


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

RECEIVED
STATE ETHICS COMMISSION

	STATE EMPLOYEE INFORMATION
Name of state employee:	Melissa O. Henry, Psy.D. 2025 JAN 15 AM 11:24
Title/ Position:	Forensic Psychologist
Agency/Department:	Department of Mental Health
Agency Address:	25 Staniford Street, Boston MA 02114
Office phone:	508-454-0751
Office e-mail	Melissa.o.henry@mass.gov
	<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><input checked="" type="checkbox"/> Executive Office of Health and Human Services, including the Human Service Transportation Office;</p> <p>Executive Office of Public Safety and Security,</p> <p>Executive Office of Elder Affairs,</p> <p>Executive Office of Veteran's Services, or</p> <p>A sheriff's office.</p> <p>The purpose of the contract is:</p> <p>- To provide personal services to a person or persons who receive services from, or have services paid for by, these state agencies; or</p> <p><input checked="" type="checkbox"/> To provide educational services to people who work for these state agencies or for providers or organizations funded by these state agencies.</p> <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	<p><input type="checkbox"/> I will provide personal or educational services to a state agency listed above.</p> <p>Please identify the state agency and also the Executive Office it is in, if applicable.</p>
2) Service to a provider or organization	<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>University of Massachusetts Chan Medical School Psychiatry Department 55 Lake Avenue Worcester, MA 01655</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 Executive Office of Health and Human Services</p>
3) Service to a person or persons	<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>
Please describe the services you will provide.	<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>As a consultant, I will provide Forensic evaluation services to the University of Massachusetts Medical School (University) at Worcester Recovery Center and Hospital (WRCH) and Tewksbury State Hospital. These services will include Forensic Evaluations pursuant to M.G.L. Chapter 123, and other evaluations as requested by UMMS, as well as court testimony if required. The University of Massachusetts Medical School Director of the Mobile Forensic Evaluation Service will determine the need for these evaluations.</p>
What will you be paid, or what other financial interest will you have?	<p>Please include a dollar amount, if possible. Approximately 4 – 10 evaluations over a 12-month period at a rate of \$1000 - \$2,400 per evaluation, dependent on the need as determined by the University of Massachusetts Medical School Director of the Mobile Forensic Evaluation Service</p>
Employee signature	
Date:	
	APPROVAL BY AGENCY YOU SERVE AS A STATE EMPLOYEE
Name and title of appointing authority	<p>Karin D. Towers, J.D., Ph.D., ABPP (Forensic) Interim Area Forensic Director Central MA</p> <p><i>Nancy Connolly, PsyD</i></p>
Office phone	<p>(617) 356-5664</p> <p><i>617-626-8288</i></p>
Office e-mail	<p>karin.towers@mass.gov</p> <p><i>nancy.connolly@mass.gov</i></p>
Signature by appointing authority	<p>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.</p> <p><i>Nancy Connolly, PsyD</i></p>
Date:	<i>12/17/24</i>
	APPROVAL BY AGENCY THAT MADE THE CONTRACT (IF DIFFERENT)
Name and title of person giving approval at the state agency that made the contract	<p>Andrea Dinsmore, PsyD, DFP, ABPP Director, University of Massachusetts Chan Medical School Mobile Forensic Service</p>
Office phone	(774)420-3119
Office e-mail	andrea.dinsmore@mass.gov

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:	11.21.24

Attach additional pages if necessary.

File with:

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