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STATE ETHICS COMMISSION
2014 OCT 15 AM 10:17

**DISCLOSURE BY STATE EMPLOYEE OF FINANCIAL INTEREST
IN A CONTRACT TO PROVIDE SOCIAL SERVICES
PURSUANT TO 930 CMR 6.07**

| STATE EMPLOYEE INFORMATION | |
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| Name of state employee: | Joyce Perrotta, Ph.D. |
| Title/ Position: | As of September 28, 2014 Psychologist IV - Northeast Area Courts – Court Clinic Designated Forensic Psychologist |
| Agency/Department: | Department of Mental Health |
| Agency Address: | Department of Mental Health Central Office 25 Staniford Street Boston, MA 02114 |
| Office phone: | 978-825-3036 |
| Office e-mail | |
| <p>I am a state employee, and I seek to have a financial interest in a contract or agreement made by a state agency listed below, or by a provider or organization funded by a state agency listed below:</p> <p>A state agency within the following Executive Offices:</p> <p style="padding-left: 40px;">Executive Office of Health and Human Services, Including the Human Service Transportation Office;</p> <p style="padding-left: 40px;">Executive Office of Public Safety and Security,</p> <p style="padding-left: 40px;">Executive Office of Elder Affairs,</p> <p style="padding-left: 40px;">Executive Office of Veteran's Services, or</p> <p style="padding-left: 40px;">A sheriff's office.</p> <p>The purpose of the contract is:</p> <ul style="list-style-type: none"> - To provide personal services to a person or persons who receive services from, or have services paid for by, these state agencies; or - To provide educational services to people who work for these state agencies or for providers or organizations funded by these state agencies. <p>I seek approval of the arrangement from the agency for which I serve as a state employee and from the state agency above that made the contract.</p> | |
| FINANCIAL INTEREST IN A CONTRACT WITH A STATE AGENCY | |
| PLEASE CHECK OFF ONE OF THE THREE STATEMENTS BELOW AND PROVIDE THE REQUESTED INFORMATION. | |
| 1) Service to a state agency | <input type="checkbox"/> I will provide personal or educational services to a state agency listed above. Please identify the state agency and also the Executive Office it is in, if applicable. |

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| <p>2) Service to a provider or organization</p> | <p><input checked="" type="checkbox"/> I will provide personal or educational services to a provider or organization funded by a state agency listed above.</p> <p>Please provide the name and address of the provider or organization.</p> <p>Forensic Health Services, Inc, (A wholly owned subsidiary of MHM Services) 110 Turnpike Road, Suite 308 Westborough, MA 01581</p> <p>Please identify the state agency that funds the provider or organization, and also the Executive Office it is in, if applicable.</p> <p>Department of Mental Health has a contract with Forensic Health Services/MHM, which funds this service. The Department of Mental Health is within the Executive Office of Health and Human Services.</p> |
| <p>3) Service to a person or persons</p> | <p><input type="checkbox"/> I will provide personal services directly to a person or persons who receive services from, or have services paid for by, a state agency listed above.</p> <p>Please identify the state agency that provides services to, or pays for services for, the person or persons, and also the Executive Office it is in, if applicable.</p> |
| <p>Please describe the services you will provide.</p> | <p>Please provide information about the type of personal or educational services you will provide. Please do not include the name of any individual who receives services.</p> <p>The contract pays for services provided by me as a Designated Forensic Psychologist, to evaluate individuals who are under arrest, but in a pre-arraignment status, as needed for possible commitment under CH 123 Section 18(a).</p> |
| <p>What will you be paid, or what other financial interest will you have?</p> | <p>Please include a dollar amount, if possible.</p> <p>On call rate \$110 per week. When called out to evaluate an individual under arrest, paid per evaluation, at the contracted rate of \$210 per hour</p> |
| <p>Employee signature</p> | <p><i>Joyce Penabaz, Ph.D.</i></p> |
| <p>Date:</p> | <p>9/29/14</p> |
| | <p>APPROVAL BY AGENCY YOU SERVE AS A STATE EMPLOYEE</p> |
| <p>Name and title of appointing authority</p> | <p>Debra Plnals, M.D. Assistant Commissioner of Forensic Services Department of Mental Health</p> |

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| Office phone | 617-626-8071 |
| Office e-mail | |
| Signature by appointing authority | By signing here, I indicate that I have reviewed the facts that the state employee has disclosed above and approve the arrangement proposed by the state employee.  |
| Date: | 10/10/14 |
| | APPROVAL BY AGENCY THAT MADE THE CONTRACT (IF DIFFERENT) |
| Name and title of person giving approval at the state agency that made the contract | |
| Office phone | |
| Office e-mail | |
| Signature by person giving approval | By signing here, I indicate that I have reviewed the facts that the state employee has disclosed above and approve the arrangement proposed by the state employee. |
| Date: | |

Attach additional pages if necessary.

File with:

State Ethics Commission
One Ashburton Place, Room 619
Boston, MA 02108