



**ETHICS DISCLOSURE STATEMENT
CONFLICTS OF INTEREST - DECISIONS AND VOTING**
State Form 55860 (R / 10-15)
OFFICE OF THE INSPECTOR GENERAL
IC 4-2-6-9

INDIANA
STATE ETHICS COMMISSION

FEB 12 2019

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) Madren, Jr.	Name (first) Fred	Name (middle) M
Name of office or agency FSSA - Larue Carter Memorial Psychiatric Hospital		Job title Chaplain/Educator
Address of office (number and street) 2601 Cold Spring Road		City Indianapolis
Office telephone number (317) 941-4007		ZIP code 46222
Office e-mail address (required) fred.madren@fssa.in.gov		

Describe the conflict of interest:
As chaplain/educator for Larue Carter Memorial Psychiatric Hospital and the soon to be Neuro Diagnostic Institute (NDI), I am charged with providing Clinical Pastoral Education. Additionally, I am a nationally board certified chaplain and nationally board certified clinical Pastoral Education Supervisor. This certification is held with The Institute for Clinical Pastoral Training and is accredited through The Accrediting Counsel for Continued Education and Training (ACCET). ACCET is recognized by the United States Department of Education and the United State Secretary of Education as an accrediting agency in education. The NDI is in the process of entering into a contractual agreement for Clinical Pastoral Education Services through The Institute for Clinical Pastoral Training that will make it possible to have chaplain interns in the Clinical Pastoral Education program at the NDI. There is a potential conflict of interest because I am contracted with the Institute for Clinical Pastoral Education as a Clinical Pastoral Education Supervisor. As a contractor for the Institute for Clinical Pastoral Training, I provide Clinical Pastoral Education supervision in an online hybrid training program. I receive compensation from the Institute for Clinical Pastoral Training. While employed by FSSA, I plan to continue working as a contractor for the Institute for Clinical Pastoral Training. I conduct my work for Institute for Clinical Pastoral Training outside of my agreed upon and schedules hours as chaplain/educator for Larue Carter/NDI and I use my personal laptop for my work. As Chaplain/Educator for Larue Carter/NDI, I will be able to provide Clinical Pastor Education supervision a a certified clinical Pastoral Education Supervisor with the Institute for Clinical Pastoral Training as a paid employee for Larue Carter/NDI. Larue Carter/NDI will receive payments from the Institute for Clinical Pastoral Training for students enrolled in the program. The funds received will be deposited into an already established pastoral care fund to be used for pastoral care only. I will not be paid from the pastoral care fund. Furthermore, I am not involved in the contract procurement or administration process.

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

Because of my outside employment with the Institute for Clinical Pastoral Training, the following screen has been implemented: (1) I will not select chaplain students or participant in student interviews; (2) Decisions regarding accepting chaplain students will be made by other Institute for Clinical Pastoral Training; (3) For the online program I work outside of my position with FSSA, I will not participate in any interviews with individuals that live in Indiana; and (4) I will not participate in student recruitment activities; all recruitment activities will be administered by Sunny Walton.

INDIANA
STATE ETHICS COMMISSION

FEB 12 2019

FILED

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

Fred M. Madren Jr.

Date signed (month, day, year)

February 12, 2019

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

Fred M Madren Jr.

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)

February 12, 2019

Printed full name of ethics officer

Latosha N. Higgins

INDIANA
STATE ETHICS COMMISSION

From: Madren, Fred M
To: Higgins, Latosha
Subject: FW: Chaplain/Educator Madren
Date: Tuesday, February 12, 2019, 4:30:00 PM
Attachments: Ethics Disclosure Statement Conflicts of Interest - Decisions and Voting Final Draft.pdf

FEB 12 2019

FILED

Thanks for helping us. I will await next steps.

Respectfully,

Fred M Madren, Jr. M.Div BCC CPES
Chaplain/Educator
Larue D Carter Memorial Hospital
2601 Cold Spring Road
Indianapolis, IN 46222
fred.madren@fssa.in.gov
317.941.4007

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.

From: Madren, Fred M
Sent: Tuesday, February 12, 2019 12:22 PM
To: Walthall, Jennifer <Jennifer.Walthall@fssa.IN.gov>
Subject: Chaplain/Educator Madren

Dear Secretary Walthall,

Attached is a draft of "Ethics Disclosure Statement Conflicts of Interest – Decisions and Voting concerning my work as chaplain/educator for Larue Carter/NDI. Implementing a Clinical Pastoral Education program at NDI is a part of my job description and performance evaluation. The attached letter describes a potential conflict of interest with a stated screen to address it. Work has been done with Mrs. Latasha Higgins. I await your decision. Thank you.

Respectfully,

Fred M Madren Jr. M.Div BCC CPES
Chaplain/Educator
Larue D Carter Memorial Hospital
2601 Cold Spring Road
Indianapolis, IN 46222
fred.madren@fssa.in.gov
317.941.4007

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.

Brewer, Dale L

From: Higgins, Latosha
Sent: Tuesday, February 12, 2019 4:48 PM
To: IG Info
Cc: Madren, Fred M
Subject: Conflicts of Interest Disclosure for Fred Madren, Jr.
Attachments: Notice to Appt. Authority- Chaplain_Educator Madren.pdf; Madren, F. Ethics Disclosure Statement 2-12-19.pdf

FEB 12 2019
FILED

Attached please find a copy of the Conflict of Interest – Decisions and Voting Statement for Fred Madren, Jr. Please do not hesitate to contact me with any questions.

Latosha N. Higgins
Managing Attorney and Ethics Officer
Office of General Counsel
Indiana Family and Social Services Administration
402 West Washington Street, Room W451
Indianapolis, IN 46204
(317) 232-0246
Latosha.Higgins@fssa.in.gov
<http://www.IN.gov/fssa>
Follow us on Twitter: @FSSAIndiana

PRIVILEGED AND CONFIDENTIAL

The information contained in this email is information protected by attorney-client and/or attorney/work product privilege. The information is intended to be excepted from disclosure under the Indiana Access to Public Records Act pursuant to IC 5-14-3-4(b)(2). It is intended only for the use of the individual named above and the privileges are not waived by virtue of this having been sent by e-mail. If the person actually receiving this email or any other reader of the e-mail is not the named recipient or the employee or agent responsible to deliver it to the named recipient, any use, dissemination, distribution, or copying of the communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone at (317) 232-0246.