

**COMMONWEALTH OF MASSACHUSETTS  
DIVISION OF ADMINISTRATIVE LAW APPEALS**

Middlesex, ss.

**Lynne Elliott,**  
Petitioner,

Docket No.: CR-23-0096

v.

Date: August 1, 2025

**State Board of Retirement,**  
Respondent.

**Appearances:**

For Petitioner: Lynne Elliott, pro se  
For Respondent: Brendan McGough, Esq.

**Administrative Magistrate:**

Eric Tennen

**SUMMARY OF DECISION**

The Petitioner was a long-time employee of the Department of Mental Health. There, she provided comprehensive assessments, first for people in crisis in the community and then for people being released from incarceration. Her work required her to develop release plans and make referrals for a variety of services available to her clients. However, because her work consisted almost exclusively of her recommending services that others would provide, she did not provide direct care for group 2 purposes.

**INTRODUCTION**

The Petitioner, Lynne Elliot, timely appealed the State Board of Retirement's ("Board") decision denying her application for Group 2 status. I held an in-person hearing on January 28, 2025. Ms. Elliott was the only witness. I entered exhibits R1-R4 and P1-P2 into evidence. The parties then submitted closing briefs on July 8, 2025.

**FINDINGS OF FACT**

1. Ms. Elliott has worked for the Department of Mental Health (“DMH”) since 1993. She began as an emergency service clinician and then, in 1998, transitioned to the Forensic Transition Team (“FTT”). (Testimony.)
2. As a service clinician, she would receive crisis referrals from emergency rooms, police departments, nursing homes, group homes, schools, and other state programs. (Ex. R1; testimony.)
3. Her duties included one-on-one safety assessments in which she determined whether hospitalization, outpatient services, or crisis unit admission was appropriate. (Ex. R1; testimony.)
4. Assessments typically lasted 45 minutes to one hour of one-on-one contact, after which she documented the evaluation, contacted hospitals or insurers, coordinated the next steps, and occasionally involved law enforcement or hospital security. (Ex. R1; testimony.)
5. On a typical shift, she completed between one and five crisis assessments. Otherwise, she handled crisis calls, followed up with admitted clients, reassessed progress, and completed all required documentation. (Ex. R1; testimony.)
6. In 1998, she moved to the FTT. Her title is technically a “coordinator.” The FTT provides transitional reentry services to DMH clients with chronic and persistent mental illness who are being released from Massachusetts county jails, prisons, and secure mental health facilities (such as the Massachusetts Treatment Center and Bridgewater State Hospital). (Ex. R1; testimony.)

7. Her duties remained the same. The primary change was that these clients were not in crisis. But they were all incarcerated, so she now had to meet with her clients at various secure facilities in her region. (Ex. R1; testimony.)
8. Ms. Elliott became a supervisor in 2002. Despite becoming a supervisor, she maintains a caseload comparable to the clinicians under her supervision and continues performing clinical duties alongside her administrative responsibilities. (Ex. R1; testimony.)
9. Her additional supervisory responsibilities include overseeing a few staff members, tracking inmate release dates, and initiating reentry planning roughly six months prior to release. She regularly attends monthly meetings with area and site directors to review active and potential new cases. (Testimony.)
10. Some days she can meet with up to four clients per day, with each meeting lasting 45 minutes to an hour. Some days are spent entirely on documentation and administrative tasks. (Testimony.)
11. Once a client is released, the FTT remains involved with them for up to three months to provide continued support and coordination. This sometimes results in Ms. Elliott needing to help her clients in the community. (Testimony.)
12. For example, she transports some clients to initial community appointments. These appointments might be with a probation officer or transitional assistance. From time to time, she might help a client with more personal tasks, such as taking them shopping for clothes or groceries. (Testimony.)

13. But this is not a regular duty. Some weeks she may transport three clients; some weeks she transports none. In any event, this task does not occupy more than 50% of her time.

(Testimony.)

14. The Board denied her application for Group 2 status without explanation. (Ex. R3.)

### DISCUSSION

A member's retirement compensation is based, in part, on their group classification. Members are classified into four groups. G.L. c. 32, § 3(2)(g). Group 2 includes employees "whose regular and major duties require them to have the care, custody, instruction or other supervision of prisoners . . . [and] persons who are . . . mentally ill." G.L. c. 32, § 3(2)(g). "[A]n employee who spends more than half of his or her time 'engaged in care, custody, instruction, or other supervision' of a population included in Group 2 engages in these responsibilities as part of his or her 'regular and major duties.'" *Desautel v. State Bd. of Ret.*, CR-18-0080, \*3 (Contributory Ret. App. Bd. Aug. 2, 2023).<sup>1</sup> The Board does not dispute that the Petitioner

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<sup>1</sup> For members whose service began prior to 2012, they have two options in seeking group 2 credit. They can seek pro-rated credit for any group 2 service in their career, or they can rely just on their job responsibilities in the year preceding their retirement. See *Greenwood v. State Bd. of Ret.*, No. CR-22-66, 2024 WL 3326226, (Div. Admin. Law App. June 7, 2024). The Board's application for Group 2 credit can be confusing, and members sometimes believe they are applying for pro-rated credit when their form may indicate otherwise. Moreover, the Board often looks only at the last year of a member's work, regardless of the whether the member indicates that they are seeking pro-rated credit. *Id.*

That happened here. Ms. Elliott checked that she was not seeking pro-rating on her application, but she said she was at the hearing and her actions indicate she intended to: she had listed all her positions in her application and submitted paperwork that covered her entire career. Accordingly, I said I would make findings as to all of the Petitioner's time primarily because the Board had notice of all the evidence on which she intended to rely and her anticipated testimony. Therefore, if I make findings in her favor, she could reapply for pro-rated service and the Board would have a record of her work beyond her last year. In any event, as explained below, I do not find that she ever performed group 2 service at any point for more

served a Group 2 population—prisoners and persons who are mentally ill. That just leaves the question of whether the Petitioner provided care to these clients.<sup>2</sup>

“Care”, for purposes of G.L. c. 32, § 3(2)(g), means providing “direct care.” *Desautel*, at \*4; *Clement v. State Bd. of Ret.*, CR-15-299, at \*6 (Div. Admin. Law App. Dec. 8, 2017). Direct care is not merely “performing some discrete service but taking on responsibility for some aspect of an individual’s well-being.” *Long v. State Bd. of Ret.*, CR-21-0287, at \*4, 2023 WL 6900305 (Div. Admin. Law App. Oct. 13, 2023). “It connotes ‘charge, oversight, watchful regard, and attention.’” *O’Neil v. State Bd. of Ret.*, CR-23-0154, 2025 WL 1529241 (Div. Admin. Law App. May 23, 2025), citing *Rebell v. Contributory Ret. App. Bd.*, 30 Mass. App. Ct. 1108, No. 89-P-1259, at \*3-4 (March 20, 1991) (Memorandum of Decision and Order under former Appeals Court Rule 1:28). That said, care “does not include administrative or technical duties.” *Larose v. State Bd. of Ret.*, CR-20-357, at \*2, 2023 WL 4548411, (Div. Admin. Law App. Jan. 27, 2023).

Certain case management activities—such as helping a client gain access to services and benefits, ascertaining whether a client is benefitting from services, and advocating on a client’s behalf with service providers and public entities—may support a Group 2 application in the right circumstances. See *O’Neil*, *supra*, citing cases; *Hackett v. State Bd. of Ret.*, CR-24-0044 (Div. Admin. Law App. July 25, 2025). Indeed, in *O’Neil*, I recently found the Petitioner there engaged in these activities in a way that supported her application for group 2. She “personally provided her clients with rides to and from medical/social appointments, advocated on their behalf to

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than 50% of her time. Thus, she is ineligible for group 2 status under either manner of calculation.

<sup>2</sup> The Petitioner does not argue she provides custody, instruction or other supervision.

medical providers, assisted clients in completing their bills, filled out service applications on their behalf, ensured clients were following their personal treatment plans, and conducted random client check-in assessments.” *Id.*

On the other hand, simply “collecting information and assessing members of the relevant populations so that *others* may provide care” does not amount to group 2 service. See *Crosby v. State Bd. of Ret.*, CR-23-007, 2025 WL 1725651 (Div. Admin. Law. Apps. Jun. 13, 2025) (emphasis in original); *Frazer v. State Bd. of Ret.*, CR-18-0318 (Div. Admin. Law App. Nov. 19, 2021). That better describes what the Petitioner does here. While she performs an important job and, by all accounts performs it admirably, her job does not require her to have the sort of interactions that would rise to the level of group 2 care. This conclusion is also consistent with at least two prior cases in which DALA held that a clinician with the exact positions the Petitioner has held in her career should have been classified in group 1. *Gasser v. State Bd. of Ret.*, CR-15-24 (Div. Admin. Law Apps. Mar. 3, 2017); *Mathews v. State Bd. of Ret.*, CR-15-394, (Div. Admin. Law Apps. Jul. 1, 2016). Mr. Matthews worked for the FTT and Mr. Gasser worked for the crisis team as an emergency service clinician; both conducted the same assessments as the Petitioner. *Id.*

The Petitioner’s argument focuses heavily on the amount of time she says she spends with clients. Because she assumes everything she does is considered “direct care” under the statute, she emphasizes that she does this more than 50% of her time. However, while she probably spends more than 50% of her time with clients, as noted, much of what she is doing with them is not considered direct care for purposes of the statute. At most, she may perform Group 2 duties when she drives clients from a facility to an initial meeting with probation or to

buy clothes. *See, e.g., Cassidy v. State Bd. of Ret.*, CR-21-0440, 2024 WL 1739372 (Div. Admin. Law App. Apr.12, 2024) (taking client to appointments direct care). But she performs those tasks infrequently, and they in no way comprise over 50% of her duties. The rest of the time, while she may be alone with her clients when conducting assessments, she has no real responsibility for their well-being. *Contrast, e.g., Greenwood, supra* (Petitioner was only person responsible for patient's well-being in her custody at hospital).

### **CONCLUSION AND ORDER**

The Board's decision denying the Petitioner's application is **affirmed**.

DIVISION OF ADMINISTRATIVE LAW APPEALS

*Eric Tennen*

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Eric Tennen  
Administrative Magistrate