

INDIANA
STATE ETHICS COMMISSION

AUG 26 2021



ETHICS DISCLOSURE STATEMENT
CONFLICTS OF INTEREST – DECISIONS AND VOTING
State Form 55880 (R / 10-16)
OFFICE OF THE INSPECTOR GENERAL
IC 4-2-6-9

FILED

In accordance with IC 4-2-6-9, you must file your disclosure with the State Ethics Commission no later than seven (7) days after the conduct that gives rise to the conflict. You must also include a copy of the notification provided to your agency appointing authority and ethics officer when filing this disclosure. This disclosure will be posted on the Inspector General's website.

Name (last) Johnson-Yates (Halleck)	Name (first) Rachel	Name (middle) Helen
Name of office or agency Division of Mental Health and Addiction	Job title Chief of Staff	
Address of office (number and street) 402 WWashington St.	City Indianapolis	ZIP code 46204
Office telephone number (317) 7605366	Office e-mail address (required) rachel.halleck@fssa.in.gov	

Describe the conflict of interest:

I am interested in joining the Board of Directors at Indiana Youth Group (IYG). The IYG serves young people ages 12-24 who self identify as LGBTQ+ and their allies. IYG also advocates for LGBTQ+ youth in schools, the community, and through family support services.

I serve as the Chief of Staff of the Division of Mental Health and Addiction and we have 2 active contracts with IYG totalling \$120,000.

I do not directly work on any endeavors connected to IYG at this time.

If granted the opportunity to serve on the Board of Directors, I would recuse myself from any conversations or decisions regarding IYG in order to maintain ethical integrity.

Describe the screen established by your ethics officer: *(Attach additional pages as needed.)*

Employee's supervisor has implemented a screen prohibiting the employee from participating in any votes, decisions, or other matters relating to any votes or decisions where the outside entity (here, Indiana Youth Group) has a financial interest. Any matters previously assigned to the employee involving Indiana Youth Group will be reassigned to another employee.

AFFIRMATION

Your signature below affirms that your disclosures on this form are true, complete, and correct to the best of your knowledge and belief. In addition to this form, you have attached a copy of your written disclosure to your agency appointing authority and ethics officer.

Signature of state officer, employee or special state appointee

Date signed (month, day, year)

8.12.21

Printed full name of state officer, employee or special state appointee

Rachel Johnson-Gates (Hancock)

FOR ETHICS OFFICER USE ONLY

Your signature below affirms that you have reviewed this disclosure form and that it is true, complete, and correct to the best of your knowledge and belief. You also attest that your agency has implemented the screen described above.

Signature of ethics officer

Date signed (month, day, year)

8/12/21

Printed full name of ethics officer

Jessica Keyes

From: [Rusyniak, Daniel E \(Dan\)](#)
To: [Halleck, Rachel H](#)
Cc: [Chaudhary, Jay](#); [Keyes, Jessica K](#)
Subject: RE: Conflict of Interest Form
Date: Friday, August 13, 2021 6:17:24 PM

Yep. I am fine moving it on.

-----Original Message-----

From: Halleck, Rachel H <Rachel.Halleck@fssa.IN.gov>
Sent: Thursday, August 12, 2021 2:54 PM
To: Rusyniak, Daniel E (Dan) <Daniel.Rusyniak@fssa.IN.gov>
Cc: Chaudhary, Jay <Jay.Chaudhary@fssa.IN.gov>; Keyes, Jessica K <Jessica.Keyes@fssa.IN.gov>
Subject: Conflict of Interest Form

Hi, Dan-

I have attached the conflict of interest form regarding my desire to serve on the Board of Directors for Indiana Youth Group. Once we get your go-ahead, Jessica will file this with the OIGs office. Jay is in the loop and has approved.

Are you ok with us moving forward? Thanks!

Rachel Johnson-Yates, MA, LMHC, LAC (she/her/hers) Deputy Director and Chief of Staff

Division of Mental Health and Addiction
Indiana Family and Social Services Administration
Cell: 317-760-5366
402 W. Washington Street, W353
Indianapolis, IN 46204

The information in this e-mail and any attachment may contain protected health information as defined by HIPAA, state and federal confidentiality rules (42CFR Part 2) and IC 16-39. It is intended only for the use of the individual(s) or entity named above. The federal rules prohibit you from making any further disclosure of this information unless otherwise permitted by law. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this electronic information is strictly prohibited. If you have received this information in error, please contact the sender immediately and delete the original.

-----Original Message-----

From: scanner@fssa.in.gov <scanner@fssa.in.gov>
Sent: Thursday, August 12, 2021 1:55 PM
To: Halleck, Rachel H <Rachel.Halleck@fssa.IN.gov>
Subject: Message from "FSSA00-ColorCopier"

This E-mail was sent from "FSSA00-ColorCopier" (IM C2500).

Scan Date: 08.12.2021 13:55:25 (-0400)
Queries to: scanner@fssa.in.gov

