.00		
YOUTH AND FAMILY SERVICES P&T LIC PROF										4,000.00		
VETERANS' SVCS P&T LIC PROF												
HEALTH P&T LEGAL SVCS												
AGING SERVICES P&T LEGAL SVCS												
YOUTH AND FAMILY SERVICES P&T LEGAL SVCS												
VETERANS' SVCS P&T LEGAL SVCS												
HEALTH ADVERTISING	\$3,000.00	(1,250.00)	-29.41%		3,000.00	(1,250.00)	-29.41%	\$4,250.00		2,638.36	2,254.00	409.00
AGING SERVICES ADVERTISING											40.60	
YOUTH AND FAMILY SERVICES ADVERTISING												
VETERANS' SVCS ADVERTISING												
HEALTH COMMUNICATIONS	\$4,000.00	(2,000.00)	-33.33%		4,000.00	(2,000.00)	-33.33%	\$6,000.00				1,800.00
AGING SERVICES COMMUNICATIONS												
YOUTH AND FAMILY SERVICES COMMUNICATIONS												
VETERANS' SVCS COMMUNICATIONS												
HEALTH POSTAGE	\$750.00	(250.00)	-25.00%		750.00	(250.00)	-25.00%	\$1,000.00	625.08	919.07	432.91	486.35
AGING SERVICES POSTAGE	\$1,000.00				1,000.00			\$1,000.00	254.71	327.07	122.77	154.89

Health and Human Services Department	FY2026 DSR2 Request	BASE \$ Change from Current	BASE % Change	FY2026 DSR4 Request	FY2026 Total Request	Total \$ Change from Current	Total % Change	Budget 2025	Expenditures 2024	Expenditures 2023	Expenditures 2022	Expenditures 2021
YOUTH AND FAMILY SERVICES POSTAGE	\$500.00	(100.00)	-16.67%		500.00	(100.00)	-16.67%	\$600.00	22.37	27.38	82.33	270.54
VETERANS' SVCS POSTAGE	\$40.00	(10.00)	-20.00%		40.00	(10.00)	-20.00%	\$50.00	8.85			1.50
HEALTH COMM - LANDLINE												
AGING SERVICES COMM - LANDLINE												
YOUTH AND FAMILY SERVICES COMM - LANDLINE												
VETERANS' SVCS COMM - LANDLINE												
HEALTH COMM - CABLE/INTERNET										350.00		192.14
AGING SERVICES COMM - CABLE/INTERNET												
YOUTH AND FAMILY SERVICES COMM - CABLE/INTERNET												
VETERANS' SVCS COMM - LANDLINE												
HEALTH WIRELESS COMMUNICATIONS	\$12,250.00	1,250.00	11.36%		12,250.00	1,250.00	11.36%	\$11,000.00	12,151.49	13,142.16	9,893.04	7,345.00
AGING SERVICES WIRELESS COMMUNICATIONS	\$6,965.00	425.00	6.50%		6,965.00	425.00	6.50%	\$6,540.00	6,904.83	6,428.44	5,733.79	5,107.81
YOUTH AND FAMILY SERVICES WIRELESS COMMUNICATIONS	\$3,300.00	100.00	3.13%		3,300.00	100.00	3.13%	\$3,200.00	3,167.28	3,107.95	2,163.06	1,974.00
VETERANS' SVCS WIRELESS COMMUNICATI												
HEALTH PRINTING & MAILING	\$4,000.00	(250.00)	-5.88%		4,000.00	(250.00)	-5.88%	\$4,250.00	1,451.64	6,706.75	2,220.89	11,560.95
AGING SERVICES PRINTING & MAILING	\$750.00	(250.00)	-25.00%		750.00	(250.00)	-25.00%	\$1,000.00	400.00	400.00		598.65
YOUTH AND FAMILY SERVICES PRINTING & MAILING	\$300.00				300.00			\$300.00	200.00	200.00		200.00
VETERANS' SVCS PRINTING & MAILING												
HEALTH LEGAL NOTICES	\$3,250.00	(250.00)	-7.14%		3,250.00	(250.00)	-7.14%	\$3,500.00	1,200.00	812.00	811.34	237.04
AGING SERVICES LEGAL NOTICES												
YOUTH AND FAMILY SERVICES LEGAL NOTICES												
VETERANS' SVCS LEGAL NOTICES												
HEALTH RECREATION												
AGING SERVICES RECREATION	\$52,000.00				52,000.00			\$52,000.00	34,977.81	53,901.58	51,831.26	3,005.98
YOUTH AND FAMILY SERVICES RECREATION										150.00	250.00	
VETERANS' SVCS RECREATION												
HEALTH OTHER PURCHASED SERVICES	\$1,000.00				1,000.00			\$1,000.00	17,563.86	1,643.68	7,231.63	11,777.52
AGING SERVICES OTHER SERVICES									604.30	2,435.00	126.59	4,197.99
YOUTH AND FAMILY SERVICES OTHER PURCHASED SERVICES												

Health and Human Services Department	FY2026 DSR2 Request	BASE \$ Change from Current	BASE % Change	FY2026 DSR4 Request	FY2026 Total Request	Total \$ Change from Current	Total % Change	Budget 2025	Expenditures 2024	Expenditures 2023	Expenditures 2022	Expenditures 2021
VETERANS' SVCS OTHR PURCH OF SVCS												
HEALTH OFFICE ENERGY SUPPLIES												
AGING SERVICES ENERGY SUPPLIES												
YOUTH AND FAMILY SERVICES ENERGY SUPPLIES												
VETERANS' SVCS ENERGY SUPPLIES												
HEALTH OFFICE SUPPLIES	\$5,000.00				5,000.00			\$5,000.00	3,032.99	2,530.30	2,767.68	2,845.62
AGING SERVICES OFFICE SUPPLIES	\$2,750.00	(250.00)	-8.33%		2,750.00	(250.00)	-8.33%	\$3,000.00	719.57	421.02	278.16	4,000.00
YOUTH AND FAMILY SERVICES OFFICE SUPPLIES	\$800.00				800.00			\$800.00	843.46	481.20	628.69	272.44
VETERANS' SVCS OFFICE SUPPLIES	\$40.00	(10.00)	-20.00%		40.00	(10.00)	-20.00%	\$50.00				
HEALTH BUILD & EQUIP SUPPLIES									69.99		991.20	
AGING SERVICES BUILD & EQUIP SUPPLIES										204.82		
YOUTH AND FAMILY SERVICES BUILD & EQUIP SUPPLIES												
VETERANS' SVCS BUILD & EQUIP SUPPLI												
HEALTH CUSTODIAL SUPPLIES											16.72	
AGING SERVICES CUSTODIAL SUPPLIES											15.68	
YOUTH AND FAMILY SERVICES CUSTODIAL SUPPLIES												
VETERANS' SVCS CUSTODIAL SUPPLIES												
HEALTH GROUNDSKEEPING SUPPLIES												
AGING SERVICES GROUNDSKEEPING SUPPLIES												
YOUTH AND FAMILY SERVICES GRNDSKPG SUPPLIES												
VETERANS' SVCS GRNDSKPG SUPPLIES												
HEALTH VEHICLE SUPPLIES												
AGING SERVICES VEHICLE SUPPLIES	\$2,500.00	250.00	11.11%		2,500.00	250.00	11.11%	\$2,250.00		650.07	97.84	2,112.78
YOUTH AND FAMILY SERVICES VEHICLE SUPPLIES												
VETERANS' SVCS VEHICLE SUPPLIES												
HEALTH GASOLINE/DIESEL												
AGING SERVICES GASOLINE/DIESEL	\$11,000.00	(101.00)	-0.91%		11,000.00	(101.00)	-0.91%	\$11,101.00	4,789.25	9,988.86	5,507.72	1,906.10
YOUTH AND FAMILY SERVICES GASOLINE/DIESEL												
VETERANS' SVCS GASOLINE/DIESEL												

Health and Human Services Department	FY2026 DSR2 Request	BASE \$ Change from Current	BASE % Change	FY2026 DSR4 Request	FY2026 Total Request	Total \$ Change from Current	Total % Change	Budget 2025	Expenditures 2024	Expenditures 2023	Expenditures 2022	Expenditures 2021
HEALTH FOOD & SERVICE SUPPLIES									2,383.56	2,315.94	2,613.16	1,390.17
AGING SERVICES FOOD & SERVICE SUPPLIES	\$4,000.00	1,000.00	33.33%		4,000.00	1,000.00	33.33%	\$3,000.00	1,394.19	2,233.63	2,478.60	11,325.14
YOUTH AND FAMILY SERVICES FOOD & SVC SUPPLIES	\$2,200.00				2,200.00			\$2,200.00	2,237.87	1,550.61	289.49	
VETERANS' SVCS FOOD & SVC SUPPLIES	\$1,000.00	500.00	100.00%		1,000.00	500.00	100.00%	\$500.00	588.36	500.00	500.00	
HEALTH MEDICAL SUPPLIES	\$3,000.00				3,000.00			\$3,000.00	8,813.07	3,039.69	33,707.48	62,122.01
AGING SERVICES MEDICAL SUPPLIES	\$250.00				250.00			\$250.00				
YOUTH AND FAMILY SERVICES MEDICAL SUPPLIES												
VETERANS' SVCS MEDICAL SUPPLIES												
HEALTH EDUCATIONAL SUPPLIES												445.95
AGING SERVICES EDUCATIONAL SUPPLIES												
YOUTH AND FAMILY SERVICES EDUCATIONAL SUPPLIES												
VETERANS' SVCS EDUCATIONAL SUPPLIES												
HEALTH BUILD & EQUIP SUPPLIES												
AGING SERVICES PUBLIC WORKS SUPPLIES												
YOUTH AND FAMILY SERVICES PUBLIC WORKS SUPPLIES												
VETERANS' SVCS PUBLIC WORKS SUPPLIE												
HEALTH OTHER SUPPLIES	\$2,300.00				2,300.00			\$2,300.00	8,945.40	22,137.38	11,969.63	24,833.63
AGING SERVICES OTHER SUPPLIES & EQUIPMENT	\$6,750.00				6,750.00			\$6,750.00	1,179.83	3,873.68	6,156.28	10,295.53
YOUTH AND FAMILY SERVICES OTHR SUPPLIES & EQUIP	\$5,000.00	750.00	17.65%		5,000.00	750.00	17.65%	\$4,250.00	4,551.70	4,251.59	6,858.34	10,072.02
VETERANS' SVCS OTHR SUPPLIE & EQUIP	\$9,000.00	3,000.00	50.00%		9,000.00	3,000.00	50.00%	\$6,000.00	6,682.40	6,189.80	5,915.48	3,972.58
HEALTH COMPUTER SUPPLIES & EQUIPMENT	\$4,500.00	4,500.00			4,500.00	4,500.00			22.79	148.87	16,164.16	6,547.26
AGING SERVICES COMPUTER SUPPLIES & EQUIPMENT	\$3,000.00	3,000.00			3,000.00	3,000.00			650.00		3,402.24	
YOUTH AND FAMILY SERVICES COMPUTER SUPPLIES & EQ	\$1,500.00	1,500.00			1,500.00	1,500.00					6,044.04	
HEALTH GOVERNMENTAL CHARGES	\$750.00	450.00	150.00%		750.00	450.00	150.00%	\$300.00	762.42	67.55	337.55	838.08
AGING SERVICES GOVERNMENTAL CHARGES									23.85	39.05	5.55	105.90
YOUTH AND FAMILY SERVICES GOVERNMENTAL CHGS	\$700.00				700.00			\$700.00	150.00	150.00	1,326.00	82.00
VETERANS' SVCS GOVERNMENTAL CHGS	\$77,500.00	2,500.00	3.33%		77,500.00	2,500.00	3.33%	\$75,000.00	68,845.00	67,104.00	61,943.00	73,110.00
HEALTH CONF IN-STATE	\$2,000.00	(800.00)	-28.57%		2,000.00	(800.00)	-28.57%	\$2,800.00	1,544.18	1,001.85	267.49	
AGING SERVICES CONF IN-STATE	\$1,000.00				1,000.00			\$1,000.00				

Health and Human Services Department	FY2026 DSR2 Request	BASE \$ Change from Current	BASE % Change	FY2026 DSR4 Request	FY2026 Total Request	Total \$ Change from Current	Total % Change	Budget 2025	Expenditures 2024	Expenditures 2023	Expenditures 2022	Expenditures 2021
YOUTH AND FAMILY SERVICES CONF IN-STATE	\$1,500.00				1,500.00			\$1,500.00		233.57		
VETERANS' SVCS CONF IN-STATE												
HEALTH MILEAGE	\$4,000.00	150.00	3.90%		4,000.00	150.00	3.90%	\$3,850.00	4,103.18	3,316.13	2,515.58	1,520.42
AGING SERVICES MILEAGE	\$500.00	(250.00)	-33.33%		500.00	(250.00)	-33.33%	\$750.00	426.20		77.62	
YOUTH AND FAMILY SERVICES MILEAGE	\$700.00	(300.00)	-30.00%		700.00	(300.00)	-30.00%	\$1,000.00	117.97	171.51	10.86	23.99
VETERANS' SVCS MILEAGE	\$50.00				50.00			\$50.00				10.06
HEALTH CONF OUT-STATE	\$7,000.00				7,000.00			\$7,000.00	1,795.08	2,812.94	5,642.93	
AGING SERVICES CONF OUT-STATE												
YOUTH AND FAMILY SERVICES CONF OUT-STATE	\$3,000.00				3,000.00			\$3,000.00		2,607.13		
VETERANS' SVCS CONF OUT-OF-STATE												
HEALTH DUES & MEMBERSHIPS	\$3,500.00	395.00	12.72%		3,500.00	395.00	12.72%	\$3,105.00	9,632.50	3,757.89	4,061.35	2,050.00
AGING SERVICES DUES & MEMBERSHIPS	\$5,100.00	(110.00)	-2.11%		5,100.00	(110.00)	-2.11%	\$5,210.00	1,938.96	1,945.52	2,815.52	607.90
YOUTH AND FAMILY SERVICES DUES & MEMBERSHIPS	\$1,000.00				1,000.00			\$1,000.00	316.00		361.00	321.00
VETERANS' SVCS DUES & MEMBERSHIPS	\$50.00				50.00			\$50.00				
VETERANS' SVCS VETERANS' BENEFITS	\$17,500.00				17,500.00			\$17,500.00				
HEALTH OTHER EXPENSES										5,145.49	648.77	24.00
AGING SERVICES OTHER EXPENSES	\$650.00	150.00	30.00%		650.00	150.00	30.00%	\$500.00			2,106.00	
YOUTH AND FAMILY SERVICES OTHER EXPENSES									98.92		296.62	
VETERANS' SVCS OTHER EXPENSES												

Health and Human Services Department	FY2026 DSR2 Request	BASE \$ Change from Current Year	BASE % Change	FY2026 DSR4 Request	FY2026 Total Request	Total \$ Change from Current Year	Total % Change	Budget 2025	Expenditures 2024	Expenditures 2023	Expenditures 2022
Salary & Wage Regular	2,079,429	206,639			2,079,429	206,639		1,872,790	1,661,652.50	1,508,811.46	1,483,475.97
Salary & Wage Temporary	480,023	3,375			480,023	3,375		476,648	392,588.87	442,929.08	321,090.88
Salary & Wage Overtime	5,000	1,500			5,000	1,500		3,500	2,794.53	2,810.22	2,902.32
Salary & Wage Other	31,140	2,265			31,140	2,265		28,875	17,094.42	23,534.67	57,311.03
Salary and Wage Total	2,595,592	213,779	9.0%		2,595,592	213,779	9.0%	2,381,813	2,074,130.32	1,978,085.43	1,864,780.20
Energy											
Non Energy Utilities											
Repairs and Maintenance	500				500			500		2,047.88	8,247.20
Rental and Leases											
Other Property Related	16,000	(500)			16,000	(500)		16,500	8,783.00	5,813.00	375.00
Professional & Technical	179,550	3,750			179,550	3,750		175,800	252,949.75	155,787.60	96,672.65
Communications	37,105	(1,335)			37,105	(1,335)		38,440	26,386.25	32,420.82	21,460.13
Recreation	52,000				52,000			52,000	34,977.81	54,051.58	52,081.26
Other Purchased Services	1,000				1,000			1,000	18,168.16	4,078.68	7,358.22
Energy Supplies											
Office Supplies	8,590	(260)			8,590	(260)		8,850	4,596.02	3,432.52	3,674.53
Building & Equipment Rprs/Sp									69.99	204.82	991.20
Custodial Supplies											32.40
Grounds Keeping Supplies											
Vehicular Supplies	13,500	149			13,500	149		13,351	4,789.25	10,638.93	5,605.56
Food & Service Supplies	7,200	1,500			7,200	1,500		5,700	6,603.98	6,600.18	5,881.25
Medical Supplies	3,250				3,250			3,250	8,813.07	3,039.69	33,707.48
Educational Supplies											
Public Works Supplies											
Other Supplies & Equipment	32,050	12,750			32,050	12,750		19,300	22,032.12	36,601.32	56,510.17
Governmental Charges	78,950	2,950			78,950	2,950		76,000	69,781.27	67,360.60	63,612.10
Travel & Mileage	19,750	(1,200)			19,750	(1,200)		20,950	7,986.61	10,143.13	8,514.48
Dues & Subscriptions	9,650	285			9,650	285		9,365	11,887.46	5,703.41	7,237.87
Other	18,150	150			18,150	150		18,000	98.92	5,145.49	3,051.39
Expense	477,245	18,239	4.0%		477,245	18,239	4.0%	459,006	477,923.66	403,069.65	375,012.89
Capital Equipment											
Budget Capital											
TOTAL	3,072,837	232,018	8.2%		3,072,837	232,018	8.2%	2,840,819	2,552,053.98	2,381,155.08	2,239,793.09

Schedule of Fees and Charges

Department		Health & Human Services – Aging Services			
	Description	Rate	Frequency	Authority	Last Reviewed
1	Scott Brumit: Tai Chi & Qigong	\$5.00/in-person only	Per Class	Council on Aging Board of Directors	10/04/23
3	Lisa Cadigan: Interval Training	\$5.00	Per Class	Council on Aging Board of Directors	10/04/23
4	Lisa Cadigan: Stretchology Class	\$5.00	Per Class	Council on Aging Board of Directors	10/04/23
5	Lisa Cadigan: Floor, Core and More	\$5.00	Per Class	Council on Aging Board of Directors	10/04/23
6	Lisa Cadigan: Tabata	\$5.00	Per Class	Council on Aging Board of Directors	10/04/23
7	Stephen Cadigan: Train the Brain	\$5.00	Per Class	Council on Aging Board of Directors	10/04/23
8	Stephen Cadigan: Arthritis Exercise	\$5.00	Per Class	Council on Aging Board of Directors	10/04/23
	Stephen Cadigan: DrumFit				
9	Lisa & Stephen Cadigan: Fitness Room	\$25.00	Monthly	Council on Aging Board of Directors	10/04/23
10	Lisa & Stephen Cadigan: Personal Training	\$5.00	Per Class	Council on Aging Board of Directors	10/04/23
	Stephan Cadigan: Big Moves and Loud Shout Class	\$5.00	Per Class	Council on Aging Board of Directors	
	Stephan Cadigan: Drum Fit	\$5.00	Per Class	Council on Aging Board of Directors	
	Lisa Campbell: Mindful Living	\$5.00	Per Class		
11	Betty Hood: Ballroom Dance	\$5.00	Per Class	Council on Aging Board of Directors	10/04/23
12	Paul Hughes: Line Dancing	\$5.00	Per Class	Council on Aging Board of Directors	10/04/23
16	Karen Karten: LaBlast	\$5.00	Per Class	Council on Aging Board of Directors	10/04/23
	Halle Katz: Chair Grooves	\$5.00	Per Class		
18	Sandra Levy: Yoga	\$5.00	Per Class	Council on Aging Board of Directors	10/04/23
19	Ben Marder: Drawing	\$5.00	Per Class	Council on Aging Board of Directors	10/04/23
20	Pearl Pressman: Seated Strength & Balance	\$5.00	Per Class	Council on Aging Board of Directors	10/04/23
21	Randi Sharek: Move It, Shake It, Lift It	\$5.00	Per Class	Council on Aging Board of Directors	10/04/23
22	Lulu Tsai: Zumba Gold	\$5.00	Per Class	Council on Aging Board of Directors	10/04/23

Schedule of Fees and Charges

Department		Health & Human Services – Public Health Division			
	Description	Rate	Frequency	Authority	Last Reviewed
2	Food service-less than 50 seats, retail 1500-3000 sq. ft.	\$250	Annual	M.G.L., Chapter 111, Section 31	April 2024
3	Food Service-more than 50 seats, retail 3000-6000 sq. ft.	\$450	Annual	M.G.L., Chapter 111, Section 31	April 2024
4	Food Service-150-250 seats, retail 6000-10,000 sq. ft.	\$550	Annual	M.G.L., Chapter 111, Section 31	April 2024
5	Food Service-more than 250 seats	\$650	Annual	M.G.L., Chapter 111, Section 31	April 2024
6	Mobile Food; food prep or PHF's; small; retail less than 1500 sq. ft.	\$50	Annual	M.G.L., Chapter 111, Section 31	April 2024
7	Food Plan Review	\$225	Annual	M.G.L., Chapter 111, Section 31	April 2024
8	Food Service – Catered Feeding Location	\$175	Annual	M.G.L., Chapter 111, Section 31	April 2024
9	Food - Prepackaged (no refrigeration); very limited retail; no coffee; good compliance record	\$75	Annual	M.G.L., Chapter 111, Section 31	April 2024
10	Food - Prepackaged (refrigeration); limited retail; mobile prepackaged	\$125	Annual	M.G.L., Chapter 111, Section 31	April 2024
11	Food – Retail more than 10,000 sq. ft	\$750	Annual	M.G.L., Chapter 111, Section 31	April 2024
12	Food – Temporary/one day event	\$50	One time fee	M.G.L., Chapter 111, Section 31	April 2024
13	Food – Farmers market/seasonal	\$50	Annual	M.G.L., Chapter 111, Section 31	April 2024
14	Hauler Truck – septic, grease, rubbish	\$150	Annual	Article 2- Regulation for Disposal of Refuse	April 2024
15	Hotel/Motel	\$250	Annual	M.G.L., Chapter 111, Section 31	April 2024
16	Marijuana Plan review (dispensary site)	\$1000	One time fee	Article 20- Regulation to Ensure the Sanitary and Safe Operations of Registered Marijuana Dispensaries and the Sale of Marijuana to Persons with	April 2024

Schedule of Fees and Charges

Department		Health & Human Services – Public Health Division			
	Description	Rate	Frequency	Authority	Last Reviewed
				Documented Medical Needs	
17	Marijuana Plan review (cultivation/processing site)	\$1000	One time fee	Article 20- Regulation to Ensure the Sanitary and Safe Operations of Registered Marijuana Dispensaries and the Sale of Marijuana to Persons with Documented Medical Needs	April 2024
18	Marijuana Plan review (storage disposal)	\$1000	One time fee	Article 20- Regulation to Ensure the Sanitary and Safe Operations of Registered Marijuana Dispensaries and the Sale of Marijuana to Persons with Documented Medical Needs	April 2024
19	Marijuana Plan review (continuity of business/continuity of operations)	\$0	One time fee	Article 20- Regulation to Ensure the Sanitary and Safe Operations of Registered Marijuana Dispensaries and the Sale of Marijuana to	April 2024

Schedule of Fees and Charges

Department		Health & Human Services – Public Health Division			
	Description	Rate	Frequency	Authority	Last Reviewed
				Persons with Documented Medical Needs	
20	Marijuana Plan review (security)	\$0	One time fee	Article 20- Regulation to Ensure the Sanitary and Safe Operations of Registered Marijuana Dispensaries and the Sale of Marijuana to Persons with Documented Medical Needs	April 2024
21	Registered Marijuana Dispensary	\$2500	Annual	Article 20- Regulation to Ensure the Sanitary and Safe Operations of Registered Marijuana Dispensaries and the Sale of Marijuana to Persons with Documented Medical Needs	April 2024
22	Marijuana Home Cultivation	\$150	Annual	Article 20- Regulation to Ensure the Sanitary and Safe Operations of Registered Marijuana Dispensaries and the Sale of	April 2024

Schedule of Fees and Charges					
Department		Health & Human Services – Public Health Division			
	Description	Rate	Frequency	Authority	Last Reviewed
				Marijuana to Persons with Documented Medical Needs	
23	Medical Waste Hauler	\$150	Annual	Article 2-Regulation for Disposal of Refuse	April 2024
24	Non-Profit	50%	One time or Annual	M.G.L., Chapter 111, Section 31	April 2024
25	Disposal of Sharps	\$100	Annual	M.G.L., Chapter 111, Section 31	April 2024
26	Public/semi public pool – Plan review	\$250	One time fee	M.G.L., Chapter 111, Section 31	April 2024
27	Public/semi public – seasonal permit	\$200	Annual	M.G.L., Chapter 111, Section 31	April 2024
28	Public/semi public pool – annual permit	\$300	Annual	M.G.L., Chapter 111, Section 31	April 2024
29	Tobacco Permit	\$700	Annual	M.G.L., Chapter 111, Section 31	April 2024
30	Well Application	\$250	Annual	M.G.L., Chapter 111, Section 31	April 2024
31	Animal Permit	\$100	Annual	M.G.L., Chapter 111, Section 31	April 2024
32	Beaver Removal Permit	\$75	One time fee	M.G.L., Chapter 111, Section 31	April 2024
33	Body Art Establishment Permit	\$700	Annual	M.G.L., Chapter 111, Section 31	April 2024
34	Body Art Practitioner Permit	\$575	Annual	M.G.L., Chapter 111, Section 31	April 2024
35	Bodyworks Establishment Plan Review	\$200	One time fee	M.G.L., Chapter 111, Section 31	April 2024
36	Bodyworks Establishment Permit	\$125	Annual	M.G.L., Chapter 111, Section 31	April 2024
37	Bodyworks Practitioner Permit	\$25	Annual	M.G.L., Chapter 111, Section 31	April 2024
38	Camp License	\$250	Annual	M.G.L., Chapter 111, Section 31	April 2024
39	Demolition Permit	\$100	One time fee	M.G.L., Chapter 111, Section 31	April 2024
40	Biosafety Lab Permit	\$500	Annual	M.G.L., Chapter 111, Section 31	April 2024
V2022					

Schedule of Fees and Charges

Department		Health & Human Services – Youth & Family Services			
	Description	Rate	Frequency	Authority	Last Reviewed
1	Peer Tutor	\$55	Per Year	Youth commission	October 2024
2					
3					
4					
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V2022

Accounts					
Department		Health & Human Services			
	Description	Full Time Staff	Permanent Part Time Staff	Seasonal Staff	Total
1	Office 365 licenses – Email Only		10	2	12
2	Office 365 licenses – Full Suite	32	6	3	40
3	Adobe	4	2		6, but would like to have amount requested in IT memo – 20 total, 11 in PH and 6 in Aging and 2 in YFS
4	Adobe InDesign				
5	Adobe Illustrator				
6	Adobe Photoshop				
7	ZOOM Accounts	8 1 SHINE funded	1		9
					V2026

Capital Request Detail							
Project Title	Center at the Heights -- Option 1 Kitchen Design			Fiscal Year	2026	Request Type	Revised
Project Phase	Design/Engineering	Planning/Design	\$245,000	Construction		FF&E	
Useful Life	More than 20 Years	Land		Construction Management		Technology	
Primary Function	Community Services	Site Preparation		Equipment		Other Expenses	
Budget Impact	May increase annual operating expenses by more than \$50,000		Project Cost Source		Hired Consultant	Project Cost	\$245,000
Parameters							Response
1. Are there any costs to bid, design, construct, purchase, install, implement, or otherwise complete the project which are NOT included is this request?							No
2. Are there recommendations or costs identified by other departments which are NOT factored into the request?							Yes
3. Does this project require any permitting by any Town or State agency?							Yes
4. If funded, will this project require ongoing assistance from vendors at an additional expense to the Town which is NOT already budgeted?							No
5. Is specialized training or annual licensing required that the Town will need to pay in order to use the asset?							Yes
6. Is this a project for which an Initial Eligibility Project Application can be filed with the Community Preservation Committee (CPC)?							No
7. Is this a request in response to a Court, Federal, or State order?							No
8 Is this a request in response to a documented public health or safety condition?							Yes
9. Is this a request to improve or make repairs to extend the useful life of a building?							Yes
10. Is this a request to purchase apparatus/equipment that is intended to be permanently installed at the location of its use?							Yes
11. Is this a request to repair or otherwise improve public property which is NOT a building or infrastructure?							No
12. Will any other department be required to provide assistance in order to complete the project?							Yes
13. If funded, will this project increase the operating expense for any other department?							Yes
14. If funded, will additional permanent staff be required, and if so what is the total number of FTE's?					Total New FTE's	2.04	No
Project Description and Considerations							

This request is for the **Design Phase** of the project for option 1 (Kitchen). Design costs projected at \$245,000. (\$395,000 combined Design cost for all three options)

Recommendations from the BH+A space study that would be further detailed in the design phase include:

1) the transformation of the preliminary production kitchen design into a far more detailed schematic including re-organized and expanded pantry for dry goods and a walk-in freezer and fridge for produce, dairy products, meats, and anything else which necessitates cold storage; and

This cost estimate came from the project architect BH+A along with price estimator PM&C. The Director of Building Design and Construction reviewed the estimates and submissions in detail.

Clarification of Questions

2. Building Design & Construction may need an additional FTE for project management, depending on the workload of other funded Town capital projects.

3. This request will require Building permits and, if constructed and used for food production, the Kitchen will require a food service operations permit from the Public Health Division. The Design phase will not require permits of any kind.

5. To fully utilize the Production Kitchen, one or more staff members will need to be ServSafe certified. Currently, multiple staff members in both Aging Services and Public Health maintain that certification.

8. Yes, data from the 2022 Needham Health Aging Assessment shows that more than 7% of Needham's seniors (7.6%) were not able to prepare or cook food because of health problems, and that 4.5% of Needham's seniors felt that they couldn't afford to eat balanced meals, and that 3.8% of seniors were worried about running out of food.

Capital Request Detail					
Project Title	Center at the Heights -- Option 1 Kitchen Design	Fiscal Year	2026	Request Type	Revised
Additional Description and Considerations					

9. The Construction Phase of this request will include repairs to extend the useful life of the Center at the Heights.
10. Equipment, largely appliances in the Kitchen, will be permanently installed during the Construction Phase.
12. Assistance will be required from Building Design & Construction.
13. It is planned that expanded food service operations in the new production Kitchen at CATH would be run as a revolving fund, ideally with a small operating subsidy or in-kind support from the annual Town budget.
14. It is anticipated that the expanded food service operations in the new production Kitchen at CATH would be run as a revolving fund, ideally with a small operating subsidy or in-kind support from the annual Town budget. But the anticipation is that an expanded production kitchen would include possibly one full-time staff member, two paid part-time staff members and volunteers.

Alignment with Goals

Needham's Council on Aging and the Aging Services Division have been a crucial part of our community, and with the change over the past few years with the pandemic, the need for the services continue to increase, participation has increased and there is the need to renovate parts of the building to meet these demands as well as make the building more accessible.

The renovations of the Fitness Center and the Kitchen would benefit the community and help accessibility for those that might not have considered the participating in CATH classes and programs because of the lack of accessibility and other physical barriers.

The Select Board has recognized the need for upgrades to Town facilities in their FY24-25 goals. With their Goal #3 Livable; Supports and enhances neighborhood livability and accessibility for all members of the community as well their FY24-25 Initiatives, Responsibly Governed, Capital Facilities: CATH upgrades (including additional parking). The upgrades to the Fitness Room and to the Kitchen would help achieve and complete these goals.

Additionally, the Board of Health has included the following priorities that align with the improvements for the CATH; 1. Utilize all legal and regulatory actions available to improve and protect the public's health and 4. Promote community activities that increase health and wellness, including building community partnerships. To be able to help support the BOH priorities increasing the accessibility to the CATH, renovating the kitchen to provide healthy, well-balanced meals and programming as well as the improvements to the Fitness Center would all help improve the health of the Needham community, while creating more programing for our seniors and community partnerships.

Capital Request Detail

Project Title	Center at the Heights -- Option 1a Fitness Room Expansions & Game Room Swap Design			Fiscal Year	2026	Request Type	Revised	
Project Phase	Design/Engineering	Planning/Design	\$70,000	Construction		FF&E		
Useful Life	More than 20 Years	Land		Construction Management		Technology		
Primary Function	Community Services	Site Preparation		Equipment		Other Expenses		
Budget Impact	May increase annual operating expenses by less than \$25,000		Project Cost Source		Hired Consultant		Project Cost	\$70,000
Parameters							Response	
1. Are there any costs to bid, design, construct, purchase, install, implement, or otherwise complete the project which are NOT included in this request?							No	
2. Are there recommendations or costs identified by other departments which are NOT factored into the request?							Yes	
3. Does this project require any permitting by any Town or State agency?							Yes	
4. If funded, will this project require ongoing assistance from vendors at an additional expense to the Town which is NOT already budgeted?							No	
5. Is specialized training or annual licensing required that the Town will need to pay in order to use the asset?							Yes	
6. Is this a project for which an Initial Eligibility Project Application can be filed with the Community Preservation Committee (CPC)?							No	
7. Is this a request in response to a Court, Federal, or State order?							No	
8. Is this a request in response to a documented public health or safety condition?							Yes	
9. Is this a request to improve or make repairs to extend the useful life of a building?							Yes	
10. Is this a request to purchase apparatus/equipment that is intended to be permanently installed at the location of its use?							Yes	
11. Is this a request to repair or otherwise improve public property which is NOT a building or infrastructure?							No	
12. Will any other department be required to provide assistance in order to complete the project?							Yes	
13. If funded, will this project increase the operating expense for any other department?							Yes	
14. If funded, will additional permanent staff be required, and if so what is the total number of FTE's?					Total New FTE's	0	No	

Project Description and Considerations

This request is for the **Design Phase** of the project for option 1a (Fitness Room). Design costs projected at \$70,000. (\$395,000 combined Design cost for all three options)

Recommendations from the BH+A space study that would be further detailed in the design phase include:

1) all the steps necessary to initiate the transfer of the CATH Fitness Room into a new, larger space (swapping the Game Room for the Fitness Room), resulting in a 30% increase in active use space and a more than 20% expansion in number of exercise stations available to participants along with an updated and renovated, though smaller, Game Room.

This cost estimate came from the project architect BH+A along with price estimator PM&C. The Director of Building Design and Construction reviewed the estimates and submissions in detail.

Clarification of Questions

2. Building Design & Construction may need an additional FTE for project management, depending on the workload of other funded Town capital projects.

3. This construction phase of this request will require Building permits

5. The Aging Services Division's policy is to always have a licensed personal trainer who has a CPR certification on duty in the Fitness Room. That service is currently provided by contract, and it will continue with an expanded Fitness Room.

8. Yes, healthy aging is a high priority of both the Council on Aging and the Board of Health and increasing access to the CATH Fitness Room will enhance senior physical fitness. The Public Health and Aging Services Division have had strong preliminary results from a pilot program that provides one month of free Fitness Room membership at CATH to

Capital Request Detail

Project Title	Center at the Heights -- Option 1a Fitness Room Expansions & Game Room Swap Design	Fiscal Year	2026	Request Type	Revised
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Additional Description and Considerations

any person who has completed the Public Health Division's evidence-based Matter of Balance falls prevention class.

9. This Construction Phase of this request will include repairs and renovations to extend the useful life of the Center at the Heights.

10. Equipment, largely exercise machines in the Fitness Room, will be installed and/or placed at CATH during the Construction Phase.

12. Assistance will be required from Building Design & Construction.

13. There may be incremental cost increases for the Building Maintenance Division of the Department of Public Works which would arise from cleaning and maintenance needs resulting from the increased use of an expanded Fitness Room.

14. No additional staff members will be needed if this request is approved.

Alignment with Goals

Needham's Council on Aging and the Aging Services Division have been a crucial part of our community, and with the change over the past few years with the pandemic, the need for the services continue to increase, participation has increased and there is the need to renovate parts of the building to meet these demands as well as make the building more accessible.

The expansion of the Fitness Room at CATH, and the activation of the Roof Deck Kitchen would benefit Needham's 60+ community, and the increased space for fitness, trainings, classes, and general social space will help encourage access and participation for those persons that might not have considered participating in CATH classes and programs because of the lack of accessibility and other physical barriers.

The Select Board has recognized the need for upgrades to Town facilities in their FY24-25 goals. With their Goal #3 Livable; Supports and enhances neighborhood livability and accessibility for all members of the community as well their FY24-25 Initiatives, Responsibly Governed, Capital Facilities: CATH upgrades (including additional parking). The upgrades to the Fitness Room would help achieve and complete these goals.

Additionally, the Board of Health has included the following priorities that align with the improvements for the CATH; 1. Utilize all legal and regulatory actions available to improve and protect the public's health and 4. Promote community activities that increase health and wellness, including building community partnerships. To be able to help support the BOH priorities increasing the accessibility to the CATH, renovating the kitchen to provide healthy, well-balanced meals and programming as well as the improvements to the Fitness Room would all help improve the health of the Needham community, while creating more programing for our seniors and community partnerships.

Capital Request Detail

Project Title	Center at the Heights -- Option 3 Handicap-Accessible Rear Entrance Design			Fiscal Year	2026	Request Type	Revised
Project Phase	Design/Engineering	Planning/Design	\$80,000	Construction		FF&E	
Useful Life	More than 20 Years	Land		Construction Management		Technology	
Primary Function	Community Services	Site Preparation		Equipment		Other Expenses	
Budget Impact	The project should reduce the operating expenses		Project Cost Source	Hired Consultant		Project Cost	\$80,000
Parameters							Response
1. Are there any costs to bid, design, construct, purchase, install, implement, or otherwise complete the project which are NOT included in this request?							No
2. Are there recommendations or costs identified by other departments which are NOT factored into the request?							Yes
3. Does this project require any permitting by any Town or State agency?							Yes
4. If funded, will this project require ongoing assistance from vendors at an additional expense to the Town which is NOT already budgeted?							No
5. Is specialized training or annual licensing required that the Town will need to pay in order to use the asset?							No
6. Is this a project for which an Initial Eligibility Project Application can be filed with the Community Preservation Committee (CPC)?							No
7. Is this a request in response to a Court, Federal, or State order?							No
8. Is this a request in response to a documented public health or safety condition?							Yes
9. Is this a request to improve or make repairs to extend the useful life of a building?							Yes
10. Is this a request to purchase apparatus/equipment that is intended to be permanently installed at the location of its use?							No
11. Is this a request to repair or otherwise improve public property which is NOT a building or infrastructure?							No
12. Will any other department be required to provide assistance in order to complete the project?							Yes
13. If funded, will this project increase the operating expense for any other department?							No
14. If funded, will additional permanent staff be required, and if so what is the total number of FTE's?					Total New FTE's	0	No

Project Description and Considerations

This request is for the **Design Phase** of the project for option 3 (Handicap-accessible rear entrance and vestibule). Design costs projected at \$80,000. (\$395,000 combined design cost for all three options)

Recommendations from the BH+A space study that would be further detailed in the design phase include:

1) a detailed design for a handicap-accessible vestibule as a new rear entrance to the CATH in close proximity to the handicap-accessible parking spaces, along with recommendations for appropriate re-striping of the parking lot and new curb cuts where needed.

This cost estimate came from the project architect BH+A along with price estimator PM&C. The Director of Building Design and Construction reviewed the estimates and submissions in detail.

Clarification of Questions

2. Building Design & Construction may need an additional FTE for project management, depending on the workload of other funded Town capital projects.

3. The Design phase will not require permits of any kind.

8. Yes, senior mobility is a major challenge, and the placement of the handicap-accessible door at the location furthest away from the accessible parking spots creates a significant risk of slips, trips, and falls, especially during inclement weather and throughout the winter season.

9. The Construction Phase of this request will include repairs to extend the useful life of the Center at the Heights.

Capital Request Detail

Project Title	Center at the Heights -- Option 3 Handicap-Accessible Rear Entrance Design	Fiscal Year	2026	Request Type	Revised
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Additional Description and Considerations

10. Equipment, largely door mechanisms, will be permanently installed during the Construction Phase.

12. Assistance will be required from Building Design & Construction, and from the Highway Division of the Public Works Department for parking lot re-striping.

Alignment with Goals

Needham's Council on Aging and the Aging Services Division have been a crucial part of our community, and with the change over the past few years with the pandemic, the need for the services continue to increase, participation has increased and there is the need to renovate parts of the building to meet these demands as well as make the building more accessible.

The renovations of the Fitness Center and the Kitchen would benefit the community and help accessibility for those that might not have considered the participating in CATH classes and programs because of the lack of accessibility and other physical barriers.

The Select Board has recognized the need for upgrades to Town facilities in their FY24-25 goals. With their Goal #3 Livable; Supports and enhances neighborhood livability and accessibility for all members of the community as well their FY24-25 Initiatives, Responsibly Governed, Capital Facilities: CATH upgrades (including additional parking). The upgrades to the Fitness Room and to the Kitchen would help achieve and complete these goals.

Additionally, the Board of Health has included the following priorities that align with the improvements for the CATH; 1. Utilize all legal and regulatory actions available to improve and protect the public's health and 4. Promote community activities that increase health and wellness, including building community partnerships. To be able to help support the BOH priorities increasing the accessibility to the CATH, renovating the kitchen to provide healthy, well-balanced meals and programming as well as the improvements to the Fitness Center would all help improve the health of the Needham community, while creating more programming for our seniors and community partnerships. And placing a handicap-accessible entrance as close as possible to handicap-accessible parking space will prevent a number of minor accidents each year.

Capital Request Detail

Project Title	Center at the Heights -- Option 1 Kitchen Construction			Fiscal Year	2027	Request Type	Revised	
Project Phase	Construction	Planning/Design		Construction	\$977,000	FF&E	\$41,500	
Useful Life	More than 20 Years	Land		Construction Management		Technology		
Primary Function	Community Services	Site Preparation		Equipment		Other Expenses	\$15,000	
Budget Impact	May increase annual operating expenses by more than \$50,000		Project Cost Source		Hired Consultant		Project Cost	\$1,033,500
Parameters								Response
1. Are there any costs to bid, design, construct, purchase, install, implement, or otherwise complete the project which are NOT included in this request?								No
2. Are there recommendations or costs identified by other departments which are NOT factored into the request?								Yes
3. Does this project require any permitting by any Town or State agency?								Yes
4. If funded, will this project require ongoing assistance from vendors at an additional expense to the Town which is NOT already budgeted?								No
5. Is specialized training or annual licensing required that the Town will need to pay in order to use the asset?								Yes
6. Is this a project for which an Initial Eligibility Project Application can be filed with the Community Preservation Committee (CPC)?								No
7. Is this a request in response to a Court, Federal, or State order?								No
8. Is this a request in response to a documented public health or safety condition?								Yes
9. Is this a request to improve or make repairs to extend the useful life of a building?								Yes
10. Is this a request to purchase apparatus/equipment that is intended to be permanently installed at the location of its use?								Yes
11. Is this a request to repair or otherwise improve public property which is NOT a building or infrastructure?								No
12. Will any other department be required to provide assistance in order to complete the project?								Yes
13. If funded, will this project increase the operating expense for any other department?								Yes
14. If funded, will additional permanent staff be required, and if so what is the total number of FTE's?					Total New FTE's	2.04	No	

Project Description and Considerations

This request is for the **Construction Phase** of the project for option 1. Construction costs projected at \$977,000, along with Moving Costs of approximately \$15,000 and FFE costs of \$41,500. (\$1,705,000 combined all-in construction cost for all three options)

Recommendations, from the BH+A space study and the FY2026 design funding, that would be completed in the construction phase include:

1) the transformation of the production kitchen design into a re-organized and expanded production kitchen, including larger a pantry for dry goods and a walk-in freezer and fridge for produce, dairy products, meats, and anything else which necessitates cold storage.

This cost estimate came from the project architect BH+A along with price estimator PM&C. The Director of Building Design and Construction reviewed the estimates and submissions in detail.

Clarification of Questions

2. Building Design & Construction may need an additional FTE for project management, depending on the workload of other funded Town capital projects.

3. This request will require Building permits and, if constructed and used for food production, the Kitchen will require a food service operations permit from the Public Health Division. The Design phase will not require permits of any kind.

5. To fully utilize the Production Kitchen, one or more staff members will need to be ServSafe certified. Currently, multiple staff members in both Aging Services and Public Health maintain that certification.

Capital Request Detail

Project Title	Center at the Heights -- Option 1 Kitchen Construction	Fiscal Year	2027	Request Type	Revised
Additional Description and Considerations					

8. Yes, data from the 2022 Needham Health Aging Assessment shows that more than 7% of Needham's seniors (7.6%) were not able to prepare or cook food because of health problems, and that 4.5% of Needham's seniors felt that they couldn't afford to eat balanced meals, and that 3.8% of seniors were worried about running out of food.
9. This Construction Phase of this request will include repairs to extend the useful life of the Center at the Heights.
10. Equipment, largely appliances in the Kitchen, will be permanently installed during the Construction Phase.
12. Assistance will be required from Building Design & Construction, and from the Highway Division of the Public Works Department for parking lot re-striping.
13. It is planned that expanded food service operations in the new production Kitchen at CATH would be run as a revolving fund, ideally with a small operating subsidy or in-kind support from the annual Town budget.
14. It is anticipated that the expanded food service operations in the new production Kitchen at CATH would be run as a revolving fund, ideally with a small operating subsidy or in-kind support from the annual Town budget. But the anticipation is that an expanded production kitchen would include possibly one full-time staff member, two paid part-time staff members and volunteers.

Alignment with Goals

Needham's Council on Aging and the Aging Services Division have been a crucial part of our community, and with the change over the past few years with the pandemic, the need for the services continue to increase, participation has increased and there is the need to renovate parts of the building to meet these demands as well as make the building more accessible.

The renovations of the Fitness Center and the Kitchen would benefit the community and help accessibility for those that might not have considered the participating in CATH classes and programs because of the lack of accessibility and other physical barriers.

The Select Board has recognized the need for upgrades to Town facilities in their FY24-25 goals. With their Goal #3 Livable; Supports and enhances neighborhood livability and accessibility for all members of the community as well their FY24-25 Initiatives, Responsibly Governed, Capital Facilities: CATH upgrades (including additional parking). The upgrades to the Fitness Room and to the Kitchen would help achieve and complete these goals.

Additionally, the Board of Health has included the following priorities that align with the improvements for the CATH; 1. Utilize all legal and regulatory actions available to improve and protect the public's health and 4. Promote community activities that increase health and wellness, including building community partnerships. To be able to help support the BOH priorities increasing the accessibility to the CATH, renovating the kitchen to provide healthy, well-balanced meals and programming as well as the improvements to the Fitness Center would all help improve the health of the Needham community, while creating more programing for our seniors and community partnerships.

Capital Request Detail

Project Title	Center at the Heights -- Option 1a Fitness Room Expansions & Game Room Swap Construction			Fiscal Year	2027	Request Type	Revised
Project Phase	Construction	Planning/Design		Construction	\$283,000	FF&E	\$53,500
Useful Life	More than 20 Years	Land		Construction Management		Technology	
Primary Function	Community Services	Site Preparation		Equipment		Other Expenses	\$15,000
Budget Impact	May increase annual operating expenses by less than \$25,000		Project Cost Source		Hired Consultant	Project Cost	\$351,500
Parameters							Response
1. Are there any costs to bid, design, construct, purchase, install, implement, or otherwise complete the project which are NOT included in this request?							No
2. Are there recommendations or costs identified by other departments which are NOT factored into the request?							Yes
3. Does this project require any permitting by any Town or State agency?							Yes
4. If funded, will this project require ongoing assistance from vendors at an additional expense to the Town which is NOT already budgeted?							No
5. Is specialized training or annual licensing required that the Town will need to pay in order to use the asset?							Yes
6. Is this a project for which an Initial Eligibility Project Application can be filed with the Community Preservation Committee (CPC)?							No
7. Is this a request in response to a Court, Federal, or State order?							No
8. Is this a request in response to a documented public health or safety condition?							Yes
9. Is this a request to improve or make repairs to extend the useful life of a building?							Yes
10. Is this a request to purchase apparatus/equipment that is intended to be permanently installed at the location of its use?							Yes
11. Is this a request to repair or otherwise improve public property which is NOT a building or infrastructure?							No
12. Will any other department be required to provide assistance in order to complete the project?							Yes
13. If funded, will this project increase the operating expense for any other department?							Yes
14. If funded, will additional permanent staff be required, and if so what is the total number of FTE's?					Total New FTE's	0	No

Project Description and Considerations

This request is for the **Construction Phase** of the project for option 3. Construction costs projected at \$283,000, along with Moving Costs of approximately \$15,000 and FFE costs of \$53,500. (\$1,705,000 combined all-in construction cost for all three options)

Recommendations from the BH+A space study that would be completed as part of the Construction Phase include:

- 1) the transfer of the CATH Fitness Room into a new, larger space (swapping the Game Room for the Fitness Room), resulting in a 30% increase in active use space and a more than 20% expansion in number of exercise stations available to participants along with an updated and renovated, though smaller, Game Room.

This cost estimate came from the project architect BH+A along with price estimator PM&C. The Director of Building Design and Construction reviewed the estimates and submissions in detail.

Clarification of Questions

2. Building Design & Construction may need additional FTE for project management, depending on workload of other funded Town capital projects.
3. This construction phase of this request will require Building permits
5. The Aging Services Division's policy is to always have a licensed personal trainer who has a CPR certification on duty in the Fitness Room. That service is currently provided by contract, and it will continue with an expanded Fitness Room.

Capital Request Detail

Project Title	Center at the Heights -- Option 1a Fitness Room Expansions & Game Room Swap Construction	Fiscal Year	2027	Request Type	Revised
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Additional Description and Considerations

8. Yes, healthy aging is a high priority of both the Council on Aging and the Board of Health and increasing access to the CATH Fitness Room will enhance senior physical fitness. The Public Health and Aging Services Division have had strong preliminary results from a pilot program that provides one month of free Fitness Room membership at CATH to any person who has completed the Public Health Division's evidence-based Matter of Balance falls prevention class.

9. This Construction Phase of this request will include repairs and renovations to extend the useful life of the Center at the Heights.

10. Equipment, largely exercise machines in the Fitness Room and new furniture on the Roof Deck, will be installed and/or placed at CATH during the Construction Phase.

12. Assistance will be required from Building Design & Construction.

13. There may be incremental cost increases for the Building Maintenance Division of the Department of Public Works which would arise from cleaning and maintenance needs resulting from the increased use of an expanded Fitness Room or more engagement with the Roof Deck.

14. No additional staff members will be needed if this request is approved.

Alignment with Goals

Needham's Council on Aging and the Aging Services Division have been a crucial part of our community, and with the change over the past few years with the pandemic, the need for the services continue to increase, participation has increased and there is the need to renovate parts of the building to meet these demands as well as make the building more accessible.

The expansion of the Fitness Room at CATH would benefit Needham's 60+ community, and the increased space for fitness, trainings, classes, and general social space will help encourage access and participation for those persons that might not have considered participating in CATH classes and programs because of the lack of accessibility and other physical barriers.

The Select Board has recognized the need for upgrades to Town facilities in their FY24-25 goals. With their Goal #3 Livable; Supports and enhances neighborhood livability and accessibility for all members of the community as well their FY24-25 Initiatives, Responsibly Governed, Capital Facilities: CATH upgrades (including additional parking). The upgrades to the Fitness Room would help achieve and complete these goals.

Additionally, the Board of Health has included the following priorities that align with the improvements for the CATH; 1. Utilize all legal and regulatory actions available to improve and protect the public's health and 4. Promote community activities that increase health and wellness, including building community partnerships. To be able to help support the BOH priorities increasing the accessibility to the CATH, renovating the kitchen to provide healthy, well-balanced meals and programming as well as the improvements to the Fitness Room would all help improve the health of the Needham community, while creating more programing for our seniors and community partnerships.

Capital Request Detail

Project Title	Center at the Heights -- Option 3 Handicap-Accessible Rear Entrance Construction			Fiscal Year	2027	Request Type	Revised
Project Phase	Construction	Planning/Design		Construction	\$320,000	FF&E	
Useful Life	More than 20 Years	Land		Construction Management		Technology	
Primary Function	Community Services	Site Preparation		Equipment		Other Expenses	
Budget Impact	May increase annual operating expenses by more than \$50,000		Project Cost Source		Hired Consultant	Project Cost	\$320,000
Parameters						Response	
1. Are there any costs to bid, design, construct, purchase, install, implement, or otherwise complete the project which are NOT included in this request?							No
2. Are there recommendations or costs identified by other departments which are NOT factored into the request?							Yes
3. Does this project require any permitting by any Town or State agency?							Yes
4. If funded, will this project require ongoing assistance from vendors at an additional expense to the Town which is NOT already budgeted?							No
5. Is specialized training or annual licensing required that the Town will need to pay in order to use the asset?							No
6. Is this a project for which an Initial Eligibility Project Application can be filed with the Community Preservation Committee (CPC)?							No
7. Is this a request in response to a Court, Federal, or State order?							No
8. Is this a request in response to a documented public health or safety condition?							Yes
9. Is this a request to improve or make repairs to extend the useful life of a building?							Yes
10. Is this a request to purchase apparatus/equipment that is intended to be permanently installed at the location of its use?							Yes
11. Is this a request to repair or otherwise improve public property which is NOT a building or infrastructure?							No
12. Will any other department be required to provide assistance in order to complete the project?							Yes
13. If funded, will this project increase the operating expense for any other department?							Yes
14. If funded, will additional permanent staff be required, and if so what is the total number of FTE's?					Total New FTE's	0	No

Project Description and Considerations

This request is for the **Construction Phase** of the project for option 3. Construction costs projected at \$320,000. (\$1,705,000 combined construction cost for all three options)

Recommendations, from the BH+A space study and the FY2026 design funding, that would be completed in the construction phase include:

1) the construction of a handicap-accessible vestibule as a new rear entrance to the CATH in close proximity to the handicap-accessible parking spaces, along with recommendations for appropriate re-striping of the parking lot and new curb cuts where needed.

This cost estimate came from the project architect BH+A along with price estimator PM&C. The Director of Building Design and Construction reviewed the estimates and submissions in detail.

Clarification of Questions

2. Building Design & Construction may need an additional FTE for project management, depending on the workload of other funded Town capital projects.

3. This request will require Building permits.

5. To fully utilize the Production Kitchen, one or more staff members will need to be ServSafe certified. Currently, multiple staff members in both Aging Services and Public Health maintain that certification.

8. Yes, senior mobility is a major challenge, and the placement of the handicap-accessible door at the location furthest away from the accessible parking spots creates a significant risk of slips, trips, and falls, especially during inclement weather and throughout the winter season.

Capital Request Detail

Project Title	Center at the Heights -- Option 3 Handicap-Accessible Rear Entrance Construction	Fiscal Year	2027	Request Type	Revised
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Additional Description and Considerations

9. The Construction Phase of this request will include repairs to extend the useful life of the Center at the Heights.
10. Equipment, largely door mechanisms, will be permanently installed during the Construction Phase.
12. Assistance will be required from Building Design & Construction, and from the Highway Division of the Public Works Department for parking lot re-striping.

Alignment with Goals

Needham's Council on Aging and the Aging Services Division have been a crucial part of our community, and with the change over the past few years with the pandemic, the need for the services continue to increase, participation has increased and there is the need to renovate parts of the building to meet these demands as well as make the building more accessible.

The renovations of the Fitness Center and the Kitchen would benefit the community and help accessibility for those that might not have considered the participating in CATH classes and programs because of the lack of accessibility and other physical barriers.

The Select Board has recognized the need for upgrades to Town facilities in their FY24-25 goals. With their Goal #3 Livable; Supports and enhances neighborhood livability and accessibility for all members of the community as well their FY24-25 Initiatives, Responsibly Governed, Capital Facilities: CATH upgrades (including additional parking). The upgrades to the Fitness Room and to the Kitchen would help achieve and complete these goals.

Additionally, the Board of Health has included the following priorities that align with the improvements for the CATH; 1. Utilize all legal and regulatory actions available to improve and protect the public's health and 4. Promote community activities that increase health and wellness, including building community partnerships. To be able to help support the BOH priorities increasing the accessibility to the CATH, renovating the kitchen to provide healthy, well-balanced meals and programming as well as the improvements to the Fitness Center would all help improve the health of the Needham community, while creating more programing for our seniors and community partnerships. And placing a handicap-accessible entrance as close as possible to handicap-accessible parking space will prevent a number of minor accidents each year.

Capital Funding Request							
Title	Center at the Heights (CATH) -- Enhancements to Sustain a Second Decade of Service			Submitted by	Health and Human Services		
Request Type	Multiyear Funding Request	Capital Type	Building	Funding Request	Please see attached	Funding Year	See Attached
Description							

May 2022 Annual Town Meeting appropriated \$75,000 for the Health & Human Services to conduct a comprehensive space utilization study of the Center at the Heights (CATH, Needham's senior center). Bargmann Hendrie + Archetype (BH+A) was retained to conduct the space utilization study, under the direction of the Permanent Public Building Committee (PPBC) with the Director of Building Design & Construction and the Director of Health & Human Services as the appointed project representatives.

Designed to provide recommendations for the best use of the building as it enters its second decade, the study built upon a 2020 review by the Gerontology Institute from the McCormack School at UMass Boston and an in-depth 2022 analysis of the CATH kitchen facility by design firm *Socotec Architects* and institutional kitchen experts at *ColburnGuyette Food Service Design*.

The 20,000 sf CATH facility was a revelation when it opened in early 2014, more than tripling the flood-prone space in the basement of the Stephen Palmer Building. Over time, however, the needs of Needham seniors have changed from what was initially envisioned when funding was first authorized for CATH in 2011. The much larger CATH facility allowed for the expansion of programming and services, yet there are multiple challenges to optimizing this space so that the CATH can accommodate the present needs of its clientele. Specific barriers cited by current users include:

- 1) Inconvenient parking;
- 2) Lack of a handicap-accessible entrance close to parking spots;
- 3) Not enough space for physical fitness programming; and
- 4) An underused kitchen and a roof deck.

Following an extensive engagement process which included key informant interviews, focus groups, and multiple presentations, along with extended consultation with the professional staff of the Council on Aging, the appointed members Council on Aging's board, and the members of the Permanent Public Building Committee, the final report presented seven cost-effective options, some of which could be implemented simultaneously for cost savings.

1. Conversion from Demonstration Kitchen to Production Kitchen;
 - 1a. Fitness Room Expansion;
 3. Handicap-Accessible Vestibule/Rear Entrance;
 - 4. Activate and Furnish the Roof Deck;**
 5. Conversion of Basement to Additional Program Space;
 6. Create a Café Lounge to replace the current worn cafeteria space; and
 7. Reconfigure space to provide more private offices for mental health clinicians seeing clients.

There is one capital budget request, in a separate CIP submission, to fund the design phase (FY 2026) for a project that combines options 1 (Kitchen), 1a (Fitness Room Expansion) and 3 (handicap-accessible entrance) at a Design Cost of \$395,000. This would be followed by construction (FY 2027) at a projected Construction Cost of \$1,705,000. This project would fall under the jurisdiction of the PPBC and Building Design & Construction.

This capital budget request proposes to fund the design phase (FY 2028) for a project that addresses option 4 (Activated Roof Deck) at a Design Cost of approximately \$65,000, followed by construction (FY 2029) at a projected all-in cost of \$215,000. This project would also fall under the jurisdiction of DPW's Building Maintenance Division.

Option 1 -- Production Kitchen

Capital Request Detail							
Project Title	Center at the Heights - Activated Roof Deck Design			Fiscal Year	2028	Request Type	Revised
Project Phase	Design/Engineering	Planning/Design	\$65,000	Construction		FF&E	
Useful Life	More than 20 Years	Land		Construction Management		Technology	
Primary Function	Community Services	Site Preparation		Equipment		Other Expenses	
Budget Impact	May increase annual operating expenses by less than \$25,000		Project Cost Source		Hired Consultant	Project Cost	\$65,000
Parameters						Response	
1. Are there any costs to bid, design, construct, purchase, install, implement, or otherwise complete the project which are NOT included in this request?						No	
2. Are there recommendations or costs identified by other departments which are NOT factored into the request?						Yes	
3. Does this project require any permitting by any Town or State agency?						Yes	
4. If funded, will this project require ongoing assistance from vendors at an additional expense to the Town which is NOT already budgeted?						No	
5. Is specialized training or annual licensing required that the Town will need to pay in order to use the asset?						No	
6. Is this a project for which an Initial Eligibility Project Application can be filed with the Community Preservation Committee (CPC)?						No	
7. Is this a request in response to a Court, Federal, or State order?						No	
8. Is this a request in response to a documented public health or safety condition?						Yes	
9. Is this a request to improve or make repairs to extend the useful life of a building?						Yes	
10. Is this a request to purchase apparatus/equipment that is intended to be permanently installed at the location of its use?						Yes	
11. Is this a request to repair or otherwise improve public property which is NOT a building or infrastructure?						No	
12. Will any other department be required to provide assistance in order to complete the project?						No	
13. If funded, will this project increase the operating expense for any other department?						Yes	
14. If funded, will additional permanent staff be required, and if so what is the total number of FTE's?						Total New FTE's	No
Project Description and Considerations							

This request is for the **Design Phase** of the project for option 4 (Activated Roof Deck). Design costs projected at \$65,000.

Recommendations from the BH+A space study that would be further detailed in the design phase include:

- 1) a detailed design for an enhanced roof deck space that would be divided into three zones -- a social lounge zone, a multi-purpose zone, and a garden zone with plantings, shrubs, and garden beds that will act as a buffer between the other two zones.

This cost estimate came from the project architect BH+A along with price estimator PM&C. The Director of Building Design and Construction reviewed the estimates and submissions in detail.

Clarification of Questions

2. Building Design & Construction may need an additional FTE for project management, depending on the workload of other funded Town capital projects.
3. This construction phase of this request will require Building permits
8. Yes, the current roof deck is not an ideal location. It lacks shade, noise protection, and wind buffers, all of which combined to make that deck uncomfortable at a minimum and it borders on unsafe if you are a fragile senior.
9. This Construction Phase of this request will include repairs and renovations to extend the useful life of the Center at the Heights.
10. Equipment, largely new furniture on the Roof Deck, will be installed and/or placed at CATH during the Construction Phase.

Capital Request Detail					
Project Title	Center at the Heights - Activated Roof Deck Design	Fiscal Year	2028	Request Type	Revised
Additional Description and Considerations					

12. Assistance will be required from Building Design & Construction.

13. There may be incremental cost increases for the Building Maintenance Division of the Department of Public Works which would arise from cleaning and maintenance needs resulting from the increased use of the Roof Deck.

14. No additional staff members will be needed if this request is approved.

Alignment with Goals

Needham's Council on Aging and the Aging Services Division have been a crucial part of our community, and with the change over the past few years with the pandemic, the need for the services continue to increase, participation has increased and there is the need to renovate parts of the building to meet these demands as well as make the building more accessible.

The activation of the Roof Deck Kitchen would benefit Needham's 60+ community, and the increased space for fitness (outdoor yoga), trainings, classes, and general social space will help encourage access and participation for those persons that might not have considered participating in CATH classes and programs because of the lack of accessibility and other physical barriers.

The Select Board has recognized the need for upgrades to Town facilities in their FY24-25 goals. With their Goal #3 Livable; Supports and enhances neighborhood livability and accessibility for all members of the community as well their FY24-25 Initiatives, Responsibly Governed, Capital Facilities: CATH upgrades (including additional parking). The upgrades to the Fitness Room and to the Roof Deck would help achieve and complete these goals.

Additionally, the Board of Health has included the following priorities that align with the improvements for the CATH; 1. Utilize all legal and regulatory actions available to improve and protect the public's health and 4. Promote community activities that increase health and wellness, including building community partnerships. To be able to help support the BOH priorities increasing the accessibility to the CATH, renovating the kitchen to provide healthy, well-balanced meals and programming as well as the improvements to the Fitness Room would all help improve the health of the Needham community, while creating more programing for our seniors and community partnerships.

Capital Request Detail

Project Title	Center at the Heights - Activated Roof Deck Construction			Fiscal Year	2029	Request Type	Revised
Project Phase	Construction	Planning/Design		Construction	\$125,000	FF&E	\$75,000
Useful Life	More than 20 Years	Land		Construction Management		Technology	
Primary Function	Community Services	Site Preparation		Equipment		Other Expenses	\$15,000
Budget Impact	May increase annual operating expenses by less than \$25,000		Project Cost Source		Hired Consultant	Project Cost	\$215,000
Parameters							Response
1. Are there any costs to bid, design, construct, purchase, install, implement, or otherwise complete the project which are NOT included in this request?							No
2. Are there recommendations or costs identified by other departments which are NOT factored into the request?							Yes
3. Does this project require any permitting by any Town or State agency?							Yes
4. If funded, will this project require ongoing assistance from vendors at an additional expense to the Town which is NOT already budgeted?							No
5. Is specialized training or annual licensing required that the Town will need to pay in order to use the asset?							No
6. Is this a project for which an Initial Eligibility Project Application can be filed with the Community Preservation Committee (CPC)?							No
7. Is this a request in response to a Court, Federal, or State order?							No
8. Is this a request in response to a documented public health or safety condition?							Yes
9. Is this a request to improve or make repairs to extend the useful life of a building?							Yes
10. Is this a request to purchase apparatus/equipment that is intended to be permanently installed at the location of its use?							Yes
11. Is this a request to repair or otherwise improve public property which is NOT a building or infrastructure?							No
12. Will any other department be required to provide assistance in order to complete the project?							No
13. If funded, will this project increase the operating expense for any other department?							Yes
14. If funded, will additional permanent staff be required, and if so what is the total number of FTE's?					Total New FTE's	0	No

Project Description and Considerations

This request is for the **Construction Phase** of the project for option 4 (Activated Roof Deck). Construction costs projected at \$125,000, along with Moving Costs of approximately \$15,000 and FFE costs of \$75,000. (\$215,000 combined all-in construction cost for option 4)

Recommendations from the BH+A space study that would be completed as part of the Construction Phase include:

1) an enhanced and activated roof deck space that would be divided into three zones -- a social lounge zone, a multi-purpose zone, and a garden zone with plantings, shrubs, and garden beds that will act as a buffer between the other two zones.

This cost estimate came from the project architect BH+A along with price estimator PM&C. The Director of Building Design and Construction reviewed the estimates and submissions in detail.

Clarification of Questions

2. Building Design & Construction may need an additional FTE for project management, depending on the workload of other funded Town capital projects.

3. This construction phase of this request will require Building permits

8. Yes, the current roof deck is not an ideal location. It lacks shade, noise protection, and wind buffers, all of which combined to make that deck uncomfortable at a minimum and it borders on unsafe if you are a fragile senior.

9. This Construction Phase of this request will include repairs and renovations to extend the useful life of the Center at the Heights.

Capital Request Detail

Project Title	Center at the Heights - Activated Roof Deck Construction	Fiscal Year	2029	Request Type	Revised
---------------	--	-------------	------	--------------	---------

Additional Description and Considerations

10. Equipment, largely new furniture on the Roof Deck, will be installed and/or placed at CATH during the Construction Phase.
12. Assistance will be required from Building Design & Construction.
13. There may be incremental cost increases for the Building Maintenance Division of the Department of Public Works which would arise from cleaning and maintenance needs resulting from the increased use of the Roof Deck.
14. No additional staff members will be needed if this request is approved.

Alignment with Goals

Needham's Council on Aging and the Aging Services Division have been a crucial part of our community, and with the change over the past few years with the pandemic, the need for the services continue to increase, participation has increased and there is the need to renovate parts of the building to meet these demands as well as make the building more accessible.

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Capital Improvement Plan
Vehicle Request

The vehicle request form is to be completed and submitted to the Finance Department via TEAMS. The form contains specific information about the vehicle that is under the control of the department. Some information should not change (e.g., vehicle identification number), other information will change (e.g., mileage/hours of operations), and other information may have changed (e.g., unit number). This form is used to update the master list which is maintained to track where equipment is stored and the insurance coverage. You must identify any change to the current replacement schedule. The forms are to be completed and filed with the Finance Department by **12:00 p.m. September 13, 2024.**

CIP-VR									
Requesting Department		Aging Services							
Vehicle to be Replaced					Requested Vehicle				
VIN		1FBVU4XM3kka770293							
Model Year		2017			Funding Year		FY2027		
Make		Ford			Make		2025 Microbird Electric		
Model		E350			Model		14 PSG EV commercial Bus		
Power Source		Gasoline			Power Source		Electric		
Unit Number		0402 – COA			Current Cost New (2024)		303,964.00		
Plate Number		M71618			+ Communication Equipment		N/A		
Mileage		38,719			+ Graphics		2,500.00		
Engine Hours		N/A			+ Insurance		800.00		
Reading Date		9/12/2024			+ Third Party Equipment		995.00		
Vehicle Inspection Expiration		08/2025			+ Other Costs		1645.00		
					Total Current Cost		\$309,104.00		
Disposal	Sale/Trade	X	Transfer		Retain (fleet addition)		Dispose of another Vehicle		N.A.
Primary Functions									
The vehicle is used to provide transportation services for older adults that live in Needham.									
Explanation of Total Cost									
Replacement of gasoline-powered Ford E-350 Chassis + Added equipment mandated to conform with FTA/ADA regulations about the transport of passengers, including passengers with disabilities. Replace with comparable vehicle, a 14-passenger Microbird electric bus. Change to electric is a nearly 84% cost increase. Cost includes Extend warranty-3yr Parts and labor, Spare tire and Rim, Graphic Design.									
Submitted By		LaTanya Steele & Timothy McDonald							

Needham DPW
500 Dedham Ave
Needham, MA 02492

9/9/2024

Dear John:

Anderson Blue Bird Bus Sales of New England is grateful for the opportunity to assist with your transportation needs. We will continually endeavor to exceed your expectations with our products and services.

Enclosed is our proposal for your purchase of (1) New 2025 Microbird Electric Commercial Bus with a Wheelchair Lift. The seating capacity for this bus will be 14 seated passengers and 0 Wheelchairs when not utilizing the flip up seats. When utilizing the flip seats the floorplan configuration can convert to 13 Passengers + 1 Wheelchair, 12 Passengers + 2 Wheelchairs, or 10 Passengers + 3 Wheelchairs. We have included complete specification content and floor plan diagram for your review.

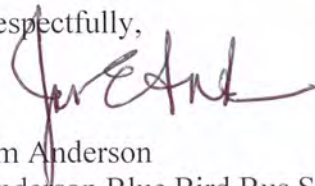
Buses:

<i>New 2025 Microbird 14 PSG EV Commercial Bus(13+1WC,12 +2WC, 10+3WC)</i>	\$303,964.00
Delivery to Customers Yard	<i>Included</i>
Customers Standard Lettering Package	<i>Included</i>
<u>Options to be Added</u>	
Extended Warranty- 3 yr Parts & Labor (Microbird Body Only)	\$1645.00
Spare Tire & Rim	\$995.00
Graphic Design- Estimated Cost	\$2,500.00

Note: The above price includes lettering, safety equipment, dealer prep and delivery to your location. Applicable Tax, Title, Registration, and Documentation fees are not included.

Our team at Anderson Blue Bird Bus Sales of New England extends our sincere thanks for your consideration in reviewing this proposal. We appreciate the opportunity to become your transportation solution provider. Please contact me directly at (401)-434-5900 or jim@andersonmotors.com if you have any questions, comments, or concerns.

Respectfully,



Jim Anderson
Anderson Blue Bird Bus Sales of New England



New & Pre-Owned Bus Sales / Leasing



Transportation Consultants

Capital Improvement Plan
Vehicle Request

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CIP-VR									
Requesting Department		Aging Services							
Vehicle to be Replaced					Requested Vehicle				
VIN		NM0GE9E21K1411268							
Model Year		2019			Funding Year		FY2029		
Make		Ford			Make		Chevrolet		
Model		Transit Connect Wagon			Model		Equinox EV 2RS AWD		
Power Source		Gasoline			Power Source		Electric		
Unit Number		0401 – COA			Current Cost New (2024)		53,841.00		
Plate Number		M4132A			+ Communication Equipment		N/A		
Mileage		13,513			+ Graphics		2,000.00		
Engine Hours		N/A			+ Insurance		500.00		
Reading Date		9/12/2024			+ Third Party Equipment		1,200.00		
Vehicle Inspection Expiration		08/2025			+ Other Costs		10,876.00		
					Total Current Cost		\$65,917.00		
Disposal	Sale/Trade	X	Transfer		Retain (fleet addition)		Dispose of another Vehicle		N.A.
Primary Functions									
The vehicle is used to provide transportation services for older adults that live in Needham.									
Explanation of Total Cost									
Replacement of gasoline-powered Ford Transit Connect Wagon with comparable electric vehicle, a Chevy Equinox EV 2RS AWD. Cost do include an Extended warranty (listed under Third Party Equipment), and do include Graphic Design.									
Submitted By		LaTanya Steele & Timothy McDonald							



Quote

Company/Dept:	Town of Needham - Public Works Department	Date:	August 29, 2024
Contact:	John Regan	Quote #:	UNIT 452
Street Address:	500 Dedham Ave.	Revision #:	Budgetary FY26
City, State, Zip:	Needham, MA 02492	Customer ID:	
Phone:	781-289-6301	Sales Rep:	Greg Keith
E-Mail:	jregan@needhamma.gov		508-954-2225
Job Description:	<u>2026 Chevy Equinox Electric</u>	Contract:	MAPC/GBPC

QTY	Item #	VEHICLE LINE DESCRIPTION	UNIT PRICE	Ext Line Total
				\$0.00
1	1MM48	2024 Chevy Equinox EV 2RS AWD	\$53,404.00	\$53,404.00
1	GJV	Riptide Blue Metallic		\$0.00
1	2RS	RS Preferred equipment group		\$0.00
1	RVV	21" Black painted aluminum wheels		\$0.00
1	AR9/ESU	Black front bucket seats with red accents		\$0.00
1	PSC	Portable 120V/240V charge cord		\$0.00
1	PCU	All Weather Liner Package: Includes cargo area liner and contoured floor liner	\$325.00	\$315.25
1	VQK	Custom molded front and rear splash guards	\$125.00	\$121.25
Vehicle Total:				\$53,840.50
QTY	Item #	EQUIPMENT LINE DESCRIPTION	UNIT PRICE	Ext Line Total
Contract Equipment Total:				\$0.00
QTY	Item #	NON-CONTRACT EQUIPMENT LINE DESCRIPTION	UNIT PRICE	Ext Line Total
1		Potential 20% Chevy 2026 Model Year Price Increase	\$10,680.00	\$10,680.00
1		Delivery to Needham DPW	\$196.00	\$196.00
Non-Contract Equipment Total:				\$10,876.00
Vehicle and Equipment Total:				\$64,716.50
Vehicle Quantity:				1
Sub total:				\$64,716.50
Trade Description		Trade VIN	Trade Miles	Trade Value
Trade Vehicle/s Total:				\$0.00
Quote Grand Total:				\$64,716.50

TERMS AND CONDITIONS

Custom or Special Orders are Non-Refundable

This Quote is for Budgetary Purposes and is Not a Guarantee of Cost for Services

Quote is Based on Current Information From Client About the Project Requirements

Actual Cost May Change Once Project Elements are Finalized

Trade value is subject to change based on time, mileage and condition of vehicle at turn-in

ORDER ACKNOWLEDGEMENT

By signing this document you are agreeing to the above terms and conditions of this order from McGovern MHQ, Inc.

x

PRINT NAME

x

TITLE

x

SIGNATURE

Capital Improvement Plan
Vehicle Request

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CIP-VR									
Requesting Department		Aging Services							
Vehicle to be Replaced					Requested Vehicle				
VIN		1FBVU4XM3KKA77029							
Model Year		2019			Funding Year		FY2029		
Make		Ford			Make		2025 Microbird Electric		
Model		T-350			Model		14 PSG EV commercial Bus		
Power Source		Gasoline			Power Source		Electric		
Unit Number		0405 – COA			Current Cost New (2024)		303,964.00		
Plate Number		M5909A			+ Communication Equipment		N/A		
Mileage		9,974			+ Graphics		2,500.00		
Engine Hours		N/A			+ Insurance		800.00		
Reading Date		9/09/2024			+ Third Party Equipment		995.00		
Vehicle Inspection Expiration		08/2025			+ Other Costs		1645.00		
					Total Current Cost		\$309,104.00		
Disposal	Sale/Trade	X	Transfer		Retain (fleet addition)		Dispose of another Vehicle		N.A.
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Submitted By		LaTanya Steele & Timothy McDonald							

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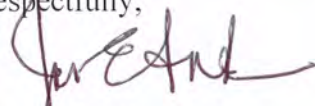
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Delivery to Customers Yard	<i>Included</i>
Customers Standard Lettering Package	<i>Included</i>
<u>Options to be Added</u>	
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Graphic Design- Estimated Cost	<i>\$2,500.00</i>

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Respectfully,



Jim Anderson
Anderson Blue Bird Bus Sales of New England



New & Pre-Owned Bus Sales / Leasing



Transportation Consultants



Board of Health

AGENDA FACT SHEET

December 13, 2024

Agenda Item	Other Items
Presenter(s)	Timothy McDonald, Director of Health & Human Services

1.	BRIEF DESCRIPTION OF TOPIC TO BE DISCUSSED
Mr. McDonald will outline two recent reports about the health and environmental impacts of policy choices and provide an opportunity for the Board of Health to discuss. The Board will also deliberate about whether to set a standard recurring meeting time for the first half of calendar year 2025.	
2.	VOTE REQUIRED BY BOARD OF HEALTH
Discussion Only.	
3.	BACK UP INFORMATION:
Attached to this fact sheet, please find the following supporting documents: • <i>ChangeLab Solutions</i> Report: Understanding the Connections Between Children's Mental Health & Housing • <i>Science</i> Journal Article: Of the first five U.S. states with food waste bans, Massachusetts alone has reduced landfill waste	

Understanding the Connections Between Children's Mental Health & Housing



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Key takeaways

Recognizing and understanding the connections between mental health and housing for children – especially those with attention-deficit/hyperactivity disorder (ADHD) and Tourette syndrome (TS) – has never been more important. Given rising rates of ADHD, anxiety, depression, and other indicators of poor mental health among young people,^{1,2,3} as well as recent declarations of a national emergency in child and adolescent health by several national health care organizations,⁴ communities and practitioners are looking for practical solutions to improve mental health outcomes for all children.

A growing body of literature demonstrates the relationship between housing and health. Interventions designed to address upstream determinants of health, such as housing, are an important area of focus to improve mental health outcomes in children.⁵ By bringing together the power of people working on or interested in addressing housing, ADHD, TS, and children's mental health more broadly, we have the opportunity to address many of the challenges that can prevent children from living in safe, stable, and affordable homes. We are also uniquely equipped to leverage policy options with the following objectives:



Improving protections from eviction and foreclosure



Strengthening housing standards and code enforcement practices



Increasing financial assistance for the creation and preservation of affordable housing



Reforming exclusionary land use

This fact sheet provides the following information to support anyone interested in working at the intersection of housing and children's mental health or in collaborating on these efforts:

- An overview of several pathways through which housing affects children's mental health
- Housing policy options that can help to address these challenges
- Strategies for getting involved in promoting children's mental health and well-being through housing

Information in this fact sheet was informed by a review of recent evidence surrounding the links between children's mental health and housing and the effectiveness of various housing policies. It was also informed by key informant interviews working at the intersection of children's mental health and housing. Highlights from those interviews are included in boxes titled **Voices from the Field**.

Introduction

What do we mean by *mental health*?

Mental health is a broad label that encompasses a range of mental, emotional, social, and behavioral functioning.⁶ Mental health, like physical health, occurs along a continuum from good to poor and varies over time, in different conditions, and at different ages.⁷ Indicators of mental health include symptoms (e.g., inattention, worries, and behavioral problems) and diagnosed disorders (e.g., depression, ADHD, and TS).⁸

Mental health is an essential component of children's overall health and well-being. It shapes how children cope with stress, build relationships, and operate at home, in school, and in their communities. While rising rates of mental health challenges predate the COVID-19 pandemic, heightened stress, grief, social isolation, and economic insecurity due to the pandemic have exacerbated these challenges.^{9,10,11} For some children with ADHD, the COVID-19 pandemic's disruption to daily routines may have been particularly harmful.^{12,13} Research also suggests that the onset of tic symptoms among children increased during the pandemic, especially among teenage girls, and that rates of anxiety and other mental health conditions among children with new tic symptoms has also increased.¹⁴

The severity of mental health challenges also varies across demographic subpopulations.¹⁵ For example, children and adolescents who are socioeconomically disadvantaged may experience additional stressors and health care disparities and are two to three times more likely to develop mental health conditions than their peers with higher socioeconomic status.¹⁶

Mental health is an essential component of children's overall health and well-being.

What do we mean by *safe, stable & affordable housing*?

Although a standardized definition does not exist in the literature, safe, stable, and affordable housing typically encompasses the ideas that families will live in housing that

- is non-injurious to their health;
- does not present circumstances that compel them to relocate; and
- does not cost more than 30 percent of their household income.^{17,18}

A growing body of evidence suggests that access to safe, stable, and affordable housing may be a particularly powerful predictive factor of children's mental health and development.^{19,20,21,22,23,24} As pediatrician Megan Sandel has said, "a stable, affordable home can act like a vaccine, providing multiple long-lasting benefits on both the individual level and the community level."²⁵ Conversely, a lack of access to safe, stable, and affordable housing is harmful to health and associated with infectious and chronic diseases and injuries.²⁶

How does housing affect children's mental health?

Housing can affect children's mental health through three primary pathways:

1. Housing quality: the physical conditions of a person's home^{27,28,29,30,31}
2. Housing stability: the ability to secure and maintain adequate housing^{32,33}
3. Neighborhood environment: the physical and social conditions in which housing is located^{34,35}

The following sub-sections explore how families with children experience housing challenges through these three pathways and detail specific links to children's mental health associated with each.

How housing challenges overlap & reinforce one another

Families frequently face interconnected challenges related to housing quality, housing stability, and neighborhood environment, as difficulties in one area can contribute to difficulties in another. For example, while a lack of affordable housing opportunities³⁶ may not directly affect children's mental health outcomes, it may force families to increasingly dedicate more of their income to paying rent; consolidate into overcrowded living conditions with other people;³⁷ accept living in dangerous or unhealthy conditions;³⁸ move multiple times;³⁹ move to less safe neighborhoods;⁴⁰ move away from their social networks;^{41,42,43,44,45,46,47,48} or lose their housing entirely.

These challenges can create feedback loops, as shown in the following graphics. The feedback loops reinforce and exacerbate one another, particularly for people with the lowest incomes.^{49,50}

- Lack of quality affordable housing → falling behind on rent and/or living in substandard housing → experiencing housing instability
- Experiencing housing instability → increased difficulty in securing quality affordable housing → living in substandard housing



Poor physical housing quality

Poor physical housing quality can affect children's mental health and development through both physiological and psychological pathways. One notable example is lead exposure, which studies have shown to cause irreversible damage to children's brains. Even low exposure levels are associated with higher rates of ADHD and other behavioral and developmental problems.^{51,52} Despite the potential health consequences, an estimated 3.3 million homes with children under the age of six have one or more lead-based paint hazards.⁵³ An analysis by the National Center for Healthy Housing suggests that over 45 million homes in the United States have one or more defects contributing to poor housing quality.⁵⁴ For more information on specific links between housing quality and children's mental health, see [Table 1](#).

Risks related to generally poor housing quality are especially acute for Black, Indigenous, and other people of color and people in communities with low income.



Lead exposure

Lead is a neurotoxin that children may be exposed to through several sources.⁵⁵ At home, children are primarily exposed to lead by breathing in dust or ingesting chips from lead-based paint that may settle in areas inside and around the building, such as windowsills, floors, and soil,^{56,57} although additional exposures may also exist, such as from household or service-line plumbing and water fixtures containing lead.⁵⁸ No level of exposure to lead is safe and even lower blood lead levels (less than 10 µg/dL) have been shown to increase attention-related behavioral problems.^{59,60} Lead exposure rates vary substantially across communities; however children who access public insurance or reside in predominantly Black or Latinx neighborhoods remain at a greater risk for exposure compared to children with private insurance or living in predominantly white neighborhoods.⁶¹



Generally poor physical housing

In addition to lead, common physical hazards and inadequacies found in homes include exposure to other toxic chemicals, such as radon, carbon monoxide, or nitrogen dioxide; unsafe structures; leaking roofs; broken windows or appliances; poor ventilation or climate control; pests; and lack of adequate heat, hot water, or light.^{62,63,64,65,66} Such substandard housing conditions may affect mental health through several mechanisms, either directly or indirectly. Exposure to environmental toxins may cause direct neurological damage.⁶⁷ Alternatively, hazards inside the home may limit children's ability to move about freely and may also expose children to increased levels of caregiver stress.⁶⁸ Recent research finding an association between poor housing quality and ADHD also suggests that poor air quality, acoustic quality, lighting quality, and thermal regulation within a home may exacerbate ADHD symptoms.⁶⁹ Risks related to generally poor housing quality are especially acute for Black, Indigenous, and other people of color (BIPOC) and people in communities with low income, as these groups have been disproportionately exposed to substandard housing conditions due to discriminatory policies and practices.⁷⁰

Table 1. Housing quality & children's mental health & development

Housing challenge	Documented associations or impacts
 Lead exposure	■ Altered mood and behavior, including ADHD^{71,72,73} ■ Aggression,⁷⁴ antisocial behavior,⁷⁵ delinquency,⁷⁶ and other behavioral problems^{77,78} ■ Adrenocortical responses to stress⁷⁹
 General poor physical housing quality (e.g., indoor air pollution, leaks, pests, lack of heat, water, or inadequate light)	■ Compromised emotional health (such as anxiety, depression, withdrawal, somatic symptoms)^{80,81} ■ Behavioral issues,⁸² including delinquency⁸³ and ADHD⁸⁴

Housing instability

Housing instability comprises a range of housing challenges, such as untenably high housing costs, eviction, frequent moves, overcrowding, and homelessness.⁸⁵ Although housing instability can be hard to quantify,⁸⁶ one informative metric is the percentage of families that are behind on their rent or mortgage. As of July 2022, approximately one in five renter families with children reported being behind on rent. For families that own their homes, approximately one in twelve reported being behind on their mortgage.⁸⁷ Households struggling with housing payments may be forced to make tradeoffs among essential household expenses, including rent, utilities, food, and health care.⁸⁸ They may also face eviction, foreclosure, and homelessness.^{89,90}

VOICES FROM THE FIELD: THE CYCLE OF HOUSING INSTABILITY

Relocation due to eviction, foreclosure, or homelessness can disrupt families' access to benefits and contribute to housing instability.

"Losing these vital benefits can then increase a family's risk of eviction because they're not getting food stamps coming in to help with grocery bills, which makes it harder to pay rent."

Children experiencing housing instability are at increased risk of several adverse mental health outcomes, such as depression, hyperactivity, and inattention.^{91,92,93} Research also suggests that housing instability experienced during pregnancy may lead to adverse perinatal outcomes, including low birth weight, which may put children at a higher risk for attention-related, anxiety-related, and social problems; other psychological difficulties;⁹⁴ and TS.⁹⁵ For more information on the links between housing instability challenges and children's mental health, see [Table 2](#).

Eviction

Evictions, or forced moves, may involve a formal legal process or result from landlord threats or illegal actions, such as changing the locks or cutting off essential services.⁹⁶ Evictions may cause children to miss instructional time or switch schools and may lead to caregivers' losing property, employment, or social networks.⁹⁷ Additionally, eviction court records can surface during

renter screening, disqualifying caregivers from future housing opportunities and leading households to live in poorer-quality housing and neighborhoods with higher levels of crime and poverty.⁹⁸ Children who go through an eviction are also at an increased risk of lead poisoning.⁹⁹ One 2018 study estimates that 14 percent of children born between 1998 and 2000 experienced an eviction by the time they turned fifteen.¹⁰⁰



Overcrowding

Overcrowding is defined as more than two people living in the same bedroom, more than one person per room, or multiple families sharing the same residence.^{101,102} Families may be forced to “double up” or select homes with inadequate living space due to economic hardship or housing loss.^{103,104} Living in an overcrowded home may disturb children’s sleep, negatively affect their ability to complete schoolwork, limit their privacy, and increase their exposure to infectious diseases.¹⁰⁵ Yet, in 2021, approximately 14 percent of children lived in crowded housing.¹⁰⁶

*In 2021,
approximately
14 percent of
children lived in
crowded housing.*



Frequent moves

Frequent moves are often defined as two or more moves in the previous year.^{107,108} Moving frequently may limit preventative health care visits¹⁰⁹ and disrupt schooling, family processes,¹¹⁰ and social connections.¹¹¹



Homelessness

Homelessness refers to the lack of a fixed, regular, and adequate nighttime residence.^{112,113,114} In addition to causing disruptions to daily life, homelessness may expose children to additional stress related to living in a shelter and more frequent adverse childhood experiences.¹¹⁵ During the 2020–21 school year, public schools identified about 1.1 million students who experienced homelessness.¹¹⁶

HOUSING CHALLENGES CONTRIBUTE TO HEALTH DISPARITIES

Due to overt and systemic forms of discrimination, BIPOC communities;¹¹⁷ immigrants;¹¹⁸ people with a criminal record;¹¹⁹ LGBTQ+ people;¹²⁰ people with a negative credit rating¹²¹ or previous rental evictions;¹²² families with children;^{123,124} and individuals with mental and developmental conditions¹²⁵ are more likely to have trouble securing and maintaining stable housing. This may also make these groups less likely to secure necessary housing repairs and more likely to move to neighborhoods with significant physical and social challenges.

Table 2. Housing stability & children's mental health & development

Housing challenge	Documented associations or impacts
 Eviction	■ Preterm birth, low birthweight, developmental delays, and poor general health ^{126,127,128}
 Overcrowding	■ Internal and external behavior problems ¹²⁹
 Frequent moves	■ Developmental delays ¹³⁰ ■ Withdrawal/depression ¹³¹
 Homelessness	■ Preterm birth and low birthweight ¹³² ■ Developmental delays ¹³³ ■ Emotional and peer relationship problems and conduct, hyperactivity, and inattention problems ¹³⁴ ■ Behavior problems ¹³⁵

Neighborhood environment

A child's mental health and well-being may also be affected by the location of their home and the physical and social characteristics of the surrounding neighborhood.

Children who are experiencing housing instability or who are part of low-income families forced to move due to substandard housing conditions may also be more likely to experience the challenges associated with neighborhood environment. For example, studies show that families unable to find affordable housing are more likely to relocate to neighborhoods with higher crime rates and greater risk of exposure to allergens, toxins, and other unsafe elements.^{136,137} Households struggling to secure affordable housing may also relocate to neighborhoods with more blight, which is associated with higher rates of infectious disease, cancer, and diabetes.¹³⁸

When people are forced to move in response to rising rents, social cohesion can decline.¹³⁹ Even in economically distressed neighborhoods, a tight-knit community can help to cushion people from some of the harsh consequences of scant resources. However, as neighborhoods evolve and long-term residents move out, social networks may dissolve. People feel less connected and less supported when there is neighborhood turnover, and they may find themselves excluded from the new populations that move into the neighborhood.¹⁴⁰ Lack of social cohesion is often associated with poorer physical and mental health outcomes.¹⁴¹

Physical characteristics

Features of the built environment surrounding a home that may negatively affect mental health outcomes include lack of access to green spaces,¹⁴² limited access to transportation,¹⁴³ physical decay of buildings and neighborhood amenities like trees and sidewalks,¹⁴⁴ environmental pollution,¹⁴⁵ and exposure to climate change and natural disaster.^{146,147} Children facing these challenges may experience negative mental health impacts associated with reduced rates of physical activity^{148,149} and exposure to stressful and unhealthy environments – including ADHD symptoms.^{150,151,152} For more information on the links between physical environment challenges and children's mental health, see [Table 3](#).



Limited access to play & green space

Play and green space includes nature (e.g., tree canopies, greenery, and green spaces), public open space (e.g., parks, greenways, or other areas that may be used for recreation purposes), and outdoor play spaces containing natural elements. Neighborhoods with low levels of green space, whether due to the mixture or intensity of land uses within an area or a lack of green space amenities, may affect children's mental health and development through several pathways – for example, by limiting opportunities for physical activity and contact with nature.^{153,154,155,156} While aspects of access to green space extend beyond access to parks, a recent analysis conducted by the Trust for Public Land found that 100 million people – including 28 million children – do not have a park within a 10-minute walk of their home.¹⁵⁷

Neighborhoods with low levels of green space may affect children's mental health and development.



Limited access to transportation

Access to transportation can affect children's mental health and well-being if it limits access to behavioral and mental health treatment.^{158,159,160,161,162,163,164,165} For example, approximately 9 percent of children of low-income families miss essential medical appointments due to transportation barriers¹⁶⁶ and unmet transportation needs (e.g., lack of personal car or access to public transit).¹⁶⁷ These barriers affect children's access to care across the health spectrum, including issues with obtaining medications, accessing mental health services, and receiving emergency care¹⁶⁸ – all of which are more prevalent among traditionally underserved populations^{169,170,171,172} and can exacerbate mental health and well-being challenges that would benefit from earlier intervention and more consistent care.¹⁷³



Environmental pollution

Environmental challenges at the neighborhood level include poor air quality, high rates of noise, contaminated drinking water, and soil contamination. Children living in neighborhoods with high levels of air pollution may spend less time outdoors and engage in less physical activity.¹⁷⁴ Growing evidence also suggests that noise pollution is associated with attention difficulties, hyperactivity, emotional symptoms, and physiological stress.^{175,176,177} Drinking water contaminated with toxins such as lead, arsenic, and nitrate have been associated with depressive symptoms.¹⁷⁸ Lead-contaminated soil can also have a range of effects on children's mental health and well-being.¹⁷⁹



Risk of exposure to climate change & natural disasters

There are a variety of building and community-level characteristics that determine how vulnerable a home is to climate-related environmental changes and natural disasters. For example, urban heat islands¹⁸⁰ – areas where surfaces such as roadways and rooftops absorb and emit heat to a greater extent than most natural surfaces – contribute to higher daytime temperatures, reduced

nighttime cooling, and higher air pollution levels.¹⁸¹ While climate change is putting an increasing number of homes and people at risk of experiencing natural disaster,^{182,183} not all neighborhoods will be affected equally. Emerging research suggests that poorly resourced neighborhoods and neighborhoods negatively affected by historical housing policies, such as redlining, may be disproportionately exposed to extreme heat.¹⁸⁴ Extreme weather and natural disasters may be particularly harmful to children,¹⁸⁵ who may experience heightened levels of mental, emotional, and bodily stress,^{186,187} and survivors of disasters are known to experience a range of mental health issues.^{188,189}

Table 3. Neighborhood physical characteristics & children's mental health & development

Housing challenge	Documented associations or impacts
 Limited access to play and green space	■ Heightened levels of measurable and perceived stress and disturbances to daily mood^{190,191,192} ■ ADHD symptoms and inhibited ability to concentrate and focus^{193,194,195} ■ Reduced feelings of social connectedness with community and social capital¹⁹⁶ ■ Misconduct and hyperactivity^{197,198}
 Limited access to transportation	■ Barriers to obtaining medications and accessing physical and mental health services, including emergency care^{199,200,201,202}
 Environmental pollution	■ Depression²⁰³ ■ Behavioral problems and delinquent behavior (e.g., lying, cheating, and stealing)^{204,205} ■ Development of major depressive disorder by age 18²⁰⁶ ■ Psychotic experiences from ages 12 to 18²⁰⁷ ■ Negative impacts on subjective well-being, such as life satisfaction²⁰⁸
 Risk of exposure to climate change and natural disasters	■ Mental, emotional, and bodily stress^{209,210} ■ Post-traumatic stress disorder, depression, anxiety, substance abuse, and somatoform disorders (i.e., conditions or disorders that impair functioning of the nervous system, pain experience, or brain-body connection, with no known medical or structural disease process)²¹¹

Social characteristics

Non-physical neighborhood characteristics can affect the mental health of children and adolescents.^{212,213,214,215} Specific aspects of the social environment of a neighborhood that have been linked to children's mental health outcomes include neighborhood social cohesion,^{216,217,218,219,220,221,222} exposure to neighborhood violence^{223,224,225} and peer bullying,^{226,227} and perception of neighborhood safety.^{228,229,230,231,232,233,234,235,236,237,238,239} For more information on the links between social environment challenges and children's mental health, see [Table 4](#).



Neighborhood social cohesion

The overall sense of belonging and voluntary social participation of the members of a neighborhood constitute neighborhood social cohesion.^{240,241,242,243,244} Low social cohesion may affect children's mental health through several mechanisms, including limiting their involvement in community organizations and their use of community resources.²⁴⁵



Experiences of violence

Experiences of violence may include personally experiencing physical, sexual, emotional, or property violence, or witnessing such violence.²⁴⁶ Research suggests that exposure to violence may negatively affect children's mental health and development by increasing their levels of chronic stress.²⁴⁷ Exposure to multiple types of violence may be particularly detrimental to a child's mental health by negatively affecting future resiliency.²⁴⁸ Individuals exposed to violence, and multiple forms of it, are more likely to live in structurally disadvantaged neighborhoods.²⁴⁹



Perception that neighborhood is unsafe & fear of being the victim of crime

Existing literature has established a correlation between fear of crime and mental health.²⁵⁰ This extends to adolescents as well, with fear of being a victim of crime and perception that a neighborhood is unsafe positively associated with higher scores in hyperactivity and inattention, more peer relationship problems, and more emotional and behavioral difficulties²⁵¹ and experiences of depression, anxiety, oppositional defiant disorder, and conduct disorder.^{252,253,254,255} This may be particularly acute in low socioeconomic status neighborhoods, where youth perceive increased ambient hazards such as crime, violence, drug use, and graffiti.²⁵⁶



Concentrated economic disadvantage

Concentrated economic disadvantage may be measured by poverty rates, rates of employment, and levels of educational attainment. Studies also often look at combined measures of neighborhood deprivation that may include related metrics such as levels of crime and other social conditions. Research suggests that neighborhood economic disadvantage may affect children's mental health by increasing their levels of chronic stress and those of their caregivers.²⁵⁷

Research suggests that neighborhood economic disadvantage may affect children's mental health by increasing their levels of chronic stress and those of their caregivers.

Table 4. Neighborhood social characteristics & children's mental health & development

Housing challenge	Documented associations or impacts
 Low neighborhood social cohesion	■ Depression, anxiety, and somatic problems^{258,259} ■ Peer relationship problems²⁶⁰ ■ Bullying behavior, including being a bully-victim²⁶¹
 Experiences of violence	■ Poorer mental health^{262,263,264} ■ Developmental disorders²⁶⁵ ■ Peer bullying^{266,267} ■ Detriments to future resiliency²⁶⁸
 Negative perception of neighborhood safety and fear of being the victim of crime	■ Hyperactivity and inattention²⁶⁹ ■ Peer relationship problems²⁷⁰ ■ Bullying behavior, including being a bully-victim²⁷¹ ■ Emotional and behavioral difficulties²⁷² ■ Depression, anxiety, oppositional defiant disorder, and conduct disorder^{273,274,275,276,277}
 Concentrated economic disadvantage	■ Mental health problems among children, as reported by parents²⁷⁸ ■ Antisocial and aggressive behavior among adolescents²⁷⁹ ■ Depression, anxiety, and somatic problems²⁸⁰ ■ Peer relationships problems²⁸¹



What policy options are available?

Government policies at local, state, and federal levels – such as exclusionary zoning laws^{282,283} and discriminatory lending and mortgage insurance practices^{284,285} – can contribute to the housing challenges affecting children’s mental health and disproportionately burdening communities of color.^{286,287,288}

Decision makers, children’s mental health and housing experts, and community members can work together to undo these harms and increase children’s access to safe, stable, and affordable housing. A few potential policy options are highlighted below. Examples of policy options for each housing challenge discussed in this fact sheet are included in the Appendix.



POLICY OPTION 1: Eviction & foreclosure protections

Federal, state, and local laws dictate when tenants and homeowners may be legally removed from their homes. Adding legal protections for residents to this body of law may help improve housing stability and quality by protecting children from the harms of involuntary moves and empowering renter families to request that landlords repair health hazards. In turn, a reduction in housing instability may also improve neighborhood social cohesion.^{289,290} For example, just cause (also called “good cause”) eviction laws limit the grounds on which a landlord may legally evict a tenant.²⁹¹ Currently, many jurisdictions permit landlords to evict tenants at the end of the lease term for any reason.²⁹² Just cause eviction laws support housing stability by restricting the grounds for legal eviction^{293,294,295,296,297} to significant lease violations, such as failure to pay rent.²⁹⁸ Just cause eviction laws may also support housing quality by limiting landlords’ ability to file retaliatory evictions against tenants who speak up about needed repairs or discrimination.²⁹⁹

Establishing a right to counsel for tenants facing eviction is another form of legal protection that may help keep children and their families stably housed.³⁰⁰ Providing tenants with a right to counsel in eviction cases has been shown to reduce the number of eviction cases filed and increase the number of tenants who are able to remain in their homes.³⁰¹ It may also help improve the quality of rental housing by preventing the retaliatory eviction of tenants who request necessary repairs from their landlords.³⁰²

VOICES FROM THE FIELD: HOW HOUSING STABILIZATION POLICIES CAN HELP

A right to counsel is one promising housing stabilization policy that could support positive children’s mental health outcomes. A researcher examining health outcomes among tenants in New York City who received counsel during eviction proceedings explained:

“Nine times out of ten, the landlord shows up to rent court with a lawyer, and the tenant does not. The deck is stacked against tenants, who have rights, but they often aren’t able to effectively assert them. New York City was the first city to guarantee right to counsel to tenants facing eviction below a certain income level and they’ve seen really good outcomes in terms of eviction prevention. People that received counsel have much lower rates of eviction.”



POLICY OPTION 2: Housing standards & code enforcement

State and local governments can establish minimum property standards to reduce the number of homes with health hazards.³⁰³ Strengthening these standards and establishing procedures for enforcing them may help improve housing quality by increasing the number of homes that are free of health hazards. One way to do this is by establishing proactive rental inspection programs, which periodically inspect all or a subset of the rental properties within a given jurisdiction.^{304, 305, 306}

Policies like proactive rental inspection programs also offer a promising method to promote housing stability. Renters often do not report housing code violations due to fear of retaliation,³⁰⁷ but proactive inspections can help government officials identify health hazards and work with landlords to make repairs before they harm tenants or cause long-lasting damage.^{308, 309, 310} Additionally, this may bolster the quality of a neighborhood's built and social environments by keeping homes and buildings in good shape and reducing the risk of building condemnation.

VOICES FROM THE FIELD: HOW DOES THIS WORK IN PRACTICE?

A researcher focused on how housing and policy influence health equity provided an example of this in practice, stating,

"We passed some of the first mold legislation in the country that required licensed mold inspectors and licensed mold assessors and remediators. This legislation forces landlords to get a licensed assessor who will come in and determine if there's mold, help identify potential root causes of the mold, and requires the landlord to remediate mold that is found."

Building on that success, they are looking for other ways to support housing quality.

"We are working on passing lead legislation...to force landlords to proactively inspect for lead every time they have to renew their business licenses."



POLICY OPTION 3: Financial assistance for renters

Governments can further address housing instability by funding programs that provide financial assistance to renters in need. Policies to support these goals are numerous and diverse; however, the U.S. Department of Housing and Urban Development's rental assistance programs are likely the most well-studied.³¹¹ Multiple studies have confirmed that federal rental assistance reduces housing instability.³¹² Emerging research evaluating the impact of these types of programs on children's mental health also suggests that they may improve the mental health of children in low-income renter households.³¹³ Due to lack of funding, however, only about one in four eligible low-income renter households receive any form of federal rental assistance.^{314, 315}

At the local level, several cities and counties have established housing trust funds.³¹⁶ Housing trust funds offer flexible funding that can be used to support new affordable housing, improvements to existing housing, and other housing-related activities.³¹⁷

VOICES FROM THE FIELD: HOW DOES THIS WORK IN PRACTICE?

A respondent from an organization providing legal services to children and families provided the following example of how flexible funding has been applied to improve housing quality:

“National Housing Trust got funding from J.P. Morgan to project manage remediating 750 units, and we’re working with them on applying for some of the federal funding. We’re trying to bring together the Green Funding [federal funding]..., Healthy Housing Funding, and then support from Children’s [Hospital], who is actually going to do some evaluation work to show we’re actually making people healthier.”



POLICY OPTION 4: Land use reforms

Another potential policy avenue is the regulation of land use within a state or locality. Changes to land use planning strategies and zoning laws can help improve housing stability by making it easier to build affordable housing.³¹⁸ Reforms in these areas can also improve a neighborhood’s physical and social characteristics.³¹⁹ For example, localities can consider undertaking a comprehensive review of their zoning code to remove exclusionary zoning policies, such as single-family zoning and other residential density restrictions; encourage mixed-use and affordable housing development; prioritize equitable access to health care, healthy food, and green space; and support safe and diverse modes of transportation.^{320,321}

How can I get involved in addressing housing challenges in order to promote children's mental health?

For those who are not already in a position to adopt or implement housing policies that promote children's mental health, figuring out where to start or how to get involved can feel overwhelming. To help overcome this hurdle, some initial strategies and examples from the field are included below. As you review these strategies, consider which steps you can take as an individual, in partnership with the organization you are affiliated with, and through your broader networks.



STRATEGY 1: Join or establish cross-sector coalitions

Coalitions could include local organizations, government agencies, and communities. Coalitions can aim to support the implementation of policies, services, or other interventions to address housing challenges that affect children's mental health. Participation might look different depending on your training or experience. For example, those with mental health expertise could contribute to these coalitions by training partners on children's mental health needs, analyzing the potential mental health impact of policy proposals, and educating decision makers on the impact of housing policies on children's mental health. Below are some examples of what this strategy looks like in practice:

- The Health and Wellness Alliance for Children ("the Alliance"), founded by North Texas pediatric health care system, Children's Health, is a partnership of more than sixty community organizations in Dallas County. The Alliance includes residents and representatives from health, education, government, nonprofit, and faith communities.³²² With the support of housing experts from organizations including the National Center for Healthy Housing, the Alliance worked with city staff and the Dallas City Council to strengthen the city's healthy housing standards and expand the city's proactive rental inspection program.³²³
- Opportunity Starts at Home is a national, multi-sector campaign led by the National Low Income Housing Coalition (NLIHC) working to generate support for federal policies that ensure quality housing for people with the lowest incomes.³²⁴ The steering committee is chaired by NLIHC and includes the National Alliance to End Homelessness, Children's HealthWatch, National Alliance on Mental Illness, the National Association of Community Health Centers, the National Association of Social Workers, and other organizations from the housing and medical fields.³²⁵ The coalition's policy priorities include expanding rental assistance for low-income households, expanding the stock of housing affordable to households with low incomes, and providing emergency rental assistance to prevent housing instability.³²⁶



STRATEGY 2: Coordinate & align services & resources to increase access to stable housing for vulnerable children & families

Coalitions and collaboratives can work to coordinate and align services and resources to increase housing stability. For example, One Roof is a collaborative of partners in child welfare and housing systems at the federal, state, and local levels that are working to integrate services and improve family stability. One Roof's Keeping Families Together initiative connects child welfare-involved families with supportive housing that provides wraparound services for the whole family, including caretakers and adults, to help families become unified or reunified. This approach helps to improve family stability and overall well-being of children and their parents and can prevent mental health impacts of unstable home environments. One Roof is an initiative of the Corporation for Supportive Housing, which is dedicated to bringing sectors and systems together – including housing, health care, and child welfare – to improve outcomes for vulnerable households.

Supportive housing that provides wraparound services helps to improve family stability and overall well-being of children and their parents.



STRATEGY 3: Establish medical-legal partnerships

Medical-legal partnerships (MLPs) integrate legal services into health care settings.³²⁷ Community mental health and health care organizations can establish these types of partnerships to build referral pathways that connect patients experiencing housing challenges with legal services. Through MLPs, lawyers can help patients address housing challenges that may be contributing to health conditions. They can also help care teams identify and advance policy solutions.³²⁸

One example of a successful MLP is Healthy Together, which is based in Washington, D.C., and was established by Children's National Hospital and Children's Law Center in 2002.³²⁹ Through Healthy Together, Children's Law Center attorneys work with pediatricians, nurses, and social workers to identify and resolve the root causes of health problems experienced by their patients.³³⁰ In addition to providing direct legal services, Children's Law Center provides training on MLPs and the social determinants of health to Children's National Hospital staff and patient families.³³¹ Children's Law Center and Children's National Hospital also work together – and with other partners including DC Health, Unity Healthcare, Mary's Center, managed care organizations, and parents – to gather data about environmental challenges affecting children in Washington, D.C., and the impact of legal interventions.^{332,333} Healthy Together is also working to advance upstream policy solutions that help address health-harming housing conditions and minimize the long-term impacts of adverse childhood experiences.^{334,335}

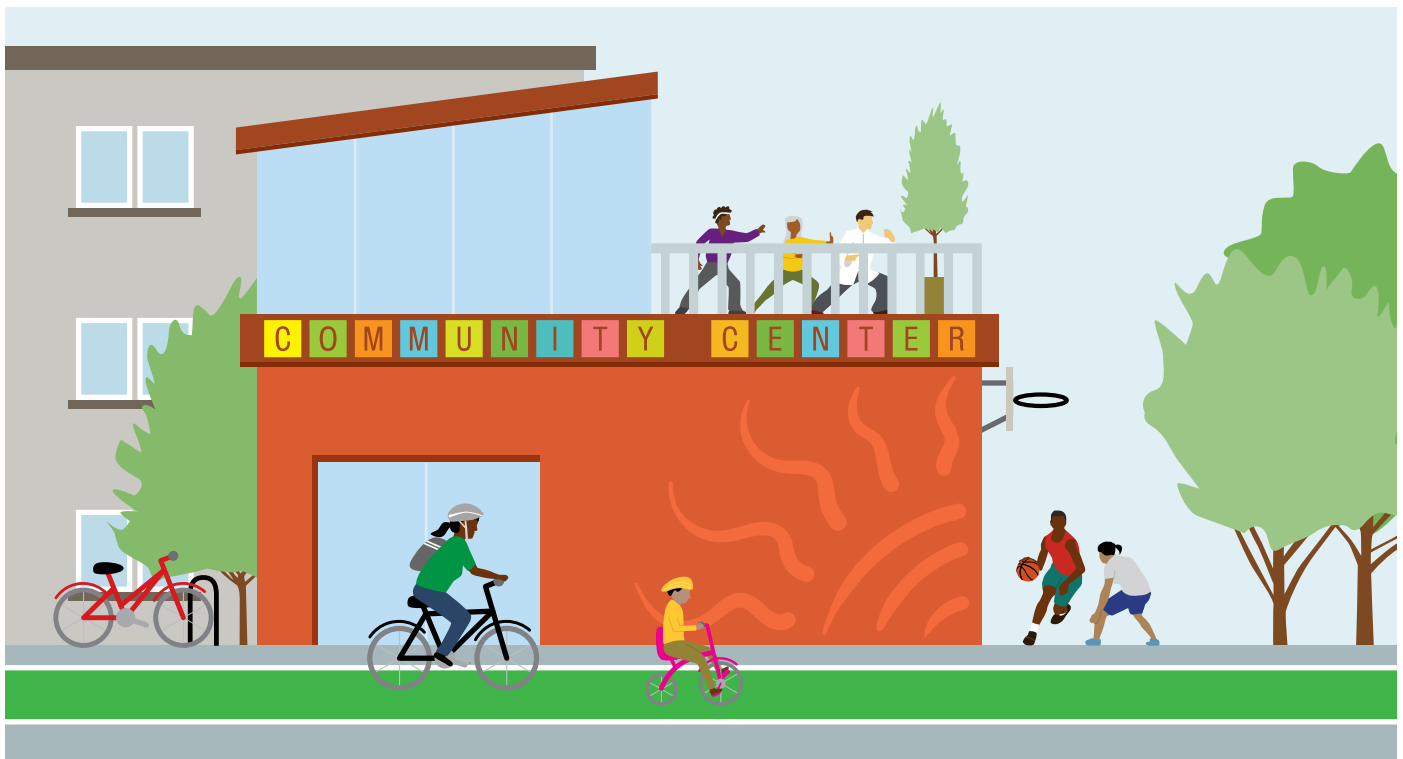


STRATEGY 4: Expand the evidence base for the impact of housing policies on children with ADHD or TS or on children's mental health overall

The literature evaluating the impacts of housing policies that seek to address one or more housing challenges is limited. This is likely due to several factors:

- Many policies have only been implemented in a small number of jurisdictions or for a short period of time.
- There may be significant variance between jurisdictions in terms of what the policy requires and the local context in which the policy operates.
- Data on many housing-related outcomes are limited or inaccessible.
- Programs may have limited or no funding for rigorous evaluation.³³⁶
- It is difficult, and possibly unethical, to design a randomized clinical trial of housing effects on mental health.

Individuals with expertise in research and analysis can work with government officials, housing experts, and community members to build this evidence base by implementing robust and equitable policy evaluation plans.^{337,338} Improving our understanding of how housing policies are established and what their outcomes are can help support and sustain progress. For example, the Lead Safe Cleveland Coalition is working together with community members, health care institutions, research universities, and local government officials to evaluate a new lead safe certification requirement.^{339,340} The coalition's research and evaluation committee, chaired by Case Western Reserve University, is currently tracking the city's implementation of the program and publishing their data through a publicly accessible online dashboard.^{341,342}



Appendix: Housing challenges & policy options

The following table provides examples of policies that may help to address the housing challenges that contribute to negative mental health outcomes in children. Policies are listed by the challenge they may help address. Those that address multiple challenges are listed to the right of each of these challenges. Within each pathway’s sub-group, the policies are generally listed in order of how directly they may address the challenge. For example, in the “Poor physical housing quality” section, improving code enforcement practices (more direct) is listed before increasing the supply of affordable housing (less direct). It should be noted, however, that a policy that aims to address a housing challenge directly may not necessarily be more effective than an indirect policy that addresses the structural drivers of that challenge. More information about these policies and potential design considerations are included in the cited policy briefs and articles.

Housing challenge		Potential policy options		
Poor physical housing quality				
 Lead exposure	 General poor physical housing quality (e.g., indoor air pollution, leaks, pests, lack of heat, water, or inadequate light)	■ Housing standards and code enforcement ◦ Strengthen legal requirements related to lead hazards and healthy housing³⁴³ ◦ Create a proactive rental inspection program^{344,345} ■ Funding to improve housing quality ◦ Provide financial incentives to reduce the cost of repairs and weatherization^{346,347,348,349,350,351,352,353} ◦ Create a housing trust fund^{354,355}		
Housing instability				
 Eviction	 Overcrowding	 Frequent moves	 Homelessness	■ Eviction and foreclosure protections ◦ Adopt a just cause eviction law³⁵⁶ ◦ Provide a right to counsel to tenants facing eviction³⁵⁷ ◦ Adopt rent regulations³⁵⁸ ◦ Provide emergency rental assistance³⁵⁹ ◦ Require foreclosure mediation³⁶⁰ ■ Funding to improve housing quality ◦ Provide financial incentives to reduce the cost of repairs and weatherization^{361,362,363,364,365,366,367,368} ◦ Create a housing trust fund^{369,370} ■ Funding to improve housing affordability ◦ Provide additional funding for housing vouchers³⁷¹ or public housing^{372,373} ◦ Provide additional funding for Housing First permanent supportive housing³⁷⁴ ◦ Increase income supports^{375,376,377} ■ Planning and zoning reforms that reduce density restrictions and encourage the development of multifamily housing³⁷⁸
Neighborhood environment				
 Limited access to play and green space		■ Planning and zoning reforms that help increase access to green spaces^{379,380}		
 Limited access to transportation		■ Planning and zoning reforms that help increase access to safe and diverse modes of transportation^{381,382}		
 Environmental pollution (and/or unhealthy land use and patterns of development)		■ Planning and zoning reforms that limit environmental pollution and inequitable exposure, reduce traffic volume, and increase opportunities for physical activity^{383,384}		
 Risk of exposure to climate change and natural disasters		■ Funding to improve housing quality ◦ Provide financial incentives to reduce the cost of repairs and weatherization^{385,386,387,388,389,390,391,392} ◦ Create a housing trust fund^{393,394}		

Housing challenge	Potential policy options
 Deterioration of neighborhood's physical characteristics/ environment	■ Housing standards and code enforcement ◦ Strengthen legal requirements related to lead hazards and healthy housing³⁹⁵ ◦ Create a proactive rental inspection program^{396,397} ■ Funding to improve housing quality ◦ Provide financial incentives to reduce the cost of repairs, hazard abatement, and structural improvements^{398,399,400,401,402,403,404} ◦ Create a housing trust fund^{405,406} ■ Land banks,⁴⁰⁷ vacant property greening,⁴⁰⁸ and community land trusts^{409,410} ■ Systems to make homeowners or renters in the same home (e.g., "rent-to-buy")^{411,412}
 Low neighborhood social cohesion	■ Eviction and foreclosure protections ◦ Adopt a just cause eviction law⁴¹³ ◦ Establish a right to counsel for tenants facing eviction^{414,415} ◦ Adopt rent regulations⁴¹⁶ ◦ Require foreclosure mediation⁴¹⁷ ■ Planning and zoning reforms that help increase access to green spaces^{418,419,420}
 Experiences of violence	■ Funding to improve housing quality ◦ Provide financial incentives to reduce the cost of repairs and weatherization^{421,422,423,424,425,426,427,428,429} ◦ Create a housing trust fund^{430,431} ■ Land banks and vacant property greening⁴³² ■ Planning and zoning reforms that help increase access to green spaces^{433,434}
 Negative perception of neighborhood safety and fear of being the victim of crime	
 Concentrated economic disadvantage	■ Adoption of a law prohibiting discrimination based on source of income⁴³⁵ ■ Funding to improve housing affordability ◦ Provide additional funding for housing vouchers⁴³⁶ or public housing^{437,438} ◦ Provide additional funding for Housing First permanent supportive housing⁴³⁹ ◦ Increase income supports^{440,441,442}

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ENVIRONMENTAL POLICY

Of the first five US states with food waste bans, Massachusetts alone has reduced landfill waste

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Diverting food waste from landfills is crucial to reduce emissions and meet Paris Agreement targets. Between 2014 and 2024, nine US states banned commercial waste generators—such as grocery chains—from landfilling food waste, expecting a 10 to 15% waste reduction. However, no evaluation of these bans exists. We compile a comprehensive waste dataset covering 36 US states between 1996 and 2019 to evaluate the first five implemented state-level bans. Contrary to policy-makers' expectations, we can reject aggregate waste reductions higher than 3.2%, and we cannot reject a zero-null aggregate effect. Moreover, we cannot reject a zero-null effect for any other state except Massachusetts, which gradually achieved a 13.2% reduction. Our findings reveal the need to reassess food waste bans using Massachusetts as a benchmark for success.

Reducing emissions from the global food system is necessary to meet the Paris Agreement goal of limiting the average global temperature rise to 1.5° or 2°C above preindustrial levels (1). Notably, food waste and loss account for ~50% of the global food system's emissions (2). Although food waste and loss cannot be eliminated, their emissions can be substantially reduced with recycling (3). For instance, composting food waste generates 38 to 84% less methane emissions compared with landfilling (4). Recognizing these facts, countries such as France, Germany, South Korea, and the US have advanced laws and regulations banning the disposal of food waste in landfills (3, 4).

In the US—the world's second-largest emitter of greenhouse gases (5)—nine states have enacted food waste bans: Vermont, Massachusetts, and Connecticut in 2014; California and Rhode Island in 2016; New Jersey in 2021; New York in 2022; Maryland in 2023; and Washington in 2024. Policy-makers tout these bans for their potential to reduce methane emissions from landfills, conserve landfill space, rescue food suitable for consumption, and increase soil quality through composting (6–10). However, no formal evaluation of these bans exists, with past studies being either theoretical or lacking a control group (11, 12).

We evaluate the first five US state-level bans (where data are available). To do so, we compile and analyze a comprehensive state-level waste panel dataset covering the years surrounding the enactment of the bans, paired with data on the bans' implementation dates, covered materials (e.g., food waste or yard trimmings), and covered generators (i.e., lists of covered grocery stores, restaurants, food manufacturers, conference centers, and other covered generators).

For our analysis, we use a variant of the synthetic control method, modified to accommodate our relatively short panels (13).

Predicting potential effects of food waste bans

Food waste bans are defined by three parameters: implementation dates, covered materials, and covered waste generators (table S1). When it comes to implementation dates, in addition to the nine aforementioned US states, seven US municipalities also implemented food waste bans between 2009 and 2018 (tables S1 and S2). When it comes to covered materials, although some of the bans cover other organic materials as well, such as yard waste and compostable paper, all of them primarily target food waste. (We therefore use the phrase “food waste ban” instead of “organic waste ban.”) When it comes to covered generators, coverage is determined by a threshold on the amount of produced food (or organic) waste. These thresholds vary between bans and within bans over time. Commonly used thresholds are 104 short tons/year (which covers a Whole Foods), 52 tons/year (which covers an Applebee's), and 26 tons/year (which covers a Starbucks). Overall, policy-makers use progressively lower thresholds to phase in diversion requirements, targeting larger businesses first.

To quantify each food waste ban's potential impact, we estimate the fraction of waste that the ban is expected to divert from landfills and incinerators. We use two sets of expected-effects estimates: the regulators' stated predictions (found in public documents and their interactions with the press) and estimates that we derive ourselves by pairing the bans' parameters with additional data.

We derive our expected-effects estimates using two additional data sources: waste characterization studies (WCSs) and lists of food waste generators, both of which are published by state environmental agencies. WCSs detail the composition of landfilled waste, including commercially versus residentially generated

food waste. For example, Vermont's 2018 WCS shows that 10.7% of total landfilled waste was commercial food waste (fig. S4). Food waste generator lists include store-level food waste estimates for relevant businesses. We have two such lists: Massachusetts 2011 and Vermont 2013. The Massachusetts list includes 714 grocery stores, 3833 restaurants, and 797 other establishments (such as schools and hospitals) and their corresponding food waste estimates. Using the Massachusetts list, we calculate that a 104-tons/year threshold covers ~47.5% of all commercial food waste, 52 tons/year covers 68.5%, and 26 tons/year covers 90%. The Vermont list includes 397 grocery stores, 1958 restaurants, and 1189 other businesses, with which we corroborate our coverage estimates. We use the Massachusetts list's coverage estimates to calculate our expected effects of the bans for all states—for example, we assume that a threshold of 104 tons/year covers 47.5% of all commercial waste (Table 1 and fig. S1). Our expected effects are lower than those of regulators for Massachusetts and California and are slightly higher for Vermont (14).

Calculating the effects of food waste bans

To calculate the effects of food waste bans on waste disposal, we need waste outcomes for multiple locations over multiple years. However, local agencies record waste at the state, county, and facility level, resulting in siloed databases from disparate systems. We overcame this data challenge by corresponding with 43 state agencies and filing 12 public record requests. Our resulting panel tracks waste from 36 states, including 877 counties, spanning 24 years, and covering a maximum of 89% of the US population in 2014 (fig. S2 and table S4) (14). For our core sample, we keep states with complete panels between 2006 and 2018, concluding the panels in 2018 to avoid overlap with the COVID-19 pandemic. This sample has 27 states, including five with bans—California, Connecticut, Massachusetts, Rhode Island, and Vermont—and covers 76.5% of the US population (14).

Further, to calculate the bans' effects, we need a standardized waste outcome. However, states have different reporting practices (15, 16). For example, some states report waste net of imports and exports, but others do not (table S5); some states report municipal solid waste (MSW), which includes everyday items that households and businesses discard, whereas others report total solid waste, which also includes industrial waste. To resolve these reporting differences, we construct our primary outcome as the per-capita, state-generated MSW that is landfilled or incinerated (as opposed to recycled or composted) (14). Henceforth, we refer to this outcome simply as “disposal.” (Fig. 1 illustrates a snapshot of disposal in 2018.)

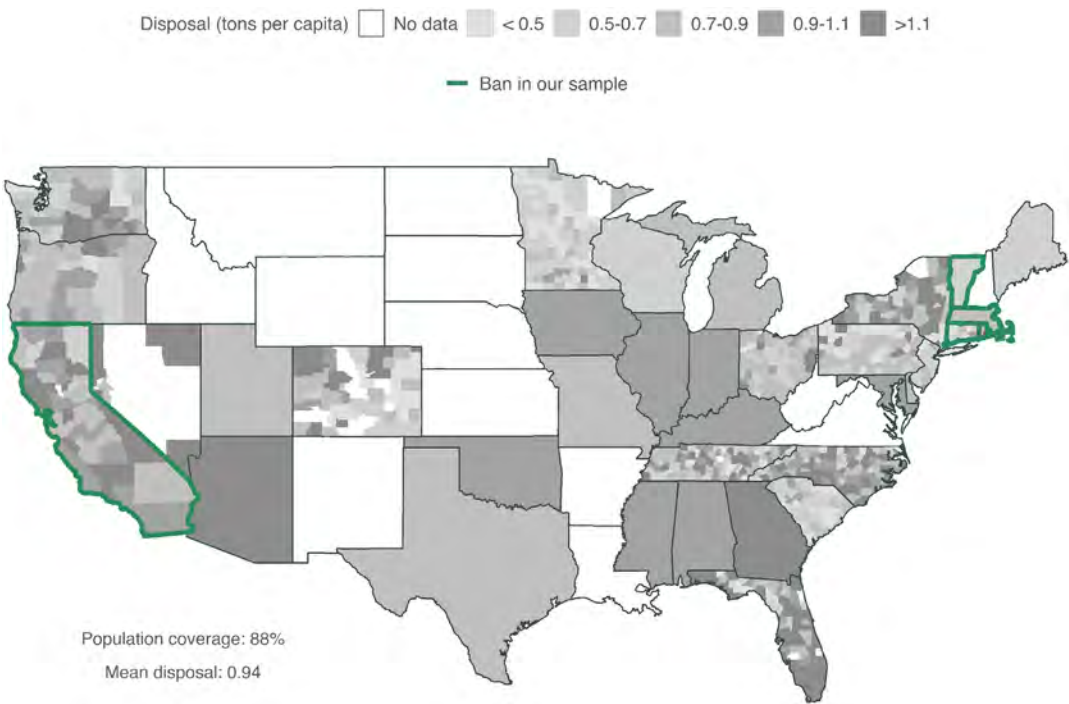
To estimate the effects of waste bans on disposal, we use a variant of the synthetic control

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Fig. 1. Disposal (landfilled or incinerated MSW) across the continental US in 2018. All disposal is in-state generated. For California, Colorado, Connecticut, Florida, Minnesota, Nevada, New Jersey, New Mexico, New York, North Carolina, Ohio, Oregon, Pennsylvania, South Carolina, Tennessee, and Washington, we observe county-level disposal. For more years, see fig. S3. (Note that besides genuine differences in disposal, the cross-sectional variation illustrated in this figure may also reflect differences in reporting.) The green outlines indicate treated states (i.e., states with food waste bans).



method (17). [In particular, we build on (18).] This method combines multiple nontreated units into a single “synthetic” unit that serves as a better control than any nontreated unit alone. The synthetic unit provides a counterfactual for the treated unit, predicting what would have occurred without treatment. By comparing counterfactual and factual outcomes, we estimate the treatment effect (14).

Specifically, for each “treated” state affected by a ban, we construct a counterpart synthetic state as an affine function of a subset of nontreated states (i.e., a convex combination of nontreated states plus an intercept) to closely match the treated state’s preban trends. This synthetic state captures evolving trends in disposal—e.g., from changes in recycling habits, consumption needs, and technology. We then compare actual and synthetic control outcomes to separate the ban’s effect from such trends, defining the average treatment effect on the treated (ATT) as the percent difference between actual and synthetic control total disposal in the postban years (eqs. S1, S3, and S4).

Given that we have relatively short panels (at most 16 consecutive years), we take two additional steps to prevent overfitting when constructing our synthetic controls. First, as in (18), we impose further regularization by forcing equal weights on all nontreated states in each subset that forms a control. Second, we evaluate each synthetic control’s predictive performance with a validation period that is separate from the training period and covers preban years immediately after the training period. All synthetic controls closely track their corresponding treated states during the validation period:

Table 1. State-level food waste ban details. We calculate our expected effect of each ban on disposal by multiplying “Coverage” with “Covered materials.” Coverage is the fraction of total nonresidential food waste covered by the ban, based on the ban’s generation threshold during each phase and the food waste generator lists. Covered materials is the fraction of disposal covered by the ban, based on the materials covered during each phase—e.g., food waste versus other organic waste. We find these latter fractions in WCSs (table S3). The rightmost column refers to the implied, expected reductions in disposal in our core sample (2006 to 2018) based on regulators’ statements (14). Dashes indicate data not available.

Ban	Phase	Start (year)	Coverage (%)	Covered materials (%)	Our expected effect on disposal (%)	Regulators’ expected effect on disposal (%)
California (AB 1826)	I	2016	68.5	14.5	−9.9	−18.5
	II	2017	90.0	14.5	−13.1	−18.5
	III	2019	99.7	14.5	−14.5	−18.5
Connecticut (CGS Sec.22a–226e)	I	2014	46.3	15.7	−7.2	–
	II	2020	66.5	15.7	−10.3	–
Massachusetts (310 CMR 19.000)	I	2014	68.5	10.3	−7.1	−9.8
	II	2022	90.0	10.3	−9.3	−9.8
Rhode Island (23-18.9-17)	I	2016	44.6	7.5	−3.3	–
	II	2018	63.7	7.5	−4.7	–
	III	2022	78.9	7.5	−5.8	–
Vermont (ACT 148)	I	2014	46.3	10.7	−4.9	−7.2
	II	2015	66.5	10.7	−7.0	−7.2
	III	2016	87.3	10.7	−9.2	−7.2
	IV	2017	92.2	10.7	−9.7	−7.2
	V	2020	100.0	21.4	−21.4	–

The mean average percent error (MAPE) for California, Connecticut, Massachusetts, and Vermont is below 1.68%, whereas that for Rhode Island is 6.20% (eq. S2).

Note that the key assumption behind our approach is that the difference between the actual and synthetic control outcomes would have

been mean zero during the ban years absent the ban. Therefore, our approach would fail to recover the true ATT in a treated state if there were large, postban structural breaks in that state’s disposal (e.g., from a different major waste policy change that coincided with the ban in a subset of states) (14).

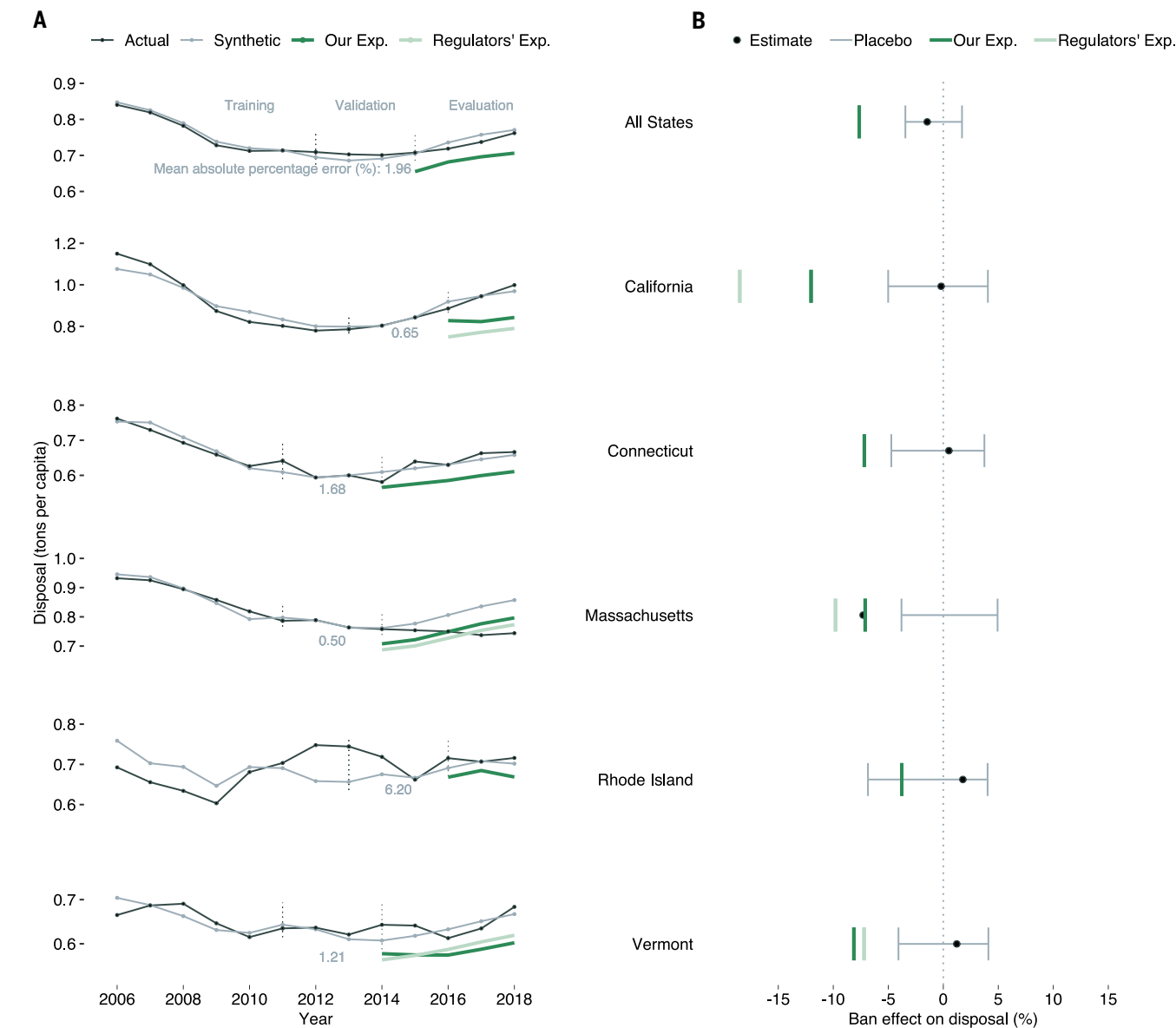


Fig. 2. The effect of food waste bans on disposal. (A) Time series of actual disposal and synthetic control disposal (i.e., the prediction of disposal absent a ban) for each state individually and for all states (top row). “Our Exp.” refers to the expected effect of the bans that we calculate on the basis of their coverage (Table 1). “Regulators’ Exp.” refers to the regulators’ expectations found in environmental agencies’ public documents and in regulators’ interactions with the press. The mean absolute percentage error refers to the prediction error for each row’s validation period. (B) Point estimates of the ATT for each row and the corresponding 95% confidence interval of the placebo distribution.

To assess the statistical significance of our estimated effects, we use a placebo-based inference method (14). This method compares each treated unit’s estimate with a distribution of “placebo” estimates, generated by handling each nontreated unit as if it were treated (17, 19). This placebo distribution quantifies the size of effect estimates that could arise by chance, simply because the underlying counterfactual model does not perfectly predict the future. Specifically, for each treated state, we apply our synthetic control method to all nontreated states, as if these states had implemented a ban exactly when the treated state did. The placebo distributions are approximately mean zero and are tight enough

to not classify the expected effects of the bans (both our expected effects and those of the regulators) as zero-null (“nil”) (table S6). Note that the key assumption behind our inference approach is that treated units are not systematically harder or easier to predict than nontreated units (20). If nontreated units were harder to predict, then our placebo effects distributions would be too wide, and we would fail to detect small (but real) effects in disposal. Conversely, if nontreated units were easier to predict, then the method would falsely classify spurious deviations between actual and synthetic control outcomes as real effects. Although this assumption is not directly testable

during the ban periods, we show strong, suggestive evidence that it holds during the validation periods, before the bans. Indicatively, the prediction errors of all treated units fall within the 2.5th and 97.5th percentiles of the nontreated units’ distribution of prediction errors (table S6).

Food waste bans fall short, except in Massachusetts

We find no discernible treatment effect of bans on disposal—synthetic and actual outcomes continue to move in near lockstep in the post-ban years—except in Massachusetts (Fig. 2A). More formally, we cannot reject a nil effect of

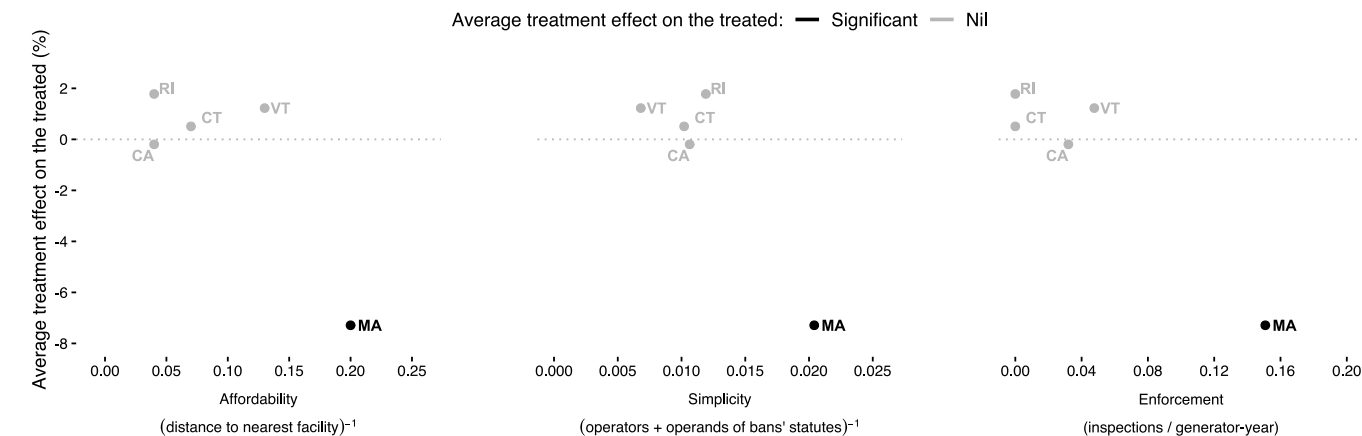


Fig. 3. Potential drivers for Massachusetts's success. We refer to a ban's estimated effect from Fig. 2 as the ATT, and we label this effect as significant if it lies outside the corresponding 95% placebo confidence interval (otherwise, we label it nil). We measure affordability of compliance (left) with the inverse of the average distance between a generator and its nearest composting facility, regulatory simplicity (center) with the inverse of the total number of operators and operands in its algorithmic representation, and ban enforcement (right) with the ratio of waste load inspections to covered generators. Massachusetts is an outlier across all three metrics.

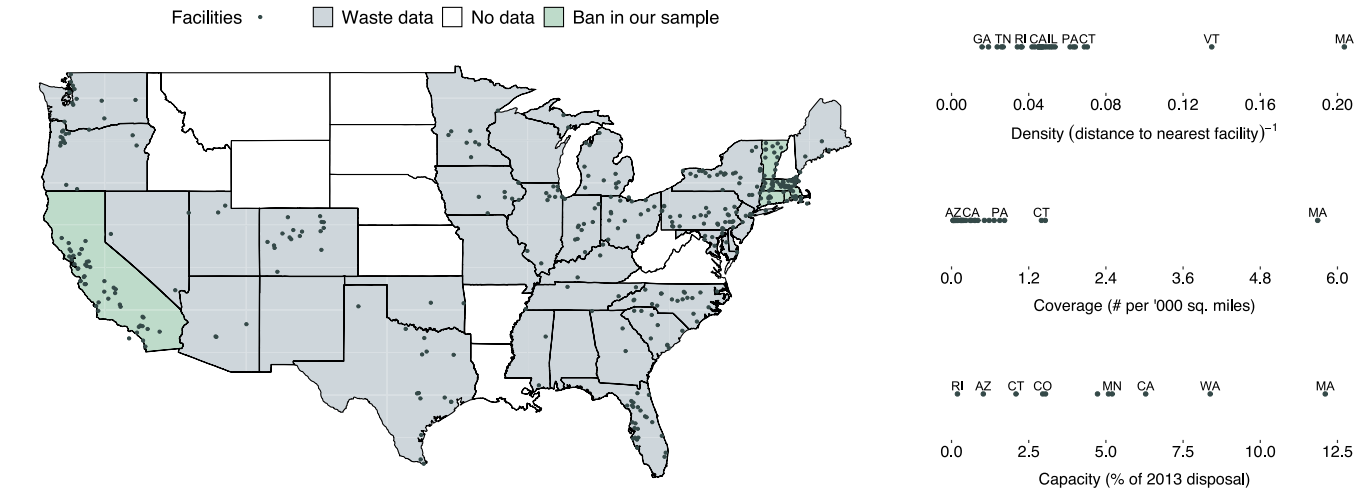


Fig. 4. Food waste composting infrastructure in the US. (Left) Map displaying the locations of food waste composting facilities across the US (14). These facility locations are found in lists kept by environmental state agencies. These lists are either posted on the agencies' websites or were shared with us through public records requests. For each state, we use the most recent available list. (Right) Three plots display the distribution of three density metrics across states.

the bans on disposal, except for Massachusetts (Fig. 2B). Pooling across states (giving each state equal weight), the ATT estimate is -1.5% (the corresponding placebo distribution P value is 0.24). At the state level, California's ATT estimate is -0.2% ($P = 1.00$), Connecticut's is 0.5% ($P = 0.86$), Vermont's is 1.2% ($P = 0.95$), and Rhode Island's is 1.8% ($P = 0.82$). By contrast, the ATT estimate for Massachusetts is -7.3% ($P < 0.05$)—almost exactly matching expectations.

Furthermore, we can confidently rule out meaningful decreases in disposal in states other than Massachusetts. We create test distributions given the null hypothesis “the true ATT is μ_0 ” by shifting the placebo distributions so that their means equal μ_0 instead of (roughly) zero. (The assumption being that disposal prediction difficulty is level invariant.) Applying this approach, we can reject the null hypothesis that US food waste bans collectively de-

creased aggregate disposal by μ_0 at the 95% level, for all $\mu_0 \leq -3.2\%$. At the state level, we can reject all $\mu_0 \leq -4.3\%$ for California (our expected effect: -12.0%), $\mu_0 \leq -3.2\%$ for Connecticut (our expected effect: -7.2%), $\mu_0 \leq -2.2\%$ for Rhode Island (our expected effect: -3.8%), and $\mu_0 \leq -2.9\%$ for Vermont (our expected effect: -8.1%).

Our results replicate when we use the same approach but methane emissions as our outcome (fig. S5). Using the US Environmental Protection Agency (EPA)'s Greenhouse Gas Reporting Program data (fig. S6), we find a significant 25.7% decrease in methane emissions per ton of disposal in Massachusetts in the post-ban years (14). By contrast, we cannot reject nil effects in California, Connecticut, Rhode Island, and Vermont, and for each of these states except Rhode Island and Connecticut, we can confidently reject that the bans achieved their predicted methane reductions. Our results are

also robust across a range of different specifications and identification strategies, and the nil effects persist for city-level bans and when we use composting as our outcome (figs. S7 to S10 and tables S7 and S8) (14).

Potential drivers of Massachusetts's success

What might explain the success of Massachusetts? Through conversations with regulators, three plausible drivers emerge: affordability of compliance, regulatory simplicity, and stronger enforcement and monitoring. Although we do not have the statistical variation for a causal analysis, we find that Massachusetts is a clear outlier on all three (Fig. 3).

First, Massachusetts made it affordable for generators to comply with the ban by building the most extensive food waste composting network in the country. To evaluate the extent of each state's composting infrastructure,

we collected composting facility location data for 31 out of 36 states in our sample (Fig. 4). We use three evaluation metrics: density (the inverse of the average distance between a food waste generator and its nearest facility), coverage (the number of facilities per 1000 square miles), and capacity (the fraction of 2013 disposal that facilities can process). On each of our three metrics, Massachusetts has the highest values across all states. For example, Massachusetts's density is 51% higher than that of the second-densest state (Vermont) and 284% higher than the mean. (Rhode Island's lack of detectable treatment effect likely stems from low affordability—given its limited composting infrastructure, most generators are exempt from the ban.)

Second, Massachusetts made it easy for generators to understand the ban by keeping its parameters simple: There are no exemptions, and the generation thresholds do not change frequently. To obtain objective measures of regulatory complexity, we converted the bans' regulatory documents into pseudo-algorithms and used measures of classic algorithmic complexity (21, 22). Massachusetts's ban ranks the simplest across the five states (table S9 and fig. S11) (14).

Third, Massachusetts increased the cost of noncompliance with the ban. To measure monitoring and enforcement, we collected data on inspections, monetary fines, and notices of violations (table S10). On each of these metrics, Massachusetts has the highest value. For example, Massachusetts's monitoring, measured by inspections per generator-year, is 216% higher than that of the next-highest state (Vermont). By contrast, there is almost no enforcement in other states. The lack of detectable treatment effects suggests widespread noncompliance with US food waste bans—i.e., that food waste is still being landfilled despite the bans. (We note that in 2022, California implemented SB 1383, an additional law requiring jurisdictions to enforce the state's ban. Although enforcement in California is still minimal, SB 1383 may improve the ban's effectiveness in the long run.)

Our study shows that food waste bans are far from guaranteed to be successful, but there is potential for them to succeed when composting infrastructure is sufficient and bans are enforced. Given the current limited number of bans and the lack of independent variation in infrastructure density, enforcement, and regulatory simplicity, further investigation is needed to determine which of these drivers has the largest contribution to a ban's success. For example, if affordability is the key driver of a ban's success, Michigan should focus on expanding its composting infrastructure (which is 77% less dense than that of Massachusetts) before moving forward with enacting a ban (23). But, regardless of the underlying mechanisms behind Massachusetts's success, identifying the effectiveness (or lack thereof) of climate policies is crucial: Failing to recognize ineffective policies misallocates considerable resources.

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SUPPLEMENTARY MATERIALS

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Materials and Methods
Figs. S1 to S11
Tables S1 to S12
References (28–31)

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