

**DISCLOSURE BY STATE EMPLOYEE OF FINANCIAL INTEREST IN A STATE CONTRACT  
AND CERTIFICATION BY HEAD OF CONTRACTING AGENCY RECEIVED  
AS REQUIRED BY G. L. c. 268A, § 7(b) STATE ETHICS COMMISSION**

2021 MAY -6 AM 11:11

<b>STATE EMPLOYEE INFORMATION</b>	
Name of state employee:	KERRY HOWARD CAVISTON
Title/ Position	HUMAN SERVICES COORDINATOR A/B
Fill in this box if it applies to you.	If you are a state employee because a state agency has contracted with your company or organization, please provide the name and address of the company or organization.
Agency/ Department	DEPARTMENT OF MENTAL HEALTH
Agency Address	35 NAGOG PARK, SECOND FLR ACTON, MA 01720
Office phone:	978-206-2110
Office e-mail:	KERRY.CAVISTON@MASS.GOV
	Check one: <input type="checkbox"/> Elected    or <input checked="" type="checkbox"/> Non-elected
Starting date as a state employee.	11-05-1982
<b>BOX # 1</b>	<b>ELECTED, COMPENSATED STATE EMPLOYEE</b>
Select either STATEMENT #1 or STATEMENT #2.	I am an elected, compensated state employee, other than a state Senator or a state Representative.
Write an X beside your financial interest.	<input type="checkbox"/> <b>STATEMENT #1:</b> I had one of the following financial interests in a contract made by a state agency before I was elected to my compensated state employee position. I will continue to have this financial interest in a state contract. OR <input type="checkbox"/> <b>STATEMENT #2:</b> I will have a new financial interest in a contract made by a state agency. <b>My financial interest in a state contract is:</b> <input type="checkbox"/> I have a non-elected, compensated state employee position. <input type="checkbox"/> A state agency has a contract with me. <input type="checkbox"/> I have a financial benefit or obligation because of a contract that a state agency has with another person or an entity, such as a company or organization. <input type="checkbox"/> I work for a company or organization that has a contract with a state agency, and I am a "key employee" because the contract identifies me by name or it is otherwise clear that the state has contracted for my services in particular.
<b>BOX # 2</b>	<b>NON-ELECTED, COMPENSATED STATE EMPLOYEE</b>
Select either STATEMENT #1 or STATEMENT #2.	I am a non-elected, compensated state employee.
	<input type="checkbox"/> <b>STATEMENT #1:</b> I had one of the following financial interests in a contract made by a state agency before I took a position as a non-elected state employee. I will continue to have this financial interest in a state contract.

<p>Write an X beside your financial interest.</p>	<p>My financial interest in a state contract is:</p> <p><input type="checkbox"/> A state agency has a contract with me, but not an employment contract.</p> <p><input checked="" type="checkbox"/> I have a financial benefit or obligation because of a contract that a state agency has with another person or an entity, such as a company or organization.</p> <p>- OR -</p> <p><input type="checkbox"/> <b>STATEMENT #2:</b> I will have a new financial interest in a contract made by a state agency.</p> <p>My financial interest in a state contract is:</p> <p><input type="checkbox"/> I have a non-elected, compensated state employee position.</p> <p><input type="checkbox"/> A state agency has a contract with me.</p> <p><input type="checkbox"/> I have a financial benefit or obligation because of a contract that a state agency has with another person or an entity, such as a company or organization.</p> <p><input type="checkbox"/> I work for a company or organization that has a contract with a state agency, and I am a "key employee" because the contract identifies me by name or it is otherwise clear that the state has contracted for my services in particular.</p>
<p align="center"><b>FINANCIAL INTEREST IN A STATE CONTRACT</b></p>	
<p>Name and address of state agency that made the contract</p>	<p>COMMONWEALTH OF MASSACHUSETTS          MASSHEALTH          600 WASHINGTON ST., BOSTON, MA 02111</p>
<p>Please put in an X to confirm these facts.</p>	<p>"My State Agency" is the state agency that I serve as a state employee.</p> <p>The "contracting agency" is the state agency that made the contract.</p> <p><input checked="" type="checkbox"/> My State Agency is not the contracting agency.</p> <p><input checked="" type="checkbox"/> My State Agency does not regulate the activities of the contracting agency.</p> <p><input checked="" type="checkbox"/> In my work for my State Agency, I do not participate in or have official responsibility for any of the activities of the contracting agency.</p> <p><input checked="" type="checkbox"/> The contract was made after public notice or through competitive bidding.</p>
<p>FILL IN THIS BOX OR THE BOX BELOW</p>	<p><b>ANSWER THE QUESTION IN THIS BOX IF THE CONTRACT IS BETWEEN THE STATE AND YOU.</b></p> <p>- Please explain what the contract is for.</p>
<p>FILL IN THIS BOX OR THE BOX ABOVE</p>	<p><b>ANSWER THE QUESTIONS IN THIS BOX IF THE CONTRACT IS BETWEEN THE STATE AND ANOTHER PERSON OR ENTITY.</b></p> <p>- Please identify the person or entity that has the contract with the state agency.          - What is your relationship to the person or entity?          - What is the contract for?</p> <ol style="list-style-type: none"> <li>1. New England Center for Healthy Minds, 289 Great R., Acton, MA</li> <li>2. I am an employee.</li> <li>3. Contract covers provision of psychotherapy services to clients, some of which are paid for by MassHealth.</li> </ol>

What is your financial interest in the state contract?	- Please explain the financial interest and include the dollar amount if you know it. <i>I AM PAID \$42.00 PER PSYCHOTHERAPY SESSION.</i>
Date when you acquired a financial interest	<i>OCTOBER, 2020</i>
What is the financial interest of your immediate family?	- Please explain the financial interest and include the dollar amount if you know it. <i>N/A</i>
Date when your immediate family acquired a financial interest	<i>N/A</i>
Write an X to confirm each statement.	<p><b>FOR A CONTRACT FOR PERSONAL SERVICES –</b></p> <p>Answer the questions in this box ONLY if you will have a contract for personal services with a state agency (i.e., you will do work directly for the contracting agency).</p> <p>I will have a contract with a state agency to provide personal services.</p> <p><input type="checkbox"/> The services will be provided outside my normal working hours as a state employee.</p> <p><input type="checkbox"/> The services are not required as part of my regular duties as a state employee.</p> <p><input type="checkbox"/> For these services, I will be compensated for not more than 500 hours during a calendar year.</p>
Employee signature:	<i>Kenny Caverton</i>
Date:	<i>5-3-21</i>

Attach additional pages if necessary.

NOT A PERSONAL SERVICES CONTRACT -- File disclosure with:

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

SEE CERTIFICATION REQUIRED FOR PERSONAL SERVICES POSITIONS, BELOW.