



The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Mental Health

25 Staniford Street

Boston, Massachusetts 02114-2575

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

JOAN MIKULA
Commissioner

(617) 626-8000
www.mass.gov/dmh

July 11, 2017

Ms. Kym Marie Sevigne
429 Moore Street
Ludlow, MA 01056

Dear Ms. Sevigne:

I am pleased to appoint you for a three year term to the Holyoke/Chicopee Site Board with an expiration date of July 11, 2020. Your participation as a volunteer advisor to the Massachusetts Department of Mental Health is very much appreciated.

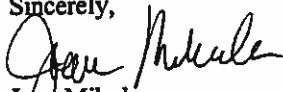
The Department is committed to developing a service system that reflects local needs and meets high standards of care. Advances in care and treatment for individuals with mental illness, together with recognition of the need to partner with consumers to sustain their recovery in less restrictive environments have shifted the focus of treatment to the community. The Department's *Community First* vision is one that is aligned with consumer choice and the DMH public mental health system has transformed to empower consumers and families. Overwhelmingly, their choice to achieve their recovery is living independently – with the right supports – in the community of their preference. Your active involvement as a Site Board member is critical to the success of the DMH mission and our Community First Initiative.

I have enclosed a copy of the regulations governing citizen advisory boards. You will note that all board appointees must participate in training and orientation activities. Also note that you must be sworn in by two "Commissioners to Qualify Public Officers" within the next 90 days. Information regarding this requirement is attached and I suggest you confer with your Area Director as to the best way of meeting this requirement.

Also, please be aware that, because you are an employee of an agency that currently contracts with the Department, you are required by the State ethics law, M.G.L. c.268A, to file a disclosure form with the State Ethics Commission, One Ashburton Place, Room 619, Boston, MA 02108. A copy of the form is attached. Additionally, you should not participate as a Site Board member in any matter relating to or affecting your employer.

On behalf of the Department, I would like to once again thank you for your participation as a Site Board member, and wish you much success in this important responsibility.

Sincerely,


Joan Mikula
Commissioner

cc: Julie Schwager, Western Massachusetts Area Director
Brad Cole, Holyoke/Chicopee Site Director


**DISCLOSURE OF ELECTION OR APPOINTMENT
TO AN UNCOMPENSATED POSITION
AS REQUIRED BY 930 CMR 6.02(3)**

RECEIVED
STATE ETHICS COMMISSION

2017 AUG -3 AM 11:31

	IDENTIFYING INFORMATION
Name:	Kym Marie Sevigne
Your phone:	413-519-0050 (c) 413-536-8200 (w)
Your e-mail:	Kym.Sevigne@state.ma.us
<p>Write an X beside one statement.</p>	<p><input checked="" type="checkbox"/> STATE: I already have a job with a state agency or another direct or indirect financial interest in a contract made by a state agency, and I will begin serving in an uncompensated position with the same state agency or another state agency.</p> <p><input type="checkbox"/> COUNTY: I already have a job with a county agency or another direct or indirect financial interest in a contract made by a county agency, and I will begin serving in an uncompensated position with the same county agency or another agency of the same county.</p> <p><input type="checkbox"/> MUNICIPAL: I already have a job with a municipal agency or another direct or indirect financial interest in a contract made by a municipal agency, and I will begin serving in an uncompensated position with the same municipal agency or another agency of the same city or town.</p>
	The uncompensated position will be:
Check one.	<input type="checkbox"/> Elected or <input checked="" type="checkbox"/> Non-elected
	FINANCIAL INTEREST I ALREADY HAVE IN A PUBLIC AGENCY CONTRACT
<p>Do you already have the contract with a public agency, or does another person or entity have the contract?</p> <p>Write an X beside the appropriate statement.</p>	<p>I HAVE THE CONTRACT.</p> <p><input checked="" type="checkbox"/> I work for a public agency for compensation.</p> <p><input type="checkbox"/> A contract that I have with a state public agency (e.g., a grant) funds my work;</p> <p><input type="checkbox"/> I have a contract for goods, supplies or equipment, etc., with a public agency.</p> <p><input type="checkbox"/> I have another type of contract with a public agency.</p> <p>OR</p> <p>ANOTHER PERSON OR ENTITY HAS THE CONTRACT.</p> <p><input type="checkbox"/> I work for a person or entity (e.g., a business, non-profit or organization), and my work is funded by a contract between the person or entity and a public agency.</p> <p><input type="checkbox"/> I have an ownership interest in a private entity (e.g, a business or non-profit), and the entity receives funds because of a contract with a public agency.</p> <p><input type="checkbox"/> I have an ownership interest in a private entity (e.g., a business or non-profit), and the entity has a contract for goods, supplies or equipment, etc. with a public agency.</p> <p><input type="checkbox"/> A public agency has a contract or transaction with a private person or entity, and I have a financial stake in the contract or transaction.</p>

CONTRACT BETWEEN A PUBLIC AGENCY AND YOU Fill out this part of the form if the public contract is with you.	
Name and address of the state, county or municipal agency that made the contract.	RECEIVED STATE ETHICS COMMISSION 2017 AUG -3 AM 11:31 Massachusetts Rehabilitation Commission Holyoke Area Office 187 High Street Holyoke, MA. 01040
What is the contract for?	E.g., Is it a contract for your services or for goods, supplies or equipment or something else? Vocational Rehabilitation Counselor, QVRC-1
What is your financial interest in the public agency contract? Please include both financial advantages and obligations.	Please include a dollar amount, if possible. Annual salary (\$56,000)
CONTRACT BETWEEN A PUBLIC AGENCY AND ANOTHER PERSON OR ENTITY Fill out this part of the form if the contract is with another person or an entity.	
Name and address of the state, county or municipal agency that made the contract.	
Please provide the name and address of the person or entity that has the contract.	
What relationship do you have with the person or entity that has the public contract?	E.g., are you an owner, partner or employee of a company that signed the contract? Or of a subcontractor to such a company?
What is the contract for?	E.g., Is it a contract for services or for goods, supplies or equipment or something else?
What is your financial interest in the public agency contract? Please include both financial advantages and obligations.	Please explain the financial interest and include a dollar amount if you know it.

UNCOMPENSATED PUBLIC POSITION	
Name and address of the public agency where you will have an uncompensated position.	Holyoke/Chicopee Site Board
What is the uncompensated position?	Volunteer 3-year term as a Site Board Member.
Who elected or appointed you to the position?	Joan Mikula, Commissioner
Employee signature:	
Date:	7/28/2017

Attach additional pages if necessary.

**IF you already had a compensated public position,
file this disclosure with your appointing authority for that position.**

OTHERWISE,

**IF you are reporting an uncompensated position with the state or a county,
file this disclosure with the State Ethics Commission.**

**If you are reporting an uncompensated position with a city or town,
file this disclosure with the city or town clerk.**