DISCLOSURE BY NON-ELECTED PUBLIC EMPLOYEE
OF TRAVEL EXPENSES SERVING A LEGITIMATE PUBLIC PURPOSE
AS REQUIRED BY 930 CMR 5.08(2)(d)1.

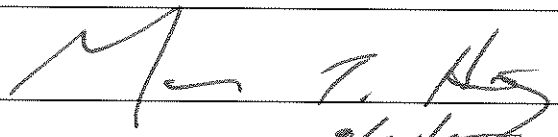
	NON-ELECTED PUBLIC EMPLOYEE INFORMATION
Name of **non-elected** public employee:	Lauren Peters
Title/ Position	Executive Director
Agency/ Department	Center for Health Information and Analysis (CHIA)
Agency address:	501 Boylston Street, 5th Floor Boston, MA 02116
Office phone:	[redacted]
Office e-mail:	Lauren.peters@chiamass.gov
Write an X to confirm each statement.	I am filing this disclosure because: _x_ I am going to engage in an activity that serves a legitimate public purpose, i.e., it is intended to promote the interests of the Commonwealth, a county or a municipality; and _x__ A non-public entity (but not a lobbyist) has offered to reimburse, waive or pay travel expenses and costs worth more than $50.
	ACTIVITY THAT SERVES A LEGITIMATE PUBLIC PURPOSE
Describe the activity which is the reason for traveling.	The meeting will convene state leaders from around the country to discuss the measurement of behavioral health expenditures around three key use cases: (1) tracking total spending of behavioral health clinical services to understand cost drivers, (2) measuring behavioral health spending in primary care settings and uptake of integrated behavioral health, and (3) monitoring spending on state programs to address workforce, access, and availability of behavioral health services.
Describe your participation in the activity.	As part of an advisory group on state measurement of behavioral health investment, I'm attending the meeting to share with other state leaders the Massachusetts experience, learn from other states' approaches, and support the development of a policy memo to be produced by the Milbank Fund on best practices.
Date, time and location of activity.	Tuesday, September 26th at the Dupont Circle Hotel in Washington D.C. ~10am – 3pm
Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality.	The Milbank Memorial Fund is convening state leaders for shared learning and the development of best practices around measuring behavioral health care expenditures. In 2022, the Mental Health ABC Act charged CHIA with reporting on "costs, cost trends, price, quality, utilization and patient outcomes related to behavioral health service subcategories..." The opportunity to learn from other states' experiences in this area will make CHIA's work on behavioral health methodologically rigorous and potentially enable comparison of Massachusetts to other states. In addition, the Milbank Memorial Fund will produce a policy brief based upon the meeting, informing

	state based programmatic and policy interventions related to behavioral health care.
	TRAVEL EXPENSES
Identify the person or organization that offered to reimburse, waive or pay your travel expenses.	Milbank Memorial Fund https://www.milbank.org/ Milbank Memorial Fund is an endowed operating foundation that engages in nonpartisan analysis, collaboration, and communication, with an emphasis on state health policy.
Address of person or organization.	Milbank Memorial Fund 645 Madison Avenue, 15th Floor New York, NY 10022 Contact: Gail Cambridge [redacted] cambridge@milbank.org
Provide information in as much detail as possible:	***Itemization and explanation of amounts offered:***
Transportation:	Air travel between Boston and Washington D.C.: $263 Taxi to/from Washington Reagan National to Dupont Circle Hotel: $50
Lodging:	September 25, 2023: Dupont Circle Hotel, Washington D.C.: $259.00 plus 15.95% sales tax
Meals:	$100 plus 24% service charge
Admission:	N/A
Other (please list):	N/A
Total:	$737
Write an X beside any statement that applies.	**____ I have attached the relevant itinerary.** **____ I have attached the relevant agenda.**
Employee signature:	Lauren B. Peters
Date:	08/17/2023

Attach additional pages if necessary.

Complete the disclosure and submit it to your appointing authority.

DETERMINATION BY APPOINTING AUTHORITY

	APPOINTING AUTHORITY INFORMATION
Name of Appointing Authority:	Office of the Governor; Office of the Attorney General; Office of the State Auditor
Agency and Title/Position:	Governor Maura Healey, signing with approval for all three appointing authorities
Agency address:	24 Beacon St., Boston MA 02133
Office phone:	(617) 725-4005
Employee who filed the disclosure:	Lauren Peters
	DETERMINATION
To give approval, check <u>both</u> statements.	Upon consideration of the facts disclosed by the employee above, I find that: __X_ Acceptance of the reimbursement, waiver or payment of travel expenses will serve a legitimate public purpose, i.e., it will promote the interests of the Commonwealth, a county or a municipality; AND __X_ Such public purpose outweighs any special non-work related benefit to the employee or the person providing the reimbursement, waiver or payment.
Reason that the employee's travel or attendance will serve a legitimate public purpose:	As stated in the disclosure.
Appointing Authority signature:	
Date:	9/6/24

Attach additional pages if necessary.

The appointing authority should maintain the disclosure as a public record and give a copy of any signed determination to the employee.