


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

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STATE EMPLOYEE INFORMATION	
Name of state employee:	Meagan Duignan
Title/ Position	Clinical Social Worker D
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	Northeast Area Office 365 East Street Tewksbury MA 01876
Office phone:	857-303-6024
Office e-mail:	meagan.duignan@mass.gov
	Check one: <input type="checkbox"/> Elected or <input checked="" type="checkbox"/> Non-elected
Starting date as a state employee.	3/8/2008
BOX # 1	ELECTED, COMPENSATED STATE EMPLOYEE
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.	<p><input type="checkbox"/> STATEMENT #1: 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</p> <p><input type="checkbox"/> STATEMENT #2: 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>
BOX # 2	NON-ELECTED, COMPENSATED STATE EMPLOYEE
Select either STATEMENT #1 or STATEMENT #2.	I am a non-elected, compensated state employee .
	<input type="checkbox"/> STATEMENT # 1: 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 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"/> STATEMENT # 2: 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 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><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>FINANCIAL INTEREST IN A STATE CONTRACT</p>
<p>Name and address of state agency that made the contract</p>	<p>Beth Israel Lahey Health (BILH) 199 Rosewood Drive Danvers, MA 01923</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>ANSWER THE QUESTION IN THIS BOX IF THE CONTRACT IS BETWEEN THE STATE AND YOU.</p> <p>- Please explain what the contract is for.</p>
<p>FILL IN THIS BOX OR THE BOX ABOVE</p>	<p>ANSWER THE QUESTIONS IN THIS BOX IF THE CONTRACT IS BETWEEN THE STATE AND ANOTHER PERSON OR ENTITY.</p> <p>- Please identify the person or entity that has the contract with the state agency.</p> <p>- What is your relationship to the person or entity?</p> <p>- What is the contract for?</p> <p>- Beth Israel Lahey Health</p> <p>- I am working as a per diem/part time employee in their mobile crisis division</p>

- CBHC/mc1 contract under MassHealth

What is your financial interest in the state contract?	- Please explain the financial interest and include the dollar amount if you know it. I will be getting an hourly pay from BILH to work as a per diem/part time mobile crisis triage clinician under their CBHC/MCI contract.
Date when you acquired a financial interest	9/11/2023
What is the financial interest of your immediate family?	- Please explain the financial interest and include the dollar amount if you know it. none
Date when your immediate family acquired a financial interest	none
Write an X to confirm each statement.	<p>FOR A CONTRACT FOR PERSONAL SERVICES –</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 checked="" type="checkbox"/> The services will be provided outside my normal working hours as a state employee.</p> <p><input checked="" type="checkbox"/> The services are not required as part of my regular duties as a state employee.</p> <p><input checked="" type="checkbox"/> For these services, I will be compensated for not more than 500 hours during a calendar year.</p>
Employee signature:	
Date:	9/5/2023

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.