*DISCLOSURE BY STATE EMPLOYEE OF FINANCIAL INTERESTRECTIVED IN A CONTRACT TO PROVIDE SOCIAL SERVICES PURSUANT TO 930 CMR 6.07 2017 AUG 24 PM 3: 22

	STATE EMPLOYEE INFORMATION
Name of state	
employee:	Julie Horgan
Title/ Position:	Clinical risk manager
Agency/Department:	DMH
Agency Address:	Solomon Carter Fuller 85 East Newton St. Boston, MA
Office phone:	617-305-9911
Office e-mail	Julie, Horgan@Massmail.state.ma.us
d .	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: A state agency within the following Executive Offices:
	Executive Office of Health and Human Services, including the Human Service Transportation Office; Executive Office of Public Safety and Security, Executive Office of Elder Affairs, Executive Office of Veteran's Services, or A sheriff's office. The purpose of the contract is:
	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. 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.
	FINANCIAL INTEREST IN A CONTRACT WITH A STATE AGENCY
	PLEASE CHECK OFF ONE OF THE THREE STATEMENTS BELOW AND PROVIDE THE REQUESTED INFORMATION.
Service to a state agency	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.

Service to a provider or organization	I will provide personal or educational services to a provider or organization funded by a state agency listed above.
	Please provide the name and address of the provider or organization.
J.	Please identify the state agency that funds the provider or organization, and also the Executive Office it is in, if applicable.
Service to a person or persons	_x 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.
	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.
ş	The BEST Team is funded by DMA, Dept. of Medical Assistance, and MBHP(a form of Mass Health).
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Please describe the services you will	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.
provide.	I would be going to emergency rooms such as Carney Hospital and Children's Hospital and assessing people who are in psychiatric crisis. These are people who might be suicidal, psychotic, and/or unable to care for themselves. I would make a determination about what services they need-such as psychiatric unit or outpatient services. Some of these people will be DMH clients.
	ži 3.
What will you be paid, or what other financial interest will	The pay is ?\$25.60 an hour. I'm looking to work 2 weekend days a month.
you have?	
Employee signature	a li toya
Date:	8/9/2017 APPROVAL BY AGENCY YOU SERVE AS A STATE EMPLOYEE
Name and title of	VI I MANUE D. MORINE LOS OFFICE DE MANUE SIMI -21-
appointing authority	Potruci Pen - DM4 Hora Director Metro Boston
Office phone	Patricin Kenny - DMH Hren Director, Metro Boom

Office e-mail	Patricia Vera a State mays
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. (**Matrix**) Kenny**
Date:	Patricia Kenny 8/21/17
	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

Form revised February, 2012