



**ETHICS DISCLOSURE STATEMENT
CONFLICTS OF INTEREST – DECISIONS AND VOTING**
State Form 58860 (R / 10-15)
OFFICE OF THE INSPECTOR GENERAL
IC 4-2-6-9

**INDIANA
STATE ETHICS COMMISSION**

JUL 9 2021

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. **FILED**

Name (last) Welker	Name (first) Kelly	Name (middle) J
Name of office or agency Family Social Services Administration/Division of Mental Health and Addiction		Job title Assistant Deputy Director of Addiction
Address of office (number and street) 402 W. Washington St Room W353		City Indianapolis
Office telephone number (317) 618-0599		ZIP code In
Office e-mail address (required) Kelly.welker@fssa.in.gov		

Describe the conflict of interest:
I, Kelly J Welker, am currently the Assistant Deputy Director of Addiction at the Division of Mental Health and Addiction (DMHA).
I currently oversee two contracts with the Volunteers of America Ohio and Indiana (VOAOHIN) which provides funding for residential treatment for consumers who have no other third party payor. The funding is a daily per diem rate that matches the Medicaid per diem rate. I have been offered a position at VOAHOIN for the Senior Director- Outreach and Program Development/Behavioral Health. As Senior Director, the job responsibilities would be a point of contact by providing presentations and strategic outreach for VOAHOIN Behavioral Health and facilitates department development and community presence. Primary functions include short and long term census management and cultivation of a pipeline referral network. Referral networks could include criminal justice agencies and child welfare agencies in Indiana and Ohio. The position would be responsible for developing marketing and business plans for the achievement of revenue goals for behavioral health.

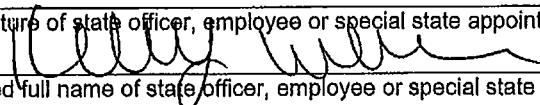
Describe the screen established by your ethics officer: (Attach additional pages as needed.)

Employee's supervisor has implemented a screen that will prohibit the employee from participating in any votes, decisions, or other matters relating to same where the potential employer, here, VOAHOIN has a financial interest and that all matters previously assigned to the employee involving the potential employer were reassigned or 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)

July 7, 2021

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

Kelly J Welker

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)

7/8/21

Printed full name of ethics officer

Jessica Keyes

From: [Sullivan, Jennifer](#)
To: [Welker, Kelly](#)
Cc: [Keyes, Jessica K](#)
Subject: Re: Ethics disclosure form
Date: Friday, July 9, 2021 9:05:58 AM
Attachments: [image001.png](#)

Congratulations Kelly and good luck!!

Jennifer Sullivan, MD MPH
Secretary, Indiana Family and Social Services Administration
402 W Washington Street IGC-S W461
Indianapolis, IN 46204
Jennifer.Sullivan@fssa.in.gov
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[@FSSAIndiana](#)



From: Welker, Kelly <Kelly.Welker@fssa.IN.gov>
Date: Thursday, July 8, 2021 at 1:08 PM
To: Sullivan, Jennifer <Jennifer.Sullivan@fssa.IN.gov>
Cc: Keyes, Jessica K <Jessica.Keyes@fssa.IN.gov>
Subject: Ethics disclosure form

Hi Dr. Sullivan,

Please review attached ethics disclosure form. Please let me know if you have any questions or if I can provide further information.

Thank you

Kelly Welker
Assistant Deputy Director of Addiction
FSSA/Indiana Division of Mental Health and Addiction
402 W. Washington St., W353
Indianapolis, IN 46204
317-618-0599 (cell)

