

INDIANA
STATE ETHICS COMMISSION



**ETHICS DISCLOSURE STATEMENT
CONFLICTS OF INTEREST – DECISIONS AND VOTING**
State Form 56860 (R / 10-16)
OFFICE OF THE INSPECTOR GENERAL
IC 4-2-6-9

APR 22 2021

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) Downing	Name (first) Brittney	Name (middle) Terra
Name of office or agency DDRS/BRS		Job title Associate Director of Administrative Services
Address of office (number and street) 402 W Washington Street Rm W453		City Indianapolis
Office telephone number (812) 881-1727		ZIP code 46204
Office e-mail address (required) Brittney.Downing@fssa.in.gov		

Describe the conflict of interest:

I am planning to move out of state to Atlanta, GA and I am unable to maintain my current position and reside in another state.

In conversation my director, Theresa had with a PCG team member, she noted I would unfortunately be leaving the state due to this. The PCG team member, Maya Cox, noted PCG would love to have me be part of their team if I was interested. Maya later relayed to my director that she told her manager, Nathan and he was interested and relayed for me to reach out to him to discuss further if I were. My director, Theresa relayed this to me.

I reached out to Nathan noting I was informed there might be an opportunity with PCG; and that I was interested in any additional information. Nathan responded noting they would be hiring in the fall possibly for a position but was also interested in my other skills/interests as they had several new projects. At this time, I reached out to OIG for an informal ethics decision.

According to the Informal ethics decision, they noted based on the information received, the prospective position with PCG would not trigger the one-year cooling off period, and I could begin your employment immediately after leaving my state position. However, I am prohibited from from representing or assisting in any particular matter I personally and substantially participated as a state employee. Furthermore, in regards to an possible grant project with BRS, they recommended I seek a formal advisory opinion from the Commission to get a public and final determination. I spoke with Nathan in regards and he noted they recently accepted a project in Georgia for data analytic reports and had numerous other projects outside of Indiana and would be interested in offering me a position.

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

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

4/20/2021

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

Brittney Downing

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

Latosha N. Higgins

Date signed (month, day, year)

4-22-2021

Printed full name of ethics officer

Latosha N. Higgins

Keyes, Jessica K

From: Sullivan, Jennifer
Sent: Wednesday, April 21, 2021 5:07 PM
To: Downing, Brittany T
Cc: Keyes, Jessica K
Subject: Re: Ethics Disclosure Form -DDRS/BRS

Thank you Brittany – congrats and best wishes!

Jen

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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From: Downing, Brittany T <Brittney.Downing@fssa.IN.gov>
Date: Tuesday, April 20, 2021 at 3:51 PM
To: Sullivan, Jennifer <Jennifer.Sullivan@fssa.IN.gov>
Cc: Keyes, Jessica K <Jessica.Keyes@fssa.IN.gov>
Subject: Ethics Disclosure Form -DDRS/BRS

Hi Dr. Sullivan,

Attached is my ethics disclosure form. Please let me know if you have any questions. Thank you!

Sincerely,

Brittney Downing, M.S., LCAC
Associate Director of Administrative Services
Vocational Rehabilitation Services
Indiana Family and Social Service Administration
Phone: 317-419-1616
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The Bureau of Rehabilitation Services is a program of the Indiana Family and Social Services Administration's Division of Disability & Rehabilitative Services.

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