



**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 02 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) Norris	Name (first) Katrina	Name (middle) Faye
Name of office or agency FSSA/DMHA	Job title Exec. Director Indiana State Psychiatric Hospital Network	
Address of office (number and street) 498 NW 18th Street Building 415	City Richmond	ZIP code 47374
Office telephone number ( 765 ) 935-9292	Office e-mail address (required) katrina.norris@fssa.in.gov	

Describe the conflict of interest:  
 My role at the DMHA is to serve as the leader of the State Psychiatric Hospital Network; overseeing the Superintendents at each location to assure the safety of patients and staff. In addition my role includes constant process improvements to assure we are operating by all laws, regulations, and accreditation standards. I serve as a mentor to my direct reports and meet with them to assure professional growth and talent. Our primary goal is to provide evidence based quality care for the patients we serve as well as elevating the DMHA mission, vision, and core values.

My role within the National Association of Social Workers (NASW) Indiana Chapter is I serve as the elected Board of Directors President which is a three year term. The expectations of this role is to act in the best interest of the Association as a whole and to exercise the legal duties of stewardship: 1) be faithful to the NASW mission 2) to exercise due diligence and 3) to give allegiance to the NASW when making decisions that impact NASW IN Chapter. My responsibility as ambassador to promote the NASW efforts and be the voice of members has brought us to this request.

I have been asked to testify for NASW in a committee hearing regarding Senate Bill 82. My talking points are strictly the competency of clinical social workers, how other states have developed legislation surrounding the diagnosis and treatment of mental illness and how many social workers are currently practicing within the State of Indiana. At no point will I speak on my role as a State employee or on behalf of the State in this matter.

FSSA/DMHA and NASW IN Chapter have no business relationships or interactions.

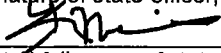
Describe the screen established by your ethics officer: *(Attach additional pages as needed.)*

If any matters regarding NASW should come before DMHA, I will have no involvement in any decisions, votes  
or other matters involving NASW.

**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)

2/2/2021

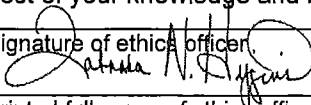
Printed full name of state officer, employee or special state appointee

Katrina Norris, LCSW LAC CADAC V

**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)

February 2, 2021

Printed full name of ethics officer

Latosha N. Higgins

**From:** [Sullivan, Jennifer](#)  
**To:** [Norris, Katrina F](#)  
**Cc:** [Higgins, Latosha](#)  
**Subject:** Re: Disclosure Form  
**Date:** Tuesday, February 02, 2021 3:49:24 PM  
**Attachments:** [image001.png](#)  
[image002.png](#)

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Thank you

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](mailto:Jennifer.Sullivan@fssa.in.gov)  
@confectionsmd  
@FSSAIndiana



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**From:** Norris, Katrina F <[Katrina.Norris@fssa.IN.gov](mailto:Katrina.Norris@fssa.IN.gov)>  
**Date:** Tuesday, February 2, 2021 at 1:32 PM  
**To:** Sullivan, Jennifer <[Jennifer.Sullivan@fssa.IN.gov](mailto:Jennifer.Sullivan@fssa.IN.gov)>  
**Cc:** Higgins, Latosha <[Latosha.Higgins@fssa.IN.gov](mailto:Latosha.Higgins@fssa.IN.gov)>  
**Subject:** Disclosure Form

Dr. Sullivan,

Please find my disclosure form attached in regards to providing public testimony at the Indiana General Assembly. I have been in constant communication with Jay and Latosha throughout the process; both of which were incredibly helpful.

Respectfully submitted-

*Katrina Norris*

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